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ORIGINAL DEPARTMENT.

LECTURE.

ALBUMINURIA IN THE SECONDARY PERIOD OF SYPHILIS.

BY M. DREYFUS BRISAC,

Physician to the Paris Hospitals.

GENTLEMEN: Among the medical problems calculated to attract special attention in the present tendency to attribute most diseases to parasitic influence, are those relating to typhoid fever and syphilis. And this is nothing astonishing, since these two maladies may be considered as types of infectious disease in their two forms, acute and chronic. On the other hand, as the urinary apparatus presides over the phenomena of excretion, the study of the renal manifestations determined by these maladies cannot fail to throw considerable light on their physiology.

Whence the interest offered by the careful consideration of the most important symptom of renal pathology, albuminuria, when occurring during the course of typhoid fever or syphilis.

Albuminuria plays no unimportant part in the evolution of typhoid fever.

Is it of equal importance in a slowly-progressing infectious disease like syphilis? Such is the question to be resolved, and it is only within the past few years that it has received practical attention at a clinical point of view.

That diverse chronic diseases of the kidneys are met with in tertiary syphilis, such as sclerosis or amyloid degeneration, and probably also parenchymatous nephritis, can no longer be doubted since the researches of Rayer. But, as regards the secondary period of the disease, there has been much discussion, and the most eminent syphilographers, those least inclined to restrict the domain of the malady, such as M. Fournier, declined to admit that the disease could at this early stage affect the kidney. It is within the last few years principally that the subject has attracted special attention, and the many works consecrated to it, merit particular attention, though as yet incomplete at many points of view.

"When the etiology in a case of acute albuminuria appears very obscure, search for traces of syphilis," was a favorite dictum of the late Prof. Gubler; and, though in opposition to the received opinions of the day, more recent research would seem to justify the opinion of our venerated master.

The two observations published by Perroud in 1867 passed almost unperceived. The thesis of Desconst (1878), attracted more attention, containing the history of a well observed and demonstrative case. Then the interesting memoir of M. Barthelemy, demonstrated the happy influence of the specific treatment in several cases of Bright's disease coinciding with the secondary accidents of syphilis. In a very extensive work on the subject, Negel give a resumé of all the cases reported, about twenty, and an analysis of Wagner's monograph (Weber, Morbus Brightii, 1882), with which we were already somewhat acquainted, through extracts from the work copied into various journals.

Certainly, all the observations collected by Negel cannot be considered of equal value; in a certain number of cases syphilis would seem to have acted simply as a predisposing cause; debilitating the organism and diminishing the vital re-

sistance to morbid influences. But if the old aphorism, *post hoc, non ergo propter hoc*, finds its application in certain cases, all can not be considered in the same category; in many the hypothesis of simple coincidence is by no means admissible.

When, with complete absence of any appreciable etiologic element, albuminuria, and the usual accidents of Bright's disease survene, coincidently with the secondary accidents of syphilis, and when particularly these accidents, generally so rebellious to remedies, are favorably modified by the specific treatment, it should be sufficient to convince those most opposed to innovations in medical pathology. When we observe a case like that reported by Martinet (France Medic., 1881), where Bright's disease, coinciding with secondary syphilitic accidents, was cured by specific treatment, after the milk diet had completely failed, the specific nature of the disease would seem proven beyond doubt.

But notwithstandiug this fact, it must be admitted that the renal manifestations are much less amenable to treatment by mercury than the other secondary accidents of syphilis.

On the other hand, it has been found that the association of iodide of potash with mercury proved much more effectual.

But as positive facts are of more value than negative, it would seem that we are at present authorized to rank albuminuria in the same category as icterus, among the possible accidents of secondary syphilis. It undoubtedly figures among the relatively rare accidents of this dyscrasia, for the statistics of Wagner appear to be somewhat exaggerated.

There is no clinical difference between Bright's disease occurring as an accident of secondary syphilis and the malady as usually observed. And, if it were not for the existence of syphilitic lesions, and the unhoped-for benefit sometimes obtained from specific treatment, the real nature of the disease would often remain uncertain. As in many cases, every sign of syphilitic taint has at this period disappeared, there is little doubt that many cases of this kind have passed unnoticed.

At a semiologic point of view, the observations published up to the present do not furnish the elements for a complete study. In some cases albuminuria alone is present without any general symptoms; others present, all the marked symptoms of acute parenchymatous nephritis (general malaise, pain in the lumbar regions, hæmaturia, generalized anasarca, sensory troubles, etc.); finally, in certain cases the symptoms are those of ordinary subacute nephritis.

The termination of the affection is also variable and many of the cases were observed during too short a period of time. In a few cases complete cure was obtained, in others the disease passed to the chronic state, and in several others it was rapidly fatal.

The cases which proved fatal were few in number, explaining our penury in *post mortem* details; nevertheless, several observations reported (Perroud, Rémy, Wagner,) show that the lesions were those of parenchymatous nephritis, as might have been inferred à priori from the symptoms observed during life.

Such was the case in a patient in our service at the Hotel Dieu. From the symptoms and general antecedents we considered ourselves justified in considering the case one of nephritis of syphilitic origin, and we instituted a treatment in accordance with this opinion. The patient died rather suddenly during an attack of pleuro-pneumonia, and at the autopsy were found the lesions of parenchymatous nephritis. Finally, it should be said that it is generally during the year following syphilitic infection that the renal manifestations appear.

In certain cases these symptoms appeared much earlier, in four, three, or even two months subsequent to infection.

The clinical history and pathological anatomy of secondary syphilis of the kidney is as yet too undecided to form any very exact opinion regarding the pathogenesis of these morbid determinations. In this respect, two conditions are admissible here as in all infectious diseases.

Taking into consideration, particularly, the dyscrasic state of the system in syphilis, the functional derangements, and the organic lesions of the urinary apparatus may be attributed to a primary alteration of the blood, particularly of its globules or albuminoid principles. But it might also be affirmed that the micro-organisms of syphilis, in their migration through the kidneys, may determine a sort of traumatism of the arterial walls and of their cellular elements, and thus induce infectious nephritis.

Sufficient information is wanting to form an opinion on this point, which would require for its solution a microscopic examination of the coagulable urine by M. Bouchard's method, to recognize the presence or absence of the epithelial detritus of micro-organisms, and to demonstrate whether the albumen contained in the urine be retractile or not.

In fact, to resume this short study, it is very evident that but the primary factors of the disease have been traced up to the present.

It is, however, of too great importance at a clinical and therapeutic point of view to be allowed to pass without a much more extensive study of the diverse forms under which it appears. It is not sufficient alone to observe the evolution of albuminuria; the patients should be followed up when all manifestations of renal disease have disappeared.

It is not probable that the restitutio ad integrum is so complete that there does not remain some weak spot in the organ affected, certain limited points of arteritis or of epithelial degeneration. If such be the case, the slightest congestion or derangement might at any time provoke a new attack, and thus might, perhaps, be explained certain attacks of acute nephritis surveying without apparent causation, and most frequently attributed to the action of cold for want of better etiology.

For that matter, the same question is still undecided for all forms of infectious disease, and, perhaps, in this conception of disease surveying long after its primary cause had acted on the system, and in the germ theory will hereafter be found the solution of many a problem in etiology, which, up to the present, has remained obscure.

COMMUNICATIONS.

SLEEP AND DREAMS.

BY W. S. ROLAND, M. D.

[Read before the York County Medical Society.]

I have chosen this subject, not because of its commonness in practice and experience, but more especially because it is so variously handled by "many men of many minds."

The immediate cause of sleep, as likewise its object, is still an unsolved problem, and will, I think, ever remain an open question for thought and discussion. It is contended by some authorities, that "In the invasion of sleep, the senses first experience its inroads; the sight is dimmed, and the eyelids close; the taste, smell, and hearing are suspended; and lastly, touch ceases to be exercised. The internal senses, as hunger, thirst, and pain, are in like manner suspended. The intellectual and moral faculties suffer the same oppressive lassitude, their exercise becomes languid and painful; the ideas, dull and confused, are formed with difficulty, and without connection; thought is at an end; a species of reverie, or rather delirium succeeds; and finally, every act of the mind is suspended; perception and consciousness, the internal evidences of existence, cease; organic life alone is manifest; animal life for a time has terminated. The act of sleeping resembles, and is in reality, a rehearsal of the act of dying." Now, as I do not endorse the above in all the fulness of its meaning, I shall further on advance and express my belief and opinion.

Dreams "are an intermediate state between sleeping and waking; imperfect consciousness continues, but the faculties are sluggish, and attention is dull; complete suspension of all the psychological operations does not exist, some continue in activity, or awake; ideas are formed, and consciousness is not entirely absent. From this state of imperfect sleep and partial repose of the intellectual and moral faculties, proceed dreams."

Dunglison defines sleep: "A temporary interruption of our relations with external objects, a repose of the organs of sense, intellectual faculties, and voluntary motion;" and dreams, "A confused assemblage, or accidental and involuntary combination of ideas and images, which present themselves to the mind during sleep."

In that great, grand Book of all books, the following passages are found: "And my sleep was sweet unto me;" "Yea, thou shalt lie down and thy sleep shall be sweet;" "In thoughts from the visions of the night, when deep sleep falleth on men;" "For in the multitude of dreams and many words, there are also divers vanities;" "Your old men shall dream dreams, your young men shall see visions," etc.

It is a well-established law of nature that sleep is absolutely essential to the existence of all mankind; the loss of it seriously impairs health, and existence is often shortened; but to enjoy the blessings of "tired nature's restorer," no one should attempt to get to sleep immediately after a full meal nor with an excited and disturbed mind, for to sleep well and enjoy perfect repose, all gloomy or depressing thoughts should be banished. The duration of sleep is not uniformly the same with all persons; some require more than others. The time requisite for the reparation of the functions of relation is said to be from six to eight hours. Thus sleep occupies nearly a third of life, and he who has reached sixty years, as it respects the operations of the psychological faculties, and including the time of infancy, has not lived more than twenty years. Infancy and old age demand longer periods of sleep, and females sleep more than men. Napoleon slept but little, and Caligula, it is said, but three hours out of the twenty-four. The celebrated John Wesley says

that for a period of more than sixty years, he was in the habit of going to bed at ten and rising at four, and that he had six hours of uninterrupted sleep, which he considered to be sufficient for his own health; he, however, very properly remarks that invalids and persons of delicate constitution, and those accustomed to much bodily fatigue, may require from seven to eight hours. Of abnormal somnolence, the *London Medical Record* has the following from the pen of M. Lasègue:

"A barkeeper was often taken with an irresistible desire to sleep while serving his customers, and putting his glasses on the table slept for a few minutes. A porter, in a glass merchant's, would stop in the street, lean against the wall with his basket on his shoulder and sleep, then, waking in a few minutes, would rub his eyes and go on his way. A young farmer was out hunting, when he sat down in a field and went to sleep, his companions being unable to awake him. He awoke in five or six hours, but the next day he went to sleep at the same time, and ever since has done so every day. This was a hypnotic sleep, which could be brought to an end by blowing on the face. A young girl went to sleep always at eight o'clock, day and night, with or without a clock. A Belgian countess went to sleep regularly at nine o'clock, whatever she might be doing, and remained until the following day in the position she then occupied. Her catalepsy was joined to hypnotism. She recovered after two years."

Dr. J. Gibbons Hunt, of Philadelphia, on one occasion said, that he thought "sleep was only a lazy habit we had got into;" but I think that even if we leave out altogether the evidences from the lower animals, the phenomena of plant life would be sufficient to convince us that organized nature requires rest. Nevertheless sleep is certainly much under the control of habit. Many of you doubtless have heard the story of the miller who was very sick, and for whose comfort the mill was stopped. But he was unable to rest quietly except under the influence of the noise to which he was accustomed, and the mill was again started. It is in fact a matter of common observation and experience, that the most violent motions or sounds will not wake up a sleeper if he is accustomed to them, and for this reason some sleepers do not wake up during a thunder-storm, the ringing of bells, a passing train of cars, or by the conversation of members of the family, but will awake quickly at a change of noises.

There is a funny story related of an Irishman, and many good stories are peculiar to that class, who on being told that a severe storm had occurred during the night, said to his companion, "Why did you not wake me up, for you know I can't sleep while it thunders."

It is asserted that the sensitive plant, so-called from its motions imitating the sensibility of animal life, if carried in a railroad car or any other kind of vehicle, will at first close up under the influence of the jolting motion, but will eventually get accustomed to it, will open, and then close when the motion is suddenly stopped.

But the momentous question, What is Sleep? I come now to that point where I beg leave to differ somewhat from the quotation in the commencement of this essay. Sleep, in my opinion, does seem to be merely an interruption of the relation between consciousness and sensation, and is not an entire suspension of either of these functions, for I believe that to some extent we smell, taste, hear, and feel when asleep, and the reason that we do not see is simply due to the fact that our eyes are closed, and not to any positive suspension of their powers. and here, in the words of a friendly correspondent, I remark, that vision is the only sense which we are able to fully interrupt by special mechanism; we cannot shut our ears, our noses, our tastes or feelings, against unpleasant sensations, and it has often been the expressed wish of many, "Oh, if I could only shut my ears as easily and completely as I can shut my eyes, what a satisfaction it would be."

But to return to the subject, we know that consciousness is not wanting in sleep, because dreams are evidences of its power; it must then appear that there is simply an interruption of the relation between these two functions, and the act of waking is simply the restoration of the normal relation between them. In true anæthesia, the influence is more profound; the activity of both sensation and consciousness is diminished; as under the influence of anæsthetics the sensations experienced are, so far as impressions go, very different from those of naturally going to sleep or awakening.

As a general rule persons do not sleep well in a change of beds or in new places; this may be due to an unconscious influence of the instinct of self-preservation, the mind being in a temporarily alarmed state. There may also be something in the position of the sleeper in reference to the points of the compass; some persons think they can sleep best with their head to the north, and others to some other point. If the view that sleep is a break between sensation and consciousness is correct, then we should expect that as we

awake, this relation is gradually restored, and we may have a confused or mistaken interpretation of consciousness, which we call a dream. It is doubted by some, and I incline to the opinion, that dreams do not occur during a profound sleep; many think that they only do occur at the moment of transition from sleep to waking, or vice versa, circumstances that may cause dreams. If, for instance, by some accident, one's foot should get uncovered during a cold night, the sensation of cold would be finally sufficient to push its way through the dormant brain cells until the consciousness was reached, and then might come an imperfect perception, which the mind would refer to some cause known to be capable of producing it; thus the person might dream he was walking on ice. I lean to the view that dreams are never out of the sphere of our experience, that nothing is ever revealed to us through them, and I am sure that often they do not represent the most important topics upon which the mind may be engaged. Sometimes we dream (though somewhat disconnected) of our daily duties, and very often of secondary matters. Dreams present some features which seem to be common to all persons. It is not an uncommon thing, especially with women, to dream of being naked in the street. This is obviously the result of circumstances under which they retire. If they went to bed fully dressed, such dreams would be rare. It is not an uncommon thing to dream that one tries to run and cannot. This I believe is due to the recumbent position, the usual stimulus to the soles of the feet is missing and the pressure of the bedclothes upon the lower limbs gives a sensation of restraint, which makes us think we cannot run. Such dreams, I think, always occur when we are nearly awake. Sometimes we hear persons say that a dream occurred long after they got asleep or long before they got awake, but I doubt whether they can tell anything about it. If dreams do ever occur during a profound sleep, they are purely subjective, that is, they arise from influences entirely within the body. Such are the dreams produced by indigestion, disordered blood, etc., and are not the result of impressions on the senses proper, though even in such dreams it is not improbable that for the first effect of the subjective influence to partially wake the sleeper and then produce the dream.

There is nothing more desirable than a good, sound refreshing sleep, and if there is any preventive of dreams, it is found in good health, a clear conscience, good digestion, and absence from all exciting and stimulating causes.

The *British Medical Journal* describes some interesting experiments on this subject that have been made by M. G. Delaunay. According to psychologists, dreams are generally illogical and absurd. M. Delaunay, however, by covering his forehead with a layer of cotton wool, rendered at will his dreams healthy and intelligent. According to his experience, the dreams which people have when lying on their backs are sensuous, agitated and erotic. Those which occur when the dreamer is lying on the right side are changeable, full of exaggeration, absurd, and relate to old recollections. Those which occur when lying on the left side are intelligent, reasonable, and relate to recent occurrences. People often talk during the last mentioned dreams. The author considers that dreams, intelligent or otherwise, erotic or sober, can be induced by causing variations in the cerebral circulation, and by the nutrition of the various regions of the brain, either by the elevations of the cranial temperature or by decubitus. They, therefore, form an interesting field for psychological research.

Much of the above in my opinion is dubious.

Night Terrors Among Children.

Dr. Wm. B. Atkinson, of Philadelphia, contributes a few notes on the subject to the October number of the *Alienist and Neurologist*. After describing the nervous manifestations, the author goes on and says:

"The treatment must be directed to the avoidance of the causes, as fright, silly-shines, sleeping without a light, injudicious feeding, the relief of constipation, the use of abundance of fresh air and exercise; the latter even to the point of approaching fatigue, so that the child may sleep soundly without dreaming; and the employment of nervines and tonics, preferably those containing phosphorus and iron."

The further consideration of this subject, Sleep and Dreams, recalls the words of the poet Armstrong. He says:

> "Great Nature droops
> Through all her works. Now happy he whose toil
> Has o'er his languid powerless limbs diffused
> A pleasing lassitude; he not in vain
> Invokes the gentle Deity of Dreams,
> His powers the most voluptuously dissolve
> In soft repose; on him the balmy dews
> Of sleep, with double nutriment descend."

Hence, I may well add to the foregoing sentiment, that "tired nature, sweet restorer, balmy sleep," under no circumstances can be dispensed with. Both the body and mind enjoy (as we would say in our school days) a glorious vacation, by which the thoughts of the mind, the labors of

the hand, and our weary limbs, would secure the needful rest for a few hours, to prepare and fit us for life's duties on the following day.

To introduce sleep into our bodies, God has drawn around us the curtain of darkness, and as we repose upon our beds, our senses, under the influences of peace and silence and conscience, hears the still small voice whispering to our hearts, *He giveth his beloved sleep.* When we retire to our beds for rest, the mind should be gentle and serene—business thoughts and gloomy ideas should be avoided, because these if pondered over will greatly interfere with the refreshing influences of sleep. When sleep has performed its duty under the influence of a good conscience, the incoming dawn and daylight gleams through the windows, and we regain all our mental, moral, and bodily faculties renewed and regenerated. Hearing, seeing, smelling, tasting and feeling, all improve, every sinew braced for its accustomed work, and our affections reinvigorated with benevolence and charity.

But in the night through which we have passed we had dreams, producing impressions on the memory. They are a kind of vision in sleep, an idle fancy, a groundless suspicion; to which I may add that dreams are not of Divine origin, but are self-formed. Do you ask what share you have had in a pleasant sensation of dreaming? I reply, precisely the same that it has had in the coursing of your blood through your arteries and veins, in the pulsation of your heart, or of your brain.

As I am now treating of things which take place during the night, hence let me suggest a few thoughts. Do not uneasy and horrible dreams denote pain either of body or mind? or, in other words, a body overcome with food, or a mind occupied with melancholy ideas when awake? If this doctrine is true, based upon the principles of sound philosophy, then we must arrive at the irresistible conclusion that dreams are produced by some excess, either in the passions of the soul or the nourishment of the body. Hence we conclude that nature very properly punishes us by suggesting ideas and making us think how derelict we have been in not living a more acceptable life.

This question necessarily opens up for contemplation the subject of spectres and manes, of prophecy and prediction, but which I have no inclination to enter upon.

Petronius, a writer of antiquity, says that dreams are not of divine origin, but self-formed: and I will only add, that whatever view we take of the question, whether the memory impels the brain, and the brain acts upon the soul, I think we must admit that our ideas come in sleep independently of our will.

Before concluding this subject, I desire to allude to one other topic, which, I think, is worth considering. Our ancestors of the Middle Ages slept naked. We surely have improved on that habit, but there is still room for more improvement to insure our personal comfort and good health. It is my opinion that when the time arrives to prepare for our night's rest, we should, if circumstances will allow it, have a complete night sleeping suit, of warm shirt, drawers, and stockings, which should fit us as well as our day's clothes. In our houses a room should be provided which could be warmed during the early evening, and in this room every member of the family could dress for bed, and to it they could come in the morning and change the dress. When all were up and dressed, the room could be opened, and the night clothes thus aired. Such a system would give great encouragement to the ventilation of sleeping rooms, the want of which is fertile of disease.

Hospital Reports.

CLINICAL LECTURE.

Diphtheria.

A CLINICAL LECTURE DELIVERED AT THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA, JANUARY 9, 1883.

BY WILLIAM F. WAUGH, M. D.,

Professor of Practice, etc.

This young man appeared at our clinic last Tuesday. During the preceding night he had had a chill. This was followed by fever, headache, vomiting, aching of the bones, and sore throat. His pulse was 118; temperature 102.6°; his skin dry and burning. He complained of pain in the left side of his throat, aggravated by swallowing. On the left tonsil was a group of small white spots.

The diagnosis was herpes. We distinguished it from diphtheria by the sudden and violent onset, the severity of the general symptoms, and the great local tenderness. Still our diagnosis was tentative, as diphtheria sometimes manifests itself in this way, especially when it is epidemic. We directed the case to be closely watched, and ordered the following prescription:

R.—Potass. chlorat.,	℥j.
Acid. hydrochloric,	f.℥jss.
M. et adde.	
Tinct. ferri chlorid.,	f.℥ij.
Aquæ destillat., q. s. ad.,	f.℥iv.

Sig.—A teaspoonful every two hours, without water.

Our diagnosis was confirmed by the subsequent history of the case.

1. No exudation appeared on the surface of a blister which we had placed upon his neck.

2. No albumen appeared in his urine.

3. No depression was evident, even after the fever had subsided.

4. Immediate relief from the local and general symptoms followed the use of the prescription. He declares after the third dose he was almost well.

5. An eruption of herpetic vesicles appeared on both lips, on his nose and on the left cheek.

But seven days elapsed, and our patient has already returned to his work.

You will not dispose of diphtheria so readily.

Compare this case with the following, taken from my case-book during the last eight weeks:

1. A boy, aged 7 years, was seized on November 24, with symptoms of croup. He was hoarse, feverish, and fretful, and had a croupy ringing cough. Subsequently his voice was totally suppressed, respiration obstructed, abdomen retracted during inspiration, and other symptoms of true croup. The tonsils were inflamed, but no exudation appeared upon them at any time. Neither did the child have coryza or fetid breath. The treatment consisted in the administration of chloride of ammonium gr. ij., and calomel gr. ½ every two hours, an emetic of alum at bed-time, and kermes mineral gr. ½ every hour till vomiting was induced, for the nocturnal exacerbations. A vessel was kept upon the stove with freshly slaked lime and water. The child coughed up several large pieces of false membrane. He recovered, and was discharged December 3, still weak, and not having fully recovered his voice.

2. On December 9th I was called to see his brother, aged three years. He also presented symptoms of croup, and the tonsils were covered with white exudation, extending to the uvula and soft palate. He died in twenty-four hours.

3. As this child lay dead in his coffin, the mother kissed him. Three days later she was seized with sore throat, headache, fever, pains in the limbs, and great weakness. An ashy patch appeared on each tonsil; grew to the diameter of a dime, formed yellow sloughs, which left ragged ulcers when they fell off. Great depression was apparent from the first day, necessitating the energetic use of alcohol. She made a good recovery.

4. A girl, six years of age, was seized with croup, on November 25th. This case was similar to case 1 in every respect, except that a few white specks appeared on the tonsils. She received the same treatment, recovered, and was discharged on December 6th, still weak and with her voice not fully restored. During her illness four brothers had sore throat, with fever, aching bones, and great prostration. All had exudations on the tonsils. None of them were ill a week, and I should have been inclined to give their disease a milder name than diphtheria, but for the fact that one boy, who had a wound on his foot, found it covered with the exudation.

9. A cousin of these children, aged 10 years, visited them daily. She ate from the same dishes, and tasted their medicines with the same spoons. On December 5th she was seized with fever, headache, aching bones, great weakness, and sore throat. The left tonsil was covered with a grayish-white exudation, more extensive than any of the preceding. I painted the patch with concentrated lactic acid, and had it repeated every four hours in a dilute form (one to four) in addition to the ordinary treatment. Some days later, when the exudation had almost disappeared under this active treatment, she complained of pain in the right tonsil. At first sight nothing abnormal could be seen except redness and swelling of the gland. On pressing it with a spoon, a deep slit was opened up, the sides of which were white. This was wiped out thoroughly with the lactic acid. She recovered in a week and was discharged, still feeling the effects of the disease in marked debility.

10. A boy, four years old, was seized on November 28, with fever, headache, and sore throat. Both tonsils were swollen and red, while on the left was a small white spot. It was so small, and the child so free from debility, that I hesitated a little before I told the father it was diphtheria. It is not well for a physician to get the reputation of being an alarmist, and these exclusively pharyngeal cases often get well so readily that one inclines to doubt whether they are really due to this dreadful disease. In this case the father relieved me at once by telling me another son was dying in the house of diphtheria. The next morning my patient was better, but during the forenoon the dead child was laid out in the next room, and at my evening visit I found a change for the worse. The exudation had extended to the size of a gold dollar, and a similar patch appeared on the other side. In spite of the treatment, sloughs formed which adhered to the tonsils for three weeks. Coryza made its ill-omened appearance, but was checked by injections of nitrate of silver (gr. v. ad. f. ℥ j.) After a hard struggle, in which the usual treatment was reinforced by the use of stimulants, rich food, and pure lactic acid locally, the boy recovered, but had paralysis of the pharynx afterwards. He was discharged December 14, a small fragment of slough adhering to one tonsil, but feeling quite well. During his illness, his mother showed a small patch upon one tonsil, but it disappeared so quickly under the ordinary treatment that I could scarcely call it diphtheria. An uncle, residing in the house, was also seized with the same symptoms, with white exudation, but recovered in six days. He had great debility during this time.

13. A boy of seven had been ill several days, when I first saw him on November 15. He had croup, with some spots on the pharynx, and died the next day.

The other three children in the family were seized at the same time with sore throat, fever, and exudation on the tonsils. One recovered before my arrival, without any medication. The second recovered promptly on the ordinary treatment. The third had more fever, aching of the bones, and headache, and also greater debility than the others. The exudation invaded the uvula and soft palate. Coryza began to show itself, but was checked by the nitrate of silver. She recovered, and was discharged on November 23. On December 24, I called at the house and found her suffering from paralysis of the optic nerve.

17. A boy, 4 years old, was seized with diphtheria on November 28th. The exudation quickly disappeared, but was followed by acute dysentery. This left him very weak, with hydræmia, and general dropsy, from which he recovered slowly. His brother showed symptoms of diphtheria December 12th. The exudation appeared on both tonsils and on the posterior wall of the pharynx, where it formed sloughs. The disease had made progress before it was noticed, as he did not have the acute febrile symptoms present in some of the other cases.

The pharyngeal disease pursued a favorable course, the coryza yielded at once, but at the end of a week the symptoms of croup supervened, of which he died.

19. A boy, aged 4 years. I was first called at 10 a. m., and found his pharynx covered with false membrane, already smelling offensively, coryza established, and suffocation imminent from the laryngeal implication. Tracheotomy was quickly performed, but in spite of every effort the child sank and died at 3 p. m., just five hours after the physician had been first summoned. The other children, three in number, were playing in the street. I called them in, and showed the astonished parents the diphtheritic patches in the throat of each. The eldest had a discharge from his ear, which had excoriated the external meatus. In two days it became covered with a whitish exudation. These three children recovered after a prolonged struggle. I have notes of ten other cases (making thirty-two in all) which I will not give in detail, as they presented no points of special interest. The exudation was limited to the pharynx, and all recovered without difficulty. In all the diphtheritic cases, the treatment consisted in the use of the prescription ordered for the cure of herpes. You now see why I ordered it; because it cures herpes promptly, removing the fever and aching as well as the local pain and dsyphagia. Moreover, it was a doubtful case, and had it proved to be diphtheritic, the early use of this medicine would have been most valuable. Much of the local effect is due to free chlorine, as this prescription has not as good an effect if it be not compounded in such a way as to generate this gas.

To secure the greatest local effect, I direct the medicine to be taken without water. As this might prove irritant to the stomach, it is best that a little water should be drank immediately *before* taking each dose. In the worst cases it was given every half hour by day and every hour during the night, the patient being awakened for that purpose.

Not the least valuable effect of this medicine is the prevention of fetor. I have used it for eight years, and have yet to see a case treated from the first with this prescription which developed the horrible stench so common in this disease.

If the diphtheritic patch were thick or extensive, I applied lactic acid. Its solvent power is very great. The best results from local treatment are obtained when it is used early. When one case has occurrrd in a family you should examine the fauces of the others at each visit. If the smallest speck appears on the tonsils, it should at once be attacked energetically. Under these circumstances the disease disappears so rapidly that only the presence of diphtheria in the house warrants us in the belief that these cases are due to the same poison.

But when the disease has penetrated to the deeper layers of the mucous membrane, or where its germs are circulating in the blood, local remedies are insufficient to destroy it. This has led many to deny their efficacy altogether.

No constitutional remedy in diphtheria can compare with iron. You will rarely see an article on this disease in the journals in which iron is not recommended. Enormous doses may be given with the best effect, the stomach exhibiting a remarkable tolerance for it.

If the fever run high, quinine in large doses is indicated. When the heart's action grows weak, I administer it in small doses frequently repeated.

Of equal importance is the diet. The great tendency to prostration, even from the first, and the weakness of digestion, call for food in small bulk, highly nutritious, and easily digested. I usually prescribe it to be taken every four hours, alternating with milk, raw eggs, raw beef tea, coffee, café au lait, and ice cream. I am firmly convinced of the value of ice cream in diphtheria. It is very grateful to the little sufferer, contains a great deal of nutriment in a small bulk, and is very beneficial to the inflamed throat. It should be given very slowly in small quantities to avoid chilling the stomach. Some children prefer small pellets of ice, which may be sucked continuously. An attentive observer will recognize the time when solid food is required. Here I must protest against the prevalent notion that the farinaceæ are most easily digested. I have frequently seen the sick child turn with loathing from corn starch or toast, and then devour pickled tripe, soused pig's feet, or raw oysters with relish. No vegetable food is so readily digested as these acid albuminoids. The juice of oranges and lemons is very acceptable to most children, and is useful in many ways.

Stimulants are required in every case not quickly cured by local remedies. Children who are accustomed to beer will take it more readily than other stimulants. Laying aside the fanciful claims of the various spirituous beverages, it is generally best to use alcohol. That, at least, we can get in a state of comparative purity; while we can rarely be certain as to the genuineness of our wine or liquor. The best brandy depends for its stimulant effects simply on the percentage of alcohol it contains. It should always be given with food, as in egg-nog, milk-punch, or wine whey.

On reviewing the foregoing cases, we find, coexisting with true diphtheria, membranous croup, undistinguishable from sporadic cases of the same disease, amenable to the same treatment, yet undoubtedly arising from the diphtheritic poison.

Sporadic cases of membranous croup not occurring during the prevalence of diphtheria are very rare. In the course of five years' active practice, I have seen but one such case. But whenever diphtheria is epidemic, we have a number of cases of membranous croup.

Perhaps it is claiming too much to say that membranous croup is *always* laryngeal diphtheria, that it is *never* the result of the highest develop-

ment of laryngitis, but the statement is not very far from the truth. Should the views of Wood as to the origin of diphtheria from a micrococcus be confirmed by further investigation, the microscope may settle the question of the identity or otherwise of diphtheria and croup.

The diagnosis is not by any means as clear as it is laid down in the text-books. It was supposed that a pathological distinction existed between croupous exudations upon the mucous membrane, and the diphtheritic exudations penetrating it. But this distinction has been abandoned, since it it has been found that when undoubted pharyngeal diphtheria existed, if it extended to the larynx it there assumed the typical croupous form, showing that the difference was simply due to the structure of the part attacked. Croup has been called æsthenic inflammation, whereas diphtheria is characterized by great debility.

My conviction is that croup is in general very much over-treated, and that by husbanding the patient's strength, treating the symptoms, and resorting to tracheotomy earlier, the mortality would be lessened. The greater debility in diphtheria is easily accounted for. "The lymphatics of the pharynx communicate freely with the numerous glands below the angle of the jaw, while those of the larynx pass only to a single gland below the hyoid bone, and a small gland beside the trachea." (Ruschka.)

Hence systemic affection is far more likely in the pharyngeal affection.

The local symptoms of croup are so grave that the general condition does not often receive much attention. I have not found the range of fever differ essentially from that of diphtheria. Albumen appears in the urine as frequently in one disease as in the other.

Finally, as to the occurrence of paralysis: a frequent sequel of diphtheria. It has been acutely remarked that few recover from croup to be affected with sequelæ. But even of those few, paralysis attacks some.

In the solitary sporadic case of membranous croup mentioned above, the child did not regain the power of speech for two months after the extrusion of the false membrane.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Tubercular Cerebro-Spinal Meningitis.

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[Read April 4, 1883.]

In the year 1768, Dr. Robert Whyt, of Edinburgh, in a small brochure, described the most common form of acute hydrocephalus, directing attention to the connection between acute inflammation of the meninges of the brain and dropsy of the ventricles. (*Observations on the Dropsy in the Brain*, 8vo., Edin., 1768.) About half a century later, French anatomists showed that in the majority of the cases of Whyt's disease, the membranes of the brain themselves are the seat of tubercular deposit. (*West on the Diseases of Infancy and Childhood.*) In the year 1825, Marshall Hall described the hydrocephaloid disease. Soon to his accurate observations were added those of Gooch and Abercrombie. In this disease, which is also called by Watson spurious hydrocephalus, no inflammation is supposed to exist, although more or less effusion is found in the ventricles. Fine granulations on the cerebral meninges, often unattended by inflammation appreciable to the unaided eye, had been observed for a long time, but their exact nature was unknown until the year 1830, when Papavoine showed them to be tubercles. (*Journal Hebdomadaire* for 1830, vol. vi., p. 113, quoted from West.)

The literature on the subject of tubercular cerebro-spinal meningitis is exceedingly meagre, many writers on tubercular meningitis not alluding to it. Dr. Samuel Jones Gee (Reynold's *System of Medicine*, edited by Hartshorne,) states that he has several times examined the cerebro-spinal opening *in situ*, and has always found the membranes about it perfectly healthy. The spinal internal arachnoid was distended with fluid, especially around the cauda equina. He never observed any other morbid condition within the spinal canal of persons dead with tubercular meningitis. It must be remembered that he examined the cord in a minority of cases.

About the year 1869, three observers, MM. Magnan, Hayem, and Lionville, published almost simultaneously cases of tubercular cerebro-spinal meningitis, giving as their opinion, that tubercles occurred at the same time in the membranes of the brain and cord. The special signs that they attributed to this disease were, tremblings, contractures, tossings, restlessness, tetanic seizures radiating to the neck and trunk, and temporary paralysis. Their autopsies revealed lesions of the cerebral membranes, and granulations on the surface of the spinal pia mater and on the arachnoid. Once the dura mater was most affected and fibrinous exudation was present. (*Le Progrès Médical* for 1881, Galliaux.)

Flint (*Practice of Medicine*, fifth edition, p. 702) says: "Tuberculosis of the pia mater of the spinal cord has been found in many instances, and, probably, is the rule." He, however, does not appear to have met with a case in connection with tubercular meningitis.

Huguenin, in his elaborate article on tubercular meningitis, (Ziemssen's *Cyclopædia of the Practice of Medicine*, vol. xii. p. 505,) disposes of this disease in the cord in one short paragraph, as follows: "Our knowledge here is quite fragmentary. It is certain that tubercles are found in the spinal cord in many cases of tuberculosis of the pia, and also that their behavior is the same as in that of the brain. The inflammatory affection of the pia seems to pass down a varying distance within the canal. There are no trustworthy statements as to the changes of tissue in the spinal cord; but without doubt many symptoms would, after a more careful investigation of this subject, appear in an entirely different light from that in which they do now."

In the *Transactions of the Pathological Society of London*, in vol. ii., Mr. Shaw reports a case of tubercles of the brain, and of the spinal marrow and its membranes. The patient was paraplegic, but conscious to the last. In vol. xxi. of the

same transactions, Dr. Walter Moxon reports miliary tubercle of the spinal dura mater occurring in a case of tubercular meningitis. The patient was a girl, æt. 17 years. Duration of the disease was seventeen days.

In the *St. George's Hospital Reports* for 1879, fifty cases of general tuberculosis are analyzed. In a large number of these brain lesions were found, but in only one instance was the spinal cord or its membranes found diseased. It is not stated in how many instances the cord was examined, but that spinal lesions were unsuccessfully sought for in cases of tubercular meningitis appears from the report. The case in which the spinal meninges were involved, occurred in a seven-and-a-half months' child, male, æt. four years, of strumous diathesis and of a consumptive family. The mind was precocious and the skin dry. The disease began with cough; headache after about two weeks, when the cough almost ceased. The duration of the lung trouble was about sixty-one days; of the head about forty-seven. Tubercles were found in lungs, pleura, and spleen?, on the meninges of the brain and arachnoid of cord, and a nodule was seen on the under surface of the cerebellum.

H. Rendu (*Researches Cliniques et Anatomiques sur les Paralysies liées à la Méningite Tuberculeuse*, Thèse de Paris, 1873), Landouzy (*Contribution à l'étude des Convulsions et Paralysies liées aux Méningo-encephalites fronto-pariétales*, Thèse de Paris, 1876), and Chateaufort (*Contribution à l'étude de la Méningite Spinale Tuberculeuse*, Thèse inangurale de Paris, 1878, vi., 384), in the years 1873, 1876, and 1878 respectively, added contributions to our knowledge of the subject of tubercular cerebro-spinal meningitis. (*L'Union Médicale* for 1879, Dèbove.)

Dèbove (*Le Progrès Médical* for 1879) reported a case of tubercular cerebro-spinal meningitis. The patient was a man, æt. 29, suffering from pulmonary phthisis. He suffered from severe lumbar pains and unsteadiness of gait for about two and a half months; paralysis of left leg and inability to void his urine three days; paralysis of both legs, insensibility of the left and partial insensibility of the right two days. Delirium was present for the first time about twelve hours before death.

At the autopsy tubercular granulations were found on all the membranes of the cord, most abundant on the pia mater near the anterior and posterior fissures of the cord. Congestion was intense in the lumbar region, and suppurative meningitis was most marked posteriorly in the dorsal. Tubercles were sparse and congestion slight in the cervical region. In the brain a few tubercular granulations were seen along the fissures of Sylvius, with little congestion of the meninges, without a trace of suppuration or fibrinous exudation. The cerebral substance was normal, and the ventricles did not contain an abnormal quantity of fluid.

Dr. Dèbove calls attention to the following facts in connection with his interesting case: First, the primary lesion was in the spine, the brain becoming secondarily affected, the reverse of what usually takes place. Second, the principal phenomena during life were due to the spinal rather than the cerebral lesion. In the first report of this case, he called it tubercular cerebro-spinal meningitis; in his second, before the same society, a few months later, tubercular spinal meningitis.

Galliaux (*Le Progrès Médical* for 1881), after referring to the observations and conclusions of MM. Magnan, Hayem, and Lionville, gives a short account of a case of tubercular cerebro-spinal meningitis coming under his care. The patient was a man, and like that of Dèbvoe's was 29 years old. He was brought to the hospital in a semi-conscious condition two days before his death. His wife stated that he had suffered from cough six weeks, and a few days before being brought to the hospital the cough ceased, and at the same time he began to suffer from fever, diarrhœa, and epistaxis, symptoms which his medical attendant had attributed to typhoid fever. Galliaux detected well advanced tuberculosis of the lungs. The autopsy revealed, in thorax and abdomen, tubercular infiltration of the lungs with small cavities at the apices, pleuritic adhesions, extensive ulcerations in the intestines; in the brain, a normal dura mater, a pia mater presenting adhesions to the brain substance, most marked around the tuber cinerium, and on the internal surface fine tubercular granulations, most abundant in the fissures of Sylvius. No pus nor free fibrinous exudation was found. The meninges were not thickened or much congested, presenting nearly their normal transparency. Some serous fluid was around the tuber, and a similar fluid filled the lateral ventricles. The cerebral substance was soft, but presented no appreciable lesions; in the spinal canal, the dura mater was adherent to the visceral layer of the arachnoid, its bloodvessels were injected, evidences of slight inflammation were present, and fine tubercular granulations were found on its internal surface.

L. Dubar's (*Méningite Cérébro-spinale Tuberculeuse*, *Bull. Soc. Anat. de Par.*, 1879, 4 s iv., 240–243) contribution to the subject I was not able to obtain, nor were the results of the investigations of Von-Azary accessible. Von-Azary (A.) *Beiträge zur Tuberkulose des centralen Nerven-systems der schweine*, *Deutsche Ztschr. f. Thiermed.*, Leipz., 1880, vi., 254–269.

As the following case presents many features in striking contrast to the phenomena exhibited by those already reported, I venture to record it, with as concise history as possible, containing numerous general and surface temperature observations, in the *Transactions* of the College:

H. J., æt. sixteen months, was moderately well nourished, but excitable. A superficial suppurating gland had existed on the anterior portion of the neck since the early months of infancy. The father, about thirty-five years old, a German, has a strong and sturdy constitution, and gives an exceptionally good family history. The mother, also of German parentage, is thin, anæmic, and painfully nervous. So far as she knows her ancestors were free from phthisis and scrofula: her father and mother, about seventy years of age each, are living and well. Some of her brothers died from pulmonary consumption, apparently induced by exposure and dissipated habits.

When about ten months old, the child had an irritative fever, apparently from teething, lasting four or five days. During the morning of April 15, 1882, about six months after suffering from the fever, it was apparently well, and spent a

portion of the time in playing about the yard, but late in the afternoon, it became feverish, fretful, and refused to eat. The symptoms grew worse, and I was called at noon the next day. I found undoubted evidences of alarming illness attended by great prostration. Ten or fifteen dark blotches of extravasated blood were seen on various portions of the body; the head was somewhat retracted, and the eyes were turning from side to side; temperature 103°; pulse 150; respiration 84. The central incisor teeth only were erupted, but the gums covering the lateral incisors were swollen and painful. These were freely lanced, and the child placed in a hot bath and given potassium bromide. Grave brain trouble was suspected. At 4 p. m., pulse 180; respiration 96. A violent tetanic convulsion with occasional clonic movements took place during the examination. The face was extremely pale, and the child thought to be dying. The convulsive seizure lasted in its worst form about one hour, during which time the little patient lay immersed in hot water. After the fit passed off, the left arm and leg remained rigid, the hand being shut and the foot extended until 4 a. m. the next day. The first evening of my attendance the temperature fell to 102.6°; the pulse varied from 160 to 180, and respiration from 90 to 96. The hemorrhagic extravasations under the skin disappeared when the body was immersed in warm water. Beginning on the morning of the 17th with temperature of 101.5°, pulse of 160, and respiration of 84 per minute, the symptoms gradually ameliorated during that and most of the two succeeding days.

April 19. Morning, temp. 100; pulse, 118; resp. 50. It was still restless, refused to eat, cried and moaned most of the time, and slept in short naps only. 8 p. m., temp. 103.8°; pulse 135; resp. 84. The change was sudden, the child apparently being much worse. A cough beginning about that time was the only evidence of chest trouble. Twenty-four hours later the resonance of the apex of the left lung was noticed to be much impaired, but no rales could be detected. On the 20th the child slept a good portion of the time. From the 20th to 24th it took but little nourishment, vomited large quantities of phlegm, and incessant cough, attended by large mucous bronchial rales, heard all over the chest, kept the little patient fretting. The temperature ranged from 101.8° to 103.5°; pulse from 112 to 140; respiration from 40 to 60.

24th. 11 a. m., temp., 98°; pulse 120; resp. 48. 6 p. m., temp., 105°; pulse 130; resp. 60. From the 24th to the 29th, the daily range of temperature was from 98° to 100°–103°, the rise being as often during the morning as the afternoon hours. The pulse varied from 130 to 140, and respiration from 68 to 70. On the 29th, when the Cheyne-Stokes respiration was present, the temperature did not descend below 101°, and reached 102° at 6 p. m. In the evening Dr. Charles K. Mills saw the case with me, and we agreed that it was probably tubercular meningitis of an irregular type, although the peculiarity of some of the symptoms made us doubtful as to the accuracy of the diagnosis.

On the 30th, the morning temperature was 98°; pulse 116; resp. 50; evening, temp., 104°; pulse 170; resp. 70. The pupils were still small, the head was again retracted, and the child kept up a pitiful moan. During the afternoon, Dr. T. G. Morton met me in consultation. He thought it was a case of tubercular meningitis. Every effort was made to keep the child nourished. In the way of medication it was given the potassium iodide and bromide, and small doses of calomel or corrosive sublimate. When the bromide failed to relieve, twenty drops of the camphorated tincture of opium were administered every hour until quiet was produced. Cold was occasionally applied to the head, and mustard, from time to time, to the nape of the neck.

May. During the month the highest axillary temperature was found on the 11th, in the morning, when the thermometer registered 105.5°; the lowest was taken on the 1st, also in the morning, and was 95.6°. The exacerbations of fever were very irregular. On a few occasions during the month, the temperature rose to 103° to 105°, and descended to normal or below the same day, but the febrile paroxysms, however, extended over a period of twenty-four to thirty-six hours, and the lull, during which the temperature was normal or subnormal, lasted from twelve to twenty-four hours. Twice the period of heightened temperature with remissions lasted six days (from the 6th to the 11th, and the 26th to the 31st, inclusive). Only once, (on the 15th, 16th, and 17th) did the temperature remain normal or below a period of three days. Throughout the month, the fever had marked remissions which were always attended by free perspiration, simulating in this respect, malarial remittent fever. The pulse and respirations were frequent, being most rapid, as a rule, when the temperature was highest. The pulse range was from 116 to 180 per minute, being 170 on one occasion, when the temperature was only 96.5°, and frequently having a rate of 150 to 160 with a normal or subnormal temperature. The frequency of the respiration varied from 36 to 86 per minute, the average being about 60. Those interested in a complete record of the temperature, pulse, and respiration, are referred to the tabular view of this case.

The posterior muscles of the neck were quite firmly contracted on the 5th, and remained so nearly two days. From the 1st to the 8th, the child was very restless and required repeated doses of camphorated tincture of opium. On the 9th, it became more quiet, but semi-choreic movements of the muscles of the neck, face, and upper extremities, when it was awake, were noticed. Those movements at that time lasted parts of two days only. During the entire day, on the 11th, the child was drowsy, and could scarcely be awakened, although it had taken nothing to induce sleep the previous two days. It would drink, however, when milk was poured into its mouth. From April 16 to May 11, the pupils had been rather small, and often very much contracted, but subsequently to the latter date they were noticed to dilate, sometimes to their full extent, just before and during a paroxysm of head pain. On the 14th, cough, which had been absent nearly two weeks, returned and was more annoying than during the first attack of pulmonary trouble. Numerous subcrepitant rales, most abundant in the upper portion, were heard in the left lung. On the 14th, seven and a half grains of quinia

were given in divided doses. In this daily quantity it was continued for a period of two months, with the exception of two or three days, when it was temporarily suspended. From the 13th to the 31st, the child was very restless, keeping up an almost constant cry, and apparently suffering great pain. Opium was the only thing found to give relief. On the 18th, the choreic-like movements returned and continued a day or two. On the 19th, about the time that the lateral incisor teeth were erupted, the left ear began to discharge considerable non-offensive pus. The next day eight twenty-drop doses of camphorated tincture of opium were given at hour intervals before rest was obtained. On the 22d, when the muscles of the back and right side of the neck were contracted, ten thirty-drop doses of the same were given at equally short intervals; and on the 23d, fourteen and a half drachms, or nearly two ounces, of this preparation of opium were administered without entirely quieting the child. The discharge from the left ear, still yellow, was thinner and more offensive. It soon became exceedingly unpleasant; by the last of the month the ear ceased to discharge. Instead of the camphorated tincture of opium, morphia was subsequently employed, and gradually increased; the quantity within two weeks necessary to quiet the child during some of the nights, being two and a half grains. During the afternoon of the 31st, the little fellow was bright, free from pain, and quite playful.

June and July. The temperature during those months ran a less variable course, reaching 104.1° only once (June 9), and never descending more than a degree and a-half below the normal. The average temperature for the two months was about 99°. The pulse range was greater, the frequency being 180 on a few occasions, and once (July 8) as low as 86 per minute. When the pulse was slow it became intermittent.

July 5. The head was again retracted, large doses of morphia being necessary to afford relief. About that time the child became very passionate, screaming and striking at every one (except its mother) who came near it. It was conscious and rational, and would promptly answer in the affirmative when asked if it wished to be taken out in its coach.

8th. The left ear was again discharging non-offensive, thick, yellow pus. A diffuse bronchitis with numerous mucous rales, causing great oppression in breathing, set in about that time, and lasted three or four days.

On the evening of the 11th of June, with widely-dilated pupils, the child began to scream, and continued to cry vigorously, manifesing other expressions of pain four or five hours, notwithstanding four doses of one-third of a grain of morphia each were administered at short intervals. The next morning it seemed to be free from pain, but was not sleeping continuously.

14th. Both ears were discharging quantities of yellow, non-offensive pus. No teeth were about to be erupted, the gums not being swollen. From the 1st to the 14th of June, the little sufferer, when not under the influence of morphia, was almost constantly screaming.

About the middle of June it became quiet, and ceased to cry except when disturbed. During the latter half of June, and the entire month of July, no anodyne was required. When the administration of large quantities of morphia was necessary the axillary temperature was only exceptionally above 99°.

19*th*. A diarrhœa began and lasted a few days, the food passing through the bowels undigested.

July 1. I began to register the surface temperature of the head, not having ventured before because I feared the irritability and restlessness of the child would endanger the safety of the thermometers (two thermometers always being used at the same time).

On the 8th, the pulse was slow and intermittent, the stomach irritable, and the bowels loose. It was noted that the child was decidedly worse every second day, being feverish some time during the twenty-four hours on alternate days. The fever always passed off by free perspiration. During the month the little patient seemed to improve, and it was taken into the open air every clear day, and sometimes into Fairmount Park during the early morning hours.

August. From the 1st to the 15th, the child was quiet, and did not fret when left undisturbed, the temperature ranging from 97.5° to 99.5°.

On the afternoon of the 16th, it suddenly became convulsed, was rigid, and remained in this condition about ten minutes.

(*To be continued.*)

Editorial Department.

Periscope.

The Pathology of Diabetes; Especially Dealing with Diabetic Coma.

Dr. Stephen Mackenzie, Physician to, and Lecturer on Medicine at, the London Hospital, in a paper bearing this title (*British Medical Journal*), gives a total of thirty-seven fatal cases of diabetes in the London Hospital from the beginning of 1874 to midsummer, 1882. "From this series of cases, twenty-one of which have been under Dr. Mackenzie's own care, it appears that coma and phthisis are the two most common modes of termination of diabetes. Coma is a much more common ending of diabetes than is often supposed by those who see but few cases of the disease. In this series, coma of a peculiar kind was the termination of diabetes in nineteen out of thirty-seven cases, or in just over half the number. Of these nineteen

cases of coma, in seven *post mortem* examinations showed no gross visceral disease to which the coma could be attributed; in four cases without *post mortem* examinations, there was no *ante mortem* evidence of visceral disease in three, and in one there were well-marked signs of pneumonic phthisis during life. Further, there were eight deaths from coma, with old or recent pulmonary disease found at the necropsy; in some of these the affection of the lung was insignificant, in others advanced. The coma that closed the scene in the cases of diabetes, implicated (or followed) by pulmonary disease, had certain special characters, to be presently described, showing its connection with the diabetes, rather than with phthisis. It was not the mere loss of consciousness that terminates so many exhausting diseases. Suddenly developing coma is an unusual ending of ordinary phthisis. Besides these nineteen cases, in three others death was by coma, but an obvious explanation was presented on *post mortem* examination, viz., cerebral hæmorrhage, meningitis, suppurative nephritis.

Onset.—Pain in the epigastrium or hypochondria, often very severe, sometimes ushers in the attack, and may precede for several days the coma. Delirium, usually of a light garrulous kind, is observed in some cases. Rapidity of pulse is occasionally the first indication of impending coma. Vomiting and diarrhœa, separately or together, was noticed in some cases for a day or two before the attack. Severe headache precedes the coma in others. Fatigue, as pointed out by Prout, and noticed by nearly all who have written on the subject, often determines coma, and the latter is thus frequently induced by a journey.

Special Features of the Coma.—One of the most striking symptoms in most, though its degree varies in different cases, is a peculiar laborious breathing—an "air-hunger," extraordinary efforts of filling the chest being made. The patient lies gasping for breath, like a person after violent exercise, whilst no condition in the respiratory organs accounts for its occurrence. Sometimes, this dyspnœa precedes the coma, sometimes the dyspnœa and coma appear together. The coma in most cases commences gradually. The patient can at first be roused, but it steadily progresses until it is profound. It occasionally commences more abruptly, and in a few cases passes off, usually to return. The surface of the body is generally cold, and the skin and mucous membranes livid; the pulse is rapid and small, and ultimately becomes uncountable. The external and internal temperature sinks exceedingly low, and Dr. Mackenzie has known the temperature in the rectum to be little over 90° Fahr. This combination of coldness, lividity, and rapid pulse has led me for some time to call the condition "coma-collapse." Incontinence of urine is noticed in some patients. The breath has been noticed by some good observers to have a peculiar odor, like sour beer, vinegar, acetic ether, acetone, etc.; but in no case that Dr. Mackenzie has observed has this been detected, though he has been on the outlook for it since 1874, and has directed the attention of those watching the patient to the point. Dr. Frederick Taylor's experience is similar. It has been said that a high temperature is necessary for its occurrence, owing to the low volatility of acetone. The urine is also said sometimes to give off a similar odor, but the author has not noticed it even when evaporated. In some cases, the addition of a solution of perchloride of iron to the urine produces a deep brown color. This, which is a test for acetone, Dr. Mackenzie has noticed in some cases.

Two Deaths During the Administration of Anæsthetics.

In the *British Medical Journal*, May 26, 1883, Mr. J. H. Lee Macintire, Medical Superintendent Bristol Royal Infirmary, writes:

"H. C., male, aged 54, was admitted to the Bristol Royal Infirmary, December 30, 1881, suffering from a strangulated inguinal hernia of sixty-four hours' standing. He had vomited almost incessantly from the first, and for the last twelve hours the vomited matter had been fæcal. On admission his tongue was moist, his pulse weak but regular, and his aspect somewhat pinched. Chloroform was administered preparatory to an attempt at reduction by taxis, and everything went on well for the first minute and a half, a little over one drachm being inhaled, and this amount was divided into three parts. He then commenced to struggle a little, and his pulse was noticed to have improved, when he was seen to be about to vomit. The vomited matter measured almost a pint, and was stercoraceous and very fluid. Loud tracheal râles were now heard, and the breathing for the first time became embarrassed. He was immediately turned over, when nearly two quarts of fluid were ejected. His pupils were now widely dilated, his pulse failed, and he became cyanosed. Artificial respiration, inversion, cold affusion, and dragging forward of the tongue, were at once tried; air entered the lungs freely, there were no tracheal râles, and the pupils became contracted. He now vomited again, or, rather, some more fluid poured out of his mouth. Attempts to resuscitate him were persisted in for over twenty minutes, but without avail. From the first arrest of pulse and respiration, neither heart-beat nor voluntary attempt at respiration was noticed. The first vomit occupied about a minute. The *post mortem* examination showed the heart healthy, aorta slightly atheromatous, kidneys granular, and a small quantity of food, which appeared to be partly digested milk, and which was about as large as a pea, was lodged just below the rima glottidis.

"M. T., female, aged 45, who had been in the ward some days with an abdominal tumor, was, on April 19, 1883, examined under the influence of an anæsthetic mixture consisting of one part of chloroform to three parts of ether. She was known to have chronic bronchitis, and was suspected of phthisis at the right apex. She had taken some beef-tea and egg a short time before the examination. She took the anæsthetic very well, becoming unconscious in three minutes and remaining so for ten, when her breathing was noticed to be growing shallow, but her pulse, color, and pupils remained unaltered. She took three respirations, each more shallow than its predecessor, and gave signs of being about to vomit. She was just about to be turned over on her left side, when her breathing stopped, whilst her heart could still be seen acting. Her pulse then failed,

her face became livid, and her pupils about two-thirds dilated. Inversion and artificial respiration were immediately tried, and air entered the lungs freely, with a total absence of tracheal râles. The pupils were now noticed to be about three-fourths dilated, and some half-digested liquid food oozed out of her mouth. In case any might have entered the larynx, although there was no reason to suspect such an accident, tracheotomy was performed. Artificial respiration was kept up for half an hour, and inhalations of nitrite of amyl, injections of ether, cold affusion, and an enema of brandy, were also unsuccessfully tried, the patient showing no sign of returning animation from the first, with the exception of closing her jaws firmly about five minutes after the commencement of artificial respiration. *Post mortem* examination showed the heart-vessels and brain to be healthy, and there was no food in the air-passages. The abdominal tumor was due to tubercular peritonitis, and there was general bronchitis, and some tubercle was found in the apex of the right lung.

"In both cases the anæsthetic was administered on a flannel mask which covered the nose and mouth."

Fatty Hypertrophic Cirrhosis.

The *Med. Times and Gaz.*, April 21, 1883, says:

It seems we are to add yet another to the long list of diseases that may attack the liver. We gather from an article in the *Progrès Médicale* (No. 9, 1883,) that henceforth we must consider fatty hypertrophic cirrhosis to be distinct from any of the forms of cirrhosis hitherto described. Let us very briefly see what are the characters which thus separate it from the other forms. The liver is very large, being so altered in its transverse and vertical diameters as to appear more cuboid in shape than usual; it has, moreover, a pasty feel and yellowish color; its surface is smooth; Glisson's capsule may be thickened in places, and its prolongations can be traced with the naked eye into the substance of the liver. On section, the liver seems to be composed of fatty nodules, varying in size, more or less circular, and almost always completely surrounded by connective tissue. In some places, the increase of connective tissue is enormous. Under the microscope the various lobules can be seen to be quite distinct; in their midst are the hepatic cells, separated by, and dotted about amongst, the large fat cells. These fat cells are nothing else than the ordinary hepatic cells, enormously distended with oil globules. The essential feature of the lesion is that between these groups of fat cells there is always found to be a layer of young connective tissue. The overgrowth of connective tissue commences in the portal spaces, spreading thence between the lobules; it extends always to the sub-lobular veins, and sometimes surrounds the minute bile-ducts, producing an apparent resemblance to the ordinary hypertrophic cirrhosis. The symptoms of this affection in an early stage, present nothing characteristic; pain and weight in the epigastrium, anorexia, nausea, occasional vomiting are the more common ones. The second stage usually commences rather abruptly; very often there is fever, œdema of the limbs or face, a sense of great oppression, or profuse sweats; these may all make their appearance at the same time. Sometimes there is subacute peritonitis or slight icterus and cough with blood-stained sputa. On examination of the abdomen, the liver will be found to be enlarged; or, if it cannot be made out, there will be an unusual degree of fulness in the epigastrium, and a slight amount of ascites. Signs of pulmonary phthisis will generally be present. This second period does not usually last more than four or five weeks. There may be deceptive remissions, but the ultimate result is always the same; and the patient dies sometimes of his phthisis, sometimes from cachexia, and sometimes with the symptoms of icterus gravis. There are two points to be borne in mind in the consideration of the etiology of this disease, viz.: 1. The patients are invariably alcoholic; and, 2. They are nearly always tuberculous. The prognosis is most unfavorable, and no particular line of treatment is recommended.

A New Dressing for Wounds.

The *Med. Times and Gaz.*, May 26, 1883, says: From Professor Bruns, of Tübingen, we receive a fresh addition to our means for carrying out the after-treatment of wounds, in the form of a preparation which he calls "wood-wool," and which he recommends to surgeons (*Berl. Klin. Woch.*, No. 20). Fine-grained wood in the form of splinters and shavings such as are largely employed in paper factories, according to Bruns, is the kind of material to be used in preparing the dressing which is called wood-wool. Pine wood is preferred, and especially the *Pinus picea*, which is poorer in resin and of coarser grain as compared with the wood of other pines and firs. The further preparation of the wood shavings and splinters consists in their reduction to a state of finer division by being rubbed through a wire sieve, then dried, and finally impregnated with various antiseptic substances. That considered best is a half per cent. of corrosive sublimate and 10 per cent. of glycerine (the percentage apparently referring to the ratio between these substances and the wood-wool). The advantages of such a dressing are believed to be manifold. Compared with ashes and turf it is absolutely clean, fresh, and of white color, and is soft and pliable like ordinary wool, and withal of extraordinary cheapness. It possesses, in virtue of its contained resin and ethereal oils, certain antiseptic properties, and is so easily adapted to the wounded parts, and of such elasticity that a uniform and equable pressure is easily obtained. Its principal property, however, is its extraordinary power of taking up fluids; in this it excels all other forms of dressings: it absorbs twelve times its own weight of fluid, so that ten grammes of dried "wood-wool," after complete saturation, weigh 130 grammes. Simple sawdust absorbs only three to four times and a half its weight of water, ashes only nine-tenths, and sand only four-tenths. This dressing had been in use by Bruns for half a year, and he has every reason to be greatly satisfied therewith. With the exception of one case of erysipelas, no secondary accidental wound-diseases were met with.

Reviews and Book Notices.

NOTES ON CURRENT LITERATURE.

—*Harper's Monthly* for July is excellent. Its frontispiece, "The Witch's Daughter," is a charming reproduction, by J. P. Davis, of F. S. Church's beautiful painting. Finely illustrated and very readable are, "A Famous London Suburb," by William H. Riding; "The Romanoffs," second article, by H. Sutherland Edwards; "The Second Generation of Englishmen," by T. W. Higginson; "Chatterton and his Associates," by John B. Ingham, and "Cincinnati," by Olive Logan. The continuation of the novelette, "A Castle in Spain," and the shorter articles, "Conventional Art," finely illustrated, and "Born to Good Luck," with some very pleasant poetry, make an exceedingly interesting number.

—The July number of the *Century* is good all the way through, and its illustrations are unusually fine. "Striking Oil," by E. V. Smalley, is a spirited article. "Old and New Roses," by H. B. Ellwanger, very beautifully illustrated. Other articles are, "Black Bass Fishing," by James A. Henshall, and Geo. W. Cable's "Flood and Plague in New Orleans," with the other interesting but not illustrated articles, "Nights with Uncle Remus," and "The Native Element in American Fiction," by Herbert Norse, and "Summer Songs." The frontispiece, a portrait of the old hero, John Brown, with A. B. Boteler's "Recollections of the John Brown Raid," and Frank B. Sanborn's "Comments by a Radical Abolitionist," awaken memories of the days that tried men's souls.

—*St. Nicholas* for July opens with a charming picture, "The Lifting of the Fog," to accompany a finely illustrated article on the "Brooklyn Bridge." With the usual sprightly articles, finely illustrated, are the very interesting continuations of "The Tinkham Brothers' Tide Mill;" "Swept Away," by Edward S. Ellis, and "Work and Play for Young People," by Charles G. Leland, all illustrated. It is a charming number.

BOOK NOTICES.

Bacteria and the Germ Theory of Disease. By Dr. H. Gradle. Chicago. W. T. Keener. 1883, pp. 216.

The germ theory of disease is now so universally recognized, and is so intimately associated with an intelligent conception of pathology, that it is necessary for every intelligent physician to have some knowledge of it. The work before us treats intelligently and fully on the subject, commencing with a comparison between the ancient and modern ideas as to the etiology of disease; and describing very clearly the various micrococci and bacilli about which we have been reading so much of late in the journals. The methods of recognizing the bacilli are well described, and in a word, the work forms an essential to the physician's library, and is just the book to be carefully read, before perusing the one next noticed.

On the Relations of Micro-organisms to Disease. By William T. Belfield, M. D. Chicago. W. T. Keener. 1883, pp. 116.

This book contains the "Cartwright Lectures," delivered in New York last February. Much misapprehension exists among the ranks of the profession as to the true relationship between micro-organisms and disease; hence these lectures, in which Dr. Belfield clearly demonstrates the connection between them, prove most valuable and timely. Dr. Belfield has personally inspected the home of bacteria, in the Koch laboratory at Berlin, and has devoted much study to the subject, making him peculiarly fit to instruct us. The work is illustrated and is particularly well adapted to follow the reading of Dr. Gradle's work on bacteria. We have received numerous and varied inquiries concerning bacilli, micrococci, etc., and to all, we would say in reply, read these two books and you will have a very excellent acquaintance with the subject.

A Practical Treatise on Impotence, Sterility, and Allied Disorders of the Male Sexual Organs, by Samuel W. Gross, A. M., M. D. Second edition, thoroughly revised. Philadelphia, Henry C. Lea's Son & Co., 1883, pp. 176.

This work is already well known to the profession, and it will be only necessary to make mention of the appearance of this new edition. It would be superfluous to tell our readers, that any work coming from a *Gross*, Sr. or Jr., is worth reading, they know that already. Should any of our readers have failed to hear of this work before, we would call their attention to the great importance of the subject, than which none other deserves more and receives less of our serious consideration.

Realizing the importance of the subject, we will merely add, that any one who resides in Philadelphia fully appreciates the eminent fitness of Dr. Gross to write this work.

THE

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A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

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THE DECADENCE OF FRENCH SURGERY.

The French surgeons are resenting with considerable vehemence the rather generally felt idea that surgery is not on the advance in France.

Professors Verneuil and Trelat have recently given utterances to strong language on the subject, the former saying:

"If we appear to have thrown back operative surgery to the second rank, this has been in order to advance surgical therapeutics into the first rank. If we have shown but little eagerness to extirpate cancers of the larynx and uterus, to excise the œsophagus, the pylorus, or the lung, to tie the aorta, etc., this has been because our Gallic good sense has enabled us without difficulty to foresee the inevitable destiny of these extravagant vivisections, and that it appears to us of no utility boasting to-day of that which will be rejected to-morrow. If in our surgical wards we greatly hesitate to transport the results obtained in laboratory experiments, that is because we do not assimilate man with batrachians and rodents, or even with the mammalia, the most elevated in the animal scale."

Prof. Trelat observed:

"I associate myself with the warm expressions of Prof. Verneuil in vindication of the true place of French surgery. Without abandoning the search for operative skilfulness, which for us is a patrimony, we are by education, by nature, by the organization of our hospitals which furnish us with patients to treat, by medical therapeutics as much as by works of the hand, more inclined than our neighbors to the nicety of diagnosis, to severe discussion of indications, and to precise determination of methods and procedures. For these same reasons of education, of nature, and of hospital organization, foreign surgery, and especially German surgery, tends to become exclusively operative. The amphitheatre is a workshop in which final success—beneficial and durable success—does not always bear relation to the enterprise executed almost before it has become conceived. Truly, there is no reason to abandon our course. Look back, and see what has become since thirty years of the great question of excis-

ion in chronic affections of the joints. What a resection fever prevailed around us then! At the present time the cause has been gained both in and out of France. By taking greater care of our patients, we have become able to determine the true indications for operation. When these are present we act up to them; but how much more rare are they than surgeons affected to believe abroad; and who can tell the number of joints that we have saved from the knife and the saw? This example is encouraging. Let us profit by it, and maintain our disposition for work, prudence, and good sense."

Here, again, we have evidence of Franco-German antagonism, and we are glad of it.

Competition is healthy, rivalry begets progress, and so the world moves.

Let us now hear what reply the Germans have to make to these slurs on their progressive surgery.

A CONTRIBUTION TO THE KNOWLEDGE OF LEAD POISONING.

In Virchow's Archiv. Bd. xcii., Hft. 2, S. 193, Dr. H. v. Wyss appears in an article with the above title. In spite of the fact that numerous experiments have been made during recent years, notably those of Harneck, and a mass of experimental and clinical evidence accumulated, still important questions remain undecided. He hoped that by feeding a dog with small doses of lead for a long space of time, he might produce a series of symptoms resembling those seen in chronic lead-poisoning in man, and by determining the distribution of the lead in the various organs of the body, obtain information that would lead to desired explanations. His plan was to give these small doses, and thus, if possible, produce a series of similar phenomena to those observed in man, especially in regard to the production of peripheral palsies; and although the results were for the most part negative, they are still given as a possible means of throwing light upon the subject. The following is a condensed description of the experiments and the conclusions:

A small ratter was taken and fed upon acetate of lead, the minimum daily dose being 0.02, which was gradually increased until a maximum daily quantity of 0.6 was reached. The duration of the feeding lasted from July 10, 1880, to July 16, 1881, and a total amount of 49.22 of acetate of lead was taken. Only two intermissions in the process were necessary to allow the animal to regain lost appetite. In March a blue line appeared upon the gums, especially marked about the base of the upper canine tooth. The temporary disturbance of appetite was probably due to confinement, and not to the lead. At no time did any palsy, colic or diarrhœa appear, and the animal remained in a nearly normal state until a few days before death, when epileptiform convulsions appeared, which closed its career. An elaborate chemical analysis yielded the following results:

12 g. of brain tissue	No trace of lead.
29 g. of liver tissue	A trace of lead.
21 g. of kidney tissue	A trace of lead.
55 g. of muscular tissue	0.01 9. of lead.
43.5 g. of bone tissue	A trace of lead.
Urine	Decided traces.

The fæces contained a relatively notable amount of lead. A small quantity, corresponding to the amount absorbed, was excreted with the urine, while a relatively large amount passed out as an insoluble sulphide of lead with the fæces. The explanation of the phenomena observed during the life of the animal are to be found in a disturbance of the central nervous system, and as there were no decided changes in the kidney, nor was albuminuria present, the constantly observed convulsions cannot be uræmic, but are probably due to a direct action of the lead. The often noted colic and diarrhœa which occurs in dogs cannot be explained in feeding experiments by an excitation of the intestinal ganglia, because the irritative action of the drug upon the mucous membrane of the bowel is not excluded in this method of experimentation, although experience derived from cases occurring in man, and from the experiments of Hamack, make this a probable explanation. No doubt very small amounts of lead absorbed would be sufficient to cause the convulsions, but in order that any decided quantity

should be taken up it is necessary that greater amounts should be present in the alimentary canal, and when such accumulation does take place, all the symptoms of poisoning come on rapidly, which, in the dog, manifest themselves as epileptiform convulsions.

The typical lead colic, the palsies, the mooted question whether these palsies are nervous or muscular in origin, are unexplained by feeding experiments with dogs, and indeed do not occur. The only phenomena common to both man and dog in this experiment are the convulsions, which are rarely present in human beings.

INEBRIETY FROM OBSCURE PHYSICAL CAUSES.

T. D. Crothers, M. D., in the *Medical Record*, May 19, 1883, presents some cases under the above title, for the purpose of an argument for a medical and scientific study of inebriety, above the levels of the theories of reformers and clergymen.

A. B., a physician of good medical and general education, in active lucrative practice for ten years, at this time was attacked by pneumonia following exposure to cold, had a long convalescence, violent heart palpitations. He began the use of spirits for nervousness, found relief; from this he went entirely "to the dogs," and finally was sent to prison for six months, served out his time, resumed practice, improved in health, and is now temperate. The pneumonia was probably followed by acute asystolism, for which spirits were a sedative.

C. O., a Yale graduate, demonstrator of a medical college and finally full professor. While writing a book he used brandy and ether at night for their sedative effect; inebriety in this case begun from neurasthenia and heart exhaustion. Had his malady been recognized in its early stage and properly treated, a life of great usefulness might have been preserved.

A number of other cases are cited, all from some physical cause—hemorrhage in one case, sexual intercourse in another, and so on *ad infinitum*. "It is no moral cowardice, but simply absence of sufficient evidence and study of cases, that prevents many physicians from urging that inebriety is always a disease." Like the lunatic, the malady from which he suffers may only affect some parts of the brain, giving the appearance to the casual observer of strength to control and ability to realize all the relations of life.

"Inebriety is not a vice or crime, but a disease to be cured by treatment. The question of to-day is, What shall we do? What means and remedies can we apply that will reach these cases?"

ANCIENT EGYPTIAN MEDICINE.

At Leipsic, M. Franz Vönig recently delivered a lecture on the practice of medicine in ancient Egypt.

Disease and death were regarded as manifestations of the anger of the gods, to be appeased by prayers and sacrifices. Isis sent disease and also provided the remedy; she raised from the grave her son Horos and instructed him in the art; patients were carried to her temples, and she informed them during sleep what was necessary for their cure. Thoth, the Egyptian Hermes, was physician as well as divinity. He owed his name, which signifies column, to having inscribed his precepts on columns of stone; the priests averred that they had copied these precepts after the discovery of papyrus, and such was the origin of the Hermetic books.

The physicians formed a sacred corporation paid by the State. The most famous of their schools was at Heliopolis.

They were specialists, and the patient first consulted the priests, who, after consideration of the case, sent him to the physician they thought most learned in the particular disease. The physician's services were gratuitous, but rich patients often made handsome donations.

The medical doctrine was considered holy, and no change could be made under pain of death. In conjunction with the regular body of physicians, there existed a veritable legion of divines, empirics, and sorcerers, analogous to those mentioned by Moses. Ebor's papyrus, the most considerable existing monument of Egyptian medicine, contains many puerile receipts, it is true; but it also speaks of many rational forms of medication, and mentions drugs which have remained up to the present time in materia medica.

Notes and Comments.

Mechanical Treatment of Disease of the Stomach.

In dilatation there is usually some obstruction, which hinders the ready egress of the food from the stomach into the intestines, this being most frequently a narrowing of the pylorus. Sometimes the obstruction is followed by an hypertrophy of the muscular coats of the stomach, as hypertrophy of the left ventricle follows aortic stenosis. But this is of rare occurrence, dilatation being the common sequence to obstruction. As a result more food enters the viscus than leaves it, the food stagnates, decomposition takes place, sarcinæ develop, and the mucous membrane, being constantly bathed with this irritating solution, soon takes on inflammation. This inflammatory process is not confined to this layer alone, but also, through contiguity of tissue affects the muscular coats, thereby causing a weakening of that enveloping membrane and gradual dilatation.

Dr. J. L. Krouse contributes a practical article on this subject to the *Cinn. Lan. and Clinic*, June 9, 1883. Oser's tube, which he employs, is exceedingly soft, and may be considered entirely innocuous. It is a tube, two metres in length, made of soft red rubber, having a single lumen of 9.13 mm. in diameter. This tube cannot be so easily introduced as the hard stomach tube, which, from its consistency, readily overcomes all obstacles, but requires the aid of the patient as well.

It is introduced into the pharynx and the patient is told to swallow; then through the combined effort of pushing from without and the swallowing of the patient, the instrument is carried into the stomach.

Having passed the instrument into the stomach, the outer end is elevated, and water (medicated or not) is allowed to enter until the desired amount has passed; it is then lowered and the tube, now acting as a siphon, removes the contents of the stomach. In this way the contents can be removed without injury to the lining membrane, and remedial agents can be applied directly to the diseased mucous surface.

The mechanical treatment may then be said to be of some benefit in many cases of stomach trouble, of decided value in acute affections of the organ, and in cases of dilatation the best treatment known.

Remarkable Monstrosity.

In the *Brit. Med. Jour.*, June 2, 1883, Dr. Mulvany writes:

"On November 2, my late partner, Dr. H. C. Linden, sent for me to a case of primipara, aged 28, who had been some hours in labor. It was a breech presentation, and favorable progress had been made until the pelvic outlet was reached. There the head became jammed tightly, and, during the next two hours did not advance in the smallest degree. As the pains were ceasing, notwithstanding the administration of ergot, it became necessary to deliver instrumentally. Several attempts at extraction by forceps proved futile, and, as exhaustion was threatened, the blunt hook was employed, and, after an hour's hard work, delivery was accomplished. The child was a full-grown, anencephaloid male; life was extinct but very recently. The bones of the face were normally developed, but there was no calvarium. The cerebral substance was wanting, and its place was filled with bloody serum and a material which looked like a placenta; to this the placenta proper was attached by its membranes. It was very large, measuring 6¼ by 3½ in., and was deeply fissured at its anterior third. Two abortive cerebellar lobes were present. At the upper portion of the spine there was an opening into the spinal canal, from which sprang a lobulated body. Four cords were present, three focussing at this point; one running from the placentoid cerebral substance, the other from the placenta, and the third joining the cord proper a few inches from the umbilicus; the fourth passed from the placenta in the usual way, and presented a slight degree of fatty degeneration. It was rather large. The other cords had undergone fatty degeneration to a great extent. Being rather pressed for time, we were obliged to be content with a cursory examination.

To Control Hemorrhage in Hip-joint Amputation.

The abdominal torniquet is a cumbersome apparatus, and we hail with pleasure the following ingenious device of Dr. Jordan Lloyd (*Lancet*, May 26, 1883):

A strip of black india-rubber bandage about two yards long is to be doubled and passed between the thighs, its centre lying between the tuber ischii of the side to be operated on and the anus. A common calico thigh roller must next be laid lengthwise over the external iliac artery. The ends of the rubber are now to be firmly and steadily drawn in a direction upwards and outwards, one in front and one behind, to a point above the centre of the iliac crest of the same side. They must be pulled tight enough to check pulsation in the femoral artery. The front part of the band

passing across the compress occludes the external iliac, and runs parallel to and above Poupart's ligament. The back half of the band runs across the great sacro-sciatic notch, and, by compressing the vessels passing through it, prevents bleeding from the branches of the internal iliac artery. The ends of the bandage thus tightened must be held by the hand of an assistant placed just above the centre of the iliac crest, the back of the hand being against the surface of the patient's body. It is a good plan to pass the elastic over a slip of wood held in the palm of the hand, so as to diminish the pain attending the prolonged pressure of the rubber bandage. In this way an elastic tourniquet is made to encircle one of the innominate bones, checking the whole blood supply to the lower extremity.

A Case of Nephrectomy for Medullary Carcinoma and Partial Choleo-Cystectomy for Calculus, in the Same Subject.

Dr. S. W. Gross reports a case in the *Med. News*, June 9, 1883. The result was fatal. He furnishes the following statistics on the subject:

The kidney has been extirpated for sarcoma and carcinoma twenty-two times, the operators having been Czerny in five cases, Kocher in two cases, and Wolcott, Martin, Langenbeck, Jessop, Hueter, Lossen, Barker, Byford, Bardenheuer, Whitehead, Hicquet, Luecke, Adams, Thornton, and myself, respectively, in one case. The nature of the tumor is recorded as sarcoma of the kidney in 14; carcinoma of the kidney in 3; encephaloid of the kidney in 3; sarcoma of the capsule of the kidney in 1; and perinephritic sarcoma in 1. Of the 22 cases, 1 was under treatment at the date of the report, 9 recovered, and 12, or 57.14 per cent., died. Fifteen of the operations were by the abdominal incision, of which 5 recovered, and 10 died; and 7 were examples of the lumbar incision, of which 4 recovered, 2 died, and 1 was still under treatment. The causes of death were primary hemorrhage in 2; collapse ten hours after furious bleeding in 1; peritonitis in 3; septic peritonitis in 1; and shock, pulmonary embolism, uræmia, septicæmia and exhaustion from purulent discharge, each in 1.

Poisoning by Sulphate of Copper.

From the *Med. Times and Gaz.*, May 19, 1883, we learn that a case is related in the *Allg. Wien. Med. Zeit.* (March 20), in which a strong man, twenty-two years of age, swallowed, for the purpose of suicide, an enormous quantity of sulphate of copper (120 grammes in about 150 grammes of some spirituous liquor). He was seized with violent pain in the stomach and vomiting, and afterwards with tetanic spasms of the extremities. The vomiting continued abundantly, so that neither emetics nor stomach-pump were needed. The spasms of the extremities continued for some days at intervals, but in a day or two his appetite returned, and by the sixth day the muscular pains having ceased, he would have been able to walk about but for the weakness of the extremities, which were in a state of paræsthesia. In a fortnight he was perfectly well, and left the hospital.

The Oxytocic Action of Quinine.

Mr. Hartigan, M. K. Q. C. P., of Hong Kong, writes in the *Brit. Med. Jour.*, June 2, 1883:

"In three different cases I have had on several occasions to discontinue the use of quinine, because it brought on 'labor-pains,' though the doses used were small, varying from three to five grains. In one of these, during a previous pregnancy, another medical man used quinine, and discontinued it for a similar reason. All three were in fair general health, suffering only from slight malarious fever, and had never aborted. One case has come under my notice in which abortion took place, without apparent cause, after a ten-grain dose of quinine. The patient was the mother of several children, had not previously aborted, was in good health, and took the quinine to cure facial neuralgia. I know of another case of abortion occurring under similar circumstances after quinine. This action of the drug is known to the Chinese, who take it (I am told with success) for the purpose of producing abortion, following its use by copious draughts of hot tea. I have myself heard a Chinese 'amah' (*i. e.*, female servant) recommend it. Quinine, certainly in some cases, increases the menstrual flow."

Succus Conii in Chorea.

Mr. J. F. W. Siek reports in the *Lancet*, May 26, 1883, some cases of chorea relieved by succus conii. These cases seemed to show:

1. That the drug, to be of any service, must be given in large doses.

2. That its action must be sustained by frequent repetitions of the dose at short intervals. The uncertainty of the action of given specimens of succus conii necessitates great care in its administration, and militates against its general adoption. But cases in which neither chloral nor morphia have any affect may arise, and in which, as in the above, succus conii may prove efficacious.

Special Report.

Bacillus Tuberculosis.

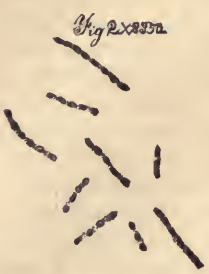

Fig. 1. Micrococci, magnified 950 times.

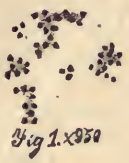

Fig. 2. Bacilli tuberculosis, magnified 2,350 times.

So voluminous and so conflicting has now become our printed evidence concerning the properties of this bacillus, that it behooves us to call a halt, and for a time look over the field of battle and see what has been adduced of a reliable nature concerning it.

The whole question is whether *this bacillus is the real cause of tuberculosis or not.*

Dr. Koch, of Berlin, heads the list of affirmatives, which includes a large number of eminent men.

Klebs, of Zurich, Toussaint, of Toulouse, and Schuler, of Berlin, are the leaders of the negatives.

Koch bases his belief on the results of numerous experiments by which he has demonstrated to his own satisfaction and to that of a very large following, that this special bacillus, *separated from all extraneous matter*, is capable of producing tuberculosis when inoculated into the body of an animal.

The broad ground taken by the opponents of his view is that when he has succeeded in producing tuberculosis by his inoculations, he has introduced some other element of cause, besides the bacilli, and some would seem to hold that the simple inoculation of foreign bodies, possessing no specificity whatsoever, is capable of producing tuberculosis, while still others claim (Formad as the leader) that the conditions necessary for the development of tuberculosis are to be found in a modification of the anatomy of the victim, viz: in a narrowing of the lymph spaces.

That we have advanced much by these recent researches, all are ready to admit; that we may intelligently proceed further, a resumé of what we know or of how we stand will prove valuable.

We will divide the investigations into two classes: 1st. Those favoring the specificity of the bacilli; and, 2. Those opposed to it.

The most distinguished advocate of the first class is Koch himself, who, in a paper published in the *Berliner Klin. Woch.*, No. 15, 1882, stated that a peculiar kind of bacillus was constantly present in tubercle, natural or artificial, and in all animals; and he was able to cultivate this bacillus, and by inoculation with this cultivated organism to produce the same disease as follows the inoculation of tuberculous material.

Koch's method of cultivation is thus described by Mr. W. Watson Cheyne, who witnessed it in Koch's laboratory:

He solidifies blood-serum at such a temperature as to leave the serum as transparent as possible. The serum is put into purified test-tubes plugged with cotton wool, and for several days in succession (usually six) these tubes are kept at the temperature of 58° C. for an hour. At the end of that time the tubes are laid obliquely in the incubator so as to have a large surface for inoculation, and kept at a temperature of 65° C., or a little higher, till solidification is complete. This occurs in a few hours. The tubes are then kept for some days till it is certain that the serum has been thoroughly sterilized, and then they are ready for use. Koch generally employs sheep serum.

In inoculating from animals immediately after death the skin is dissected back, and it is well to wet the skin with a bichloride of mercury solution to prevent the hairs flying about. A large number of knives, forceps, and scissors are purified by heat and allowed to cool, and every fresh cut is made with a fresh instrument, which is immediately afterwards repurified by heat. The organ to be used for the experiment being exposed, tubercles are clipped out and introduced into the serum-tubes by platinum wires purified by heat, and then crushed out as much as possible. Tubes so inoculated are placed in the incubator, and if development occurs, small opaque masses will be seen to appear at various points in about ten days. These masses gradually increase in size, and after a time are picked up and spread out on fresh serum, the fresh masses which form being again treated in the same way, and so on. By proceeding in this manner, all trace of original tuberculous material other than the bacilli is soon lost.

In inoculating from the lung of an animal which has died some hours previously (man or cow) the procedure is somewhat different. The lung is removed from the body and the surface washed with bichloride of mercury solution. A series of cuts are then made with pure knives throughout the organ, till it may be supposed

that a pure portion has been got, and then tubes are inoculated in the same way as before.

For purposes of injection of the cultivation into animals, special syringes are used. These consist of a glass tube, on each end of which the thread of a screw is cut, and the metal fittings are thus screwed directly on to the glass. The piston is graduated, and the bulbous end is hollowed in the middle and does not fill up the calibre of the tube. A sufficient amount of cotton thread is wrapped around this end of the piston to make it fit the tube accurately. The washers are made of thin pieces of cork. After each injection the cotton thread and the washers are removed and the syringe washed. Before use, fresh washers and fresh thread are arranged, and the whole is purified by heat.

A tube of serum on which bacilli are growing being taken, the surface is scraped with a heated platinum wire, and the masses of bacilli ground up in a purified mortar with a little boiled distilled water, so as to break up the masses. This material is then injected.

In order that the bacilli may be detected under the microscope, it is necessary that they be colored. The *Berlin Klin. Woch.*, No. 45, 1882, tells us that the first method, that described by Koch, was at follows ; Dry a small piece of sputum on a glass-square, place it in a weak alkaline methylen blue solution for twenty-four hours, and then wash over the sputum with vesuvine. This method was soon replaced by that recommended by Ehrlich, which consisted in: After having dried the sputum on the glass-square, it was colored with methyl violet and aniline water. Aniline water is made by adding 3 parts of aniline oil to 100 parts distilled water, shaking well and filtering. The methyl blue solution is concentrated, alcoholic, and so much of it is added to the aniline water in a watch-glass that opalescence appears. The preparation remains $\frac{1}{4}$ to $\frac{1}{2}$ hour in this solution, after which it is placed in nitric acid (1), water (2), and then impregnated with Bismarck brown. In the place of methyl violet, Professor Fränkel uses fuchsin, afterwards coloring with methylen blue, and prefers this coloring to any yet devised, as preparations thus colored retain their color longer, and admit of demonstration by artificial light. Baumgarten's method consists in treating sputum dried on a cover-glass with caustic potash (33 per cent. sol. to watch-glass of water), and is considered highly unsatisfactory, as the bacilli are not all colored, therefore difficult to find. This last method is not to be recommended.

Finding the staining methods of Koch, Aufrecht, Ehrlich, Balmer and Fräntzel, Pinolini and Negri, Rindfleisch, etc., too complicated and slow, Dr. F. Kh. Zenkevitch, of Kieff, recommends (*Mediz. Obozr.*, Feb., 1883,) the following plan as simple, quick, and effective. A lump of sputa is crushed and rubbed between two cover-glasses ; then the glasses are separated and allowed to dry in the air ; after warming over the flame until the material becomes slightly brownish, the preparation is washed in water and put for one or two minutes in the staining fluid, which is a saturated solution of fuchsin in aniline water (2 cc. of aniline to 50 cc. of water. Then the preparation is again washed in water, and placed for one or two minutes in alcohol containing nitric acid (one drop of acid to each 10 cc. of alcohol). It remains now to once more wash it in water, dry in the air, warm over flame, and mount it in Canada balsam. The author states that this process of preparation makes the bacilli as clearly and brightly visible as Ehrlich's (or any other) method does. According to his description, a free bacillus, as a rule, has a length equal to one-fourth or one-half of the diameter of a red blood-corpuscle, the longest specimens being equal to three-fourths or even to the whole diameter. The longest rods contain from three to five intensely stained round granules (spores). Fuchsin stains also free spores, which are seen either isolated or grouped in colonies. The examination of the colonial spores allows all the stages of development of the microphyte to be traced, from the form of granule to that of rod. Like Balmer and Fräntzel, Marchiafava, and Celli, Professor Dreschfeld, Kowalski (*Wiener Med. Presse*, 1883, No. 8), Giacomi (*Fortschritte der Medicin*, 1883, No. 5), Voblyi, and others, Dr. Zenkevitch found the bacillus only in phthisis (in advanced and incipient alike.) No rods were detected in the sputa of the patients with acute or chronic bronchitis, or emphysema, or croupous pneumonia.

The tubercle bacilli vary considerably in length, the longest being about the $\frac{1}{7000}$th of an inch. They are narrow (about $\frac{1}{3}$th or $\frac{1}{8}$th of their length), more or less rounded at the ends, and they generally present a sort of beaded appearance, clear spots with intermediate stained parts, the rod outside the clear spots being also stained. The number of beads in a single rod varies from four to eight, and is on an average six. The rods are generally straight, but they are not uncommonly more or less curved. In tissue they are generally found singly, or sometimes in pairs, united at their ends or stuck together side by side. At

other times there are two or three lying across each other, the axis of all being more or less in the same direction.

We have now traced the whole process of Koch's experiments, and have so clearly placed the matter before our readers that any one can carry them out. Remember that absolute cleanliness and absolute disinfection of all instruments used, is an absolute essential to the value of the experiment.

One of Koch's most ardent supporters is Mr. W. Watson Cheyne, who contributes an elaborate article on "*Research on the Relation of Micro-organisms to Tuberculosis*," to the *Practitioner* for April, 1883. He has observed Koch's experiments, and he has experimented himself, and he firmly gives his adherence to the specificity of the bacilli.

He has inoculated a large number of animals with various foreign substances, among which may be enumerated cotton thread, worsted thread, vaccine lymph (human and bovine), cork, and pus, and he failed in all instances to produce tubercle.

Koch cultivates these bacilli through many generations, and if he cultivates them in *sealed* tubes, the last proves as powerful as the first, but should the growing bacilli be exposed to the *air*, they gradually lose their specificity, until they finally become impotent to produce tuberculosis; which sterilizing action of the atmosphere is probably the reason that we do not *all* have tuberculosis, if Koch's view concerning its cause is correct.

Here then we have, in two sentences, the arguments which Koch and his adherents claim support their views:

1. That these bacilli are always found in tubercle, whether naturally or artificially produced.

2. That these bacilli, isolated from *all other matter*, will produce tubercle.

Two very strong, logical, and seemingly irrefutable arguments.

But let us see what the opponents of this view say.

In 1877 Professor Klebs published a paper in which he stated that he had succeeded in cultivating an organism from tuberculous material with which he was able to produce tuberculosis, and he looked on this organism as the cause of the disease. He gave it the name of "Monas tuberculosum." His method of cultivation was what he termed "fractionirte Cultur," *i. e.* if a drop of infective fluid is mixed with 50 ccm. of a cultivating solution it is diluted 1,100 times, and if a drop of this is put again into 50 ccm. the original material is now diluted 1,110,000 times, and so on. In this way he made cultivations from artificial tuberculosis in white of egg, and found that the egg became turbid in two or three days from the development of micrococci and short rods about 2 mm. in length. These rods possessed active movement, but it was the micrococci and not the rods which he looked on as the cause of the disease. He also found, on examining crushed tubercles, that there were numbers of dancing bodies, the movements of which were more than molecular, and he states that they are found in advance of the tubercle and cause the tubercle. He only mentions one experiment, where a small quantity of the cultivation (third generation) obtained from a guinea-pig inoculated with human tuberculosis was injected into the abdominal cavity of a cat. The animal was killed a month later, and the peritoneum was found to contain tubercular nodules.

Here then we see that Klebs differs from Koch, inasmuch as he claims that *micrococci* and not *bacilli* are the cause of tuberculosis. That he still holds this view is evidenced by the following letter from him to Mr. W. Watson Cheyne, under date of January 18, 1883:

"The question as to the organism of tubercle turns at the present moment on the decision of the preliminary question whether the bacilli described by Koch, those rod-like bodies which hold fast crystallized acid fuchsin even when subjected to the action of mineral acids, are to be regarded as the carriers of the virus of the disease. I must in the first place state, with regard to these bodies, that developmental processes have not as yet been demonstrated in them; their multiplication on cultivations would not disprove their inorganic nature. Although I believe that they are organisms, the proof of it must yet be furnished by the demonstration of phenomena of life on their part, such as movement or division under the eye of the observer. I think it proper to leave this task to their discoverer. On the other hand, I can definitely state that even in the purest cultivations (Koch's own) there are always present finely granular masses which appear to possess the characters of micrococci. The same bodies also appear in cultivations on microscopic slides. They may, since they are present in cultivations which are active, be the carriers of the virus just as much as the rods which can be stained, and to which alone Koch attributes that property. It is possible that these forms are different stages of development of the same organism, but it is also possi-

ble that the rods are of an inorganic nature, just as one finds crystals in the form of rods in many cultivations, as, for example, the characteristic albuminoid crystals in cultivations of monads on isinglass jelly.

"This question cannot be regarded as settled at present; it requires further investigations. Nevertheless, it seemed to me certain that the development of tuberculosis by a virus capable of self-multiplication, *i. e.*, an organism, as first asserted by me as a result of experiments in which active cultivations were obtained, has received an important confirmation by Koch's experiments, and further, the diagnostic meaning of Koch's rods seems to me to be of great value."

While, therefore, he differs from Koch as to the nature of the parasite, he yet agrees with him as to the parasitical causation of tuberculosis.

Having now detailed the method by which the bacilli may be discovered, and premising that the majority of the investigators in the profession today accept Koch's view, let us see the practical value of his conclusions.

Drs. Dettweiler and Meissen (*Berliner Klin. Wochensch.*, Feb. 12,) observe that, following the most suitable methods of coloring, they have undertaken the examination of the sputa of phthisical patients with a view to throwing light upon the relations of the bacilli to the collective clinical phenomena of chronic phthisis. The results of their researches are here given.

The investigation included eighty-seven cases, in which the diagnosis in various cases of phthisis was established by the presence of bacilli and elastic fibres. The dyes employed for the demonstration of the bacilli were methyl-violet and aniline, according to the directions laid down by Ehrlich. For the elastic fibres, simple pressure of the covering-glass sufficed to show these.

Of the eighty-seven cases, bacilli were found in greater or less abundance, in the expectoration in eighty-five cases, or 97.7 per cent. In the remaining two, although the expectoration was repeatedly and carefully examined, and although all the most unmistakable signs of phthisis were present, neither bacilli nor elastic tissue were discovered in the sputum.

The morning expectoration was considered the most suitable for examination, as having less mucus than that of the after part of the day.

The relation of the bacilli to the stage and course of the disease may be stated as follows: In acute cases, with pyrexia, extensive destruction of tissue, and proportionate expectoration, the bacilli are always found in great numbers. In incipient cases they are sparse. It must not, however, be assumed that the more numerous the bacilli, the more severe the disease. The reverse has been observed. Of eighty-five cases in which bacilli were found, fifty were apyfetic and thirty-five pyretic. In the former, the bacilli were abundant in fourteen and sparse in thirty-six cases. Of the thirty-five with notable pyrexia, in eighteen the bacilli were numerous and seventeen moderately so. The percentage was thus 28 in the apyretic and 51 in the pyretic.

Additional corroborative evidence of the relation between cause and effect in reference to the bacilli is offered by the following: Dr. Victor Babes (*Orvosi Hetilap*, Feb. 18, 1883; *New York Med. Record*, March 24, 1883,) has found Koch's bacilli in the urine of two cases in which post-mortem examination showed tubercular disease of the kidneys and bladder. In a third case in which Professor Verneuil suspected tubercular disease of the urinary apparatus, the bacillus was found.

Dr. Charney Smith (*Brit. Med. Jour.*, January 20, 1883), has succeeded in demonstrating bacilli in the breath of consumptive patients, by making them breathe through two thin sheets of gun-cotton placed in the outer compartment of an ordinary "pepper duster" respirator (whatever that may be). This layer of cotton is then converted into collodion, run in thin films on slides, and stained by Gibbes' or by Ehrlich's method.

Dr. T. Mitchell Prudden (*New York Med. Record*, April 14, 1883), has carefully examined the sputa in fifty-eight cases of phthisis, of which ten were confirmed by *post mortem* examination. Bacilli were present in forty-six, absent in twelve. Of the forty-six, physical signs of cavities existed in forty-one; of the twelve negative cases, physical signs of cavities existed in four only; in one, on *post mortem* examination, no cavities were found, but myriads of bacilli were found embedded in dense cheesy nodules in the lungs. The presence of spore-bearing bacilli bore no relation to the size of the cavity or the gravity of the disease. In six cases of chronic bronchitis, two cases of lobar pneumonia, and one case of lobular pneumonia, no bacilli were found in the sputa. Of nine cases of acute miliary tuberculosis, bacilli were found in eight. The case in which they were absent was one of acute general tuberculosis, and they were looked for in the tubercles of the lung, liver, kidney, pia mater, and ependyma of the lateral ventricles. Bacilli were found in six cases of acute pneumonic phthisis, in thirteen cases of chronic phthisis, in two cases of localized primary

tubercular pleurisy, in eight out of nine cases of tubercular ulcers of the intestine, and in one case of tubercular ulcer of the larynx.

Dr. N. I. Voblyi, who carried out his investigations at Professor V. A. Manassein's clinic, examined (*Vratch*, 1883, No. 7), the sputa of fifty-three patients. Thirty-five of them were phthisical (all febrile); eighteen suffered from other lung-diseases (four cases of chronic bronchitis, two of croupous pneumonia, four of emphysema, two of bronchitis in typhus, two of bronchitis in relapsing fever, four of bronchitis in typhoid). The author failed to find even a single bacillus in any of very numerous specimens taken from non-phthisical subjects, while he succeeded in detecting more or less abundant Koch's rods in the sputa from all the thirty-five phthisical cases. He found the micro-organisms even in the very scanty foamy non-purulent expectoration of patients who showed, of physical signs, only slight dullness over one apex, and some roughening of expiration without any *râles*. [In all of them, some weeks afterwards, dullness increased and fine *râles* appeared. One of these patients, in whom the author has diagnosed phthisis, mainly in view of the presence of bacilli in his sputa, and who has sought his dismissal from Crown service, saw his wish fulfilled. This is the first instance of an official's dismissal in Russia on the account of Koch's rods.] Such facts lead the author to differ from Professor Lichtheim's view of bacilli occurring only in abundant purulent sputa (*Fortschritte der Medicin*, January 1, 1883). From his observations, as well as from the study of those published by Koch, Ehrlich, Guttmann, Negri and Pinolini (*vide* the *London Medical Record*, January, 1883, p. 25), Balmer and Fräntzel, Chiari, Pfeiffer, Lichtheim, Ziehl, and D'Espine, he draws the following conclusions:

1. The presence of bacilli in the sputa of febrile patients undoubtedly points to an incipient destructive process in the lungs, however slight the physical signs may be.

2. The absence of bacilli in the sputa does not exclude possibility of the pulmonary affection (as the cases of Ziehl and Lichtheim show).

3. The bacilli have no prognostic value, since rapidity of the development of phthisis may depend on a simultaneous affection of other organs beside the lungs. Dr. Voblyi at first tried to stain the bacilli after four methods (Ehrlich's, Balmer and Fräntzel's, Rindfleisch's, and Schill's); afterwards he employed almost exclusively Balmer and Fräntzel's system (this is a modification of Ehrlich's plan; see the *Berliner Klin Wochensch.*, 1882, No. 45), which he recognizes as the best of all. [See, also, papers on the tubercle-bacillus in the *London Medical Record*, January, 1883, p. 24 (Formad, and Marchiafavi and Celli); March, p. 91 (Balogh): in the *Brit. Med. Jour.*, 1882, October 14, p. 735 (G. A. Heron and H. Gibbes); October 21, p. 766 (H. Gibbes); 1883, Jaunary 20, p. 105 (Charnley Smith); February 3, p. 193 (T. Henry Green); February 17, pp. 304–6 (Dreschfeld); March 17, p. 507 (W. Watson Cheyne); March 24, p. 565 (Purser); and in the Lancet, 1883, February 3, p. 188–90 (Heron)].

At the Académie de Médicine, M. Cornil read a paper on the *rôle* of bacilli in tuberculosis, in which an account was given of the result of forty cases minutely examined for the microbe. In a case of tubercular meningitis a great quantity of bacilli were discovered, as well as in a tubercular affection of the peritoneum, where the granulations were the seat of a large number of them. In two cases of pulmonary phthisis several were found at the root of the lungs. Tubercular affections of the kidneys furnished in four cases abundant microbes. In conclusion, M. Cornil said that the result of his researches would admit of three divisions: First, that in which the considerable number of bacilli of tuberculosis explains the genesis of the lesions which constitute that affection. The propagation of these micro-organisms by the blood and lymphatic vessels was fully proved by their being in the interior of the vessels. This class of facts is entirely in accord with the experiments of Koch, who, by injecting the bacteria of tuberculosis into different animals reproduced constantly that disease. In second series of facts the bacilli characteristic of tuberculosis are by no means numerous, but there exists always one or several in the giant cells, that is to say, in the midst of the tuberculous granulations. In a third class of cases, which referred to chronic tuberculosis, the bacilli were only found in the walls of the cavities and the ulcerated bronchi.

In the *Medical Record*, June 16, 1883, Dr. T. Mitchell Prudden says: It is already practically established that in the larger proportion, if not in all cases of phthisis in which there is evidence of the breaking down of tuberculous tissue, and in many cases in which physical signs are entirely negative, the tubercle bacilli may be found in the sputum, if sufficient care and patience and skill be exercised, and that they do not occur in non-tuberculous sputum. It is further demonstrated that the bacilli may be found in the fæces in many cases suffering from tubercular ulcers of the intestine, and in the urine in some cases of tuber-

culosis of the genito-urinary tract. It is furthermore proven that the examination of material from the surface of tubercular ulcers of accessible respiratory passages may often determine their specific character. While at present of much practical importance, rapidly accumulating data lead to the belief that increased definiteness in the estimate of the value of such examinations may be confidently expected.

Towards the conclusion of his article in the *Practitioner* (already quoted) Mr. W. Watson Cheyne says: A consideration of all the facts has led me to the conclusion that tuberculous processes in the lungs are due to the tubercle bacilli, and, so far as I know, to them only.

Thus, then, we have presented in brief space the leading features concerning the bacillus tuberculosis. The evidence adduced would seem to tend strongly towards according to this bacillus a causative power in the production of tuberculosis; whether it really possesses this property or not, one thing seems certain, viz., that it possesses considerable diagnostic significance. Great strides will be made in the determination of its accurate position in etiology, if every physician will make himself an investigator of the subject. There are two points upon which we need voluminous and accurate evidence before we can reach definite conclusions:

1st. Are the bacilli to be found in *all* cases of tuberculosis?

2d. Are the bacilli absent in those in whom tuberculosis does not exist, in either an active or latent condition?

If these two questions can be answered in the affirmative, in a large number of instances, then, (other things being equal) can we justly attribute a causative power to the bacillus tuberculosis.

Correspondence.

Professor Germain See and Liebermeister on Calomel, Iodine, and Cold Bath in Typhoid Fever.

Eds. Med. and Surg. Reporter:—

In the interesting lectnre by Professor Sée, on the treatment of typhoid fever, recently published in the Medical and Surgical Reporter (May 5, and June 9, 1883), in which he traverses the methods of cure instituted with reference to the varies theories of its origin, certain teachings and conclusions are ascribed to Liebermeister in particular, which do not seem to be in accord with what is contained in his article on this subject in Ziemssen's Cyclopædia. Under "The Antiseptic Method," Professor Sée thus delivers himself: "Iodine, to which Binz has recently called attention as a powerful antiseptic of the laboratory; *Liebermeister* and Vulpian have recently tried it without success." Whether Liebermeister's article published in Germany varies from the one incorporated in the great work referred to, I cannot tell: but if Sée's views are derived from the latter, it indicates a reading not sufficiently careful for the appreciation of the result of the trial upon the mind of the German, as there recorded. I quote: "In more than 200 cases in which I used it, the iodine did not produce any marked effect on the course of the fever. Neither the diarrhœa nor the intestinal symptoms generally seemed in any degree the worse, and *in some cases they seemed improved thereby.* No effect was apparent on the mucous membrane of the respiratory apparatus. Coryza never occurred, except in one very light abortive case; neither was an unequivocal iodine eruption ever seen. The temperature showed no well-marked departure from the ordinary course. In fact, looking at the individual cases as they occurred, it was impossible to recognize any distinct effect from the iodine. But the mortality was notably less *than in those cases treated at the same time, and in all other respects in precisely the same way, without the use of the iodine.*" If this last may be classed as a "*distinct effect,*" it is one that most physicians prefer should follow the administration of medicine in any disease. The italics used above are added to the original.

Of another drug included with the antiseptics, Professor Sée speaks thus: "Mercurials: recommended by Lerres (Lesser?). This medication still survives in the calomel treatment of Wunderlich, *Liebermeister*, and Hallopeau." This last reference elicited a note from the translator.

In a case treated by myself, a report of which was published in the Medical and Surgical Reporter, Vol. xlvii., p. 421, I tried the mercury and iodine in combination, as the protiodide of mercury, giving one-twelfth gr. three times a day. The effect on the fever could not be estimated, but the secretions were manifestly improved by its use, the coating upon the tongue becoming moister and showing inclination to dissolve and loosen.

Professor Sée is not more happy in his reference to the temperature of the baths recommended by Liebermeister in this disease, as will appear by quotations from each, respectively: "You may, if you like," says professor Sée, "cool down the water to 10 or 12 degrees C. (very near the freezing point) *as Liebermeister recommends*, and you will, without doubt, refrigerate your patient, but animal heat may never return."

Liebermeister's record in Ziemssen's Cyclopædia, Vol. 1. p. 208, is as follows: "For adult patients the full-length cold bath, of 68° Fahr. or lower, is to be preferred. The same water can be used for several successive baths for the same patient; the bath-tub remains standing full, and the water, representing about the temperature of the room, answers the purpose, without change. The duration of the bath should be about ten minutes. If prolonged much beyond that it becomes unpleasant to the patient, and may even prove a damage to him. If feeble persons are much affected by the bath, remaining cold and collapsed for a long time, the duration should be reduced to seven, or even to five minutes. * * In dealing with very feeble patients, one may begin with baths of a higher temperature, say 75°, although

of course these will produce less effect. A method especially to be recommended in such cases, if the surroundings permit, is that recommended by Ziemssen, of baths gradually cooled down, beginning with about 95°, and adding cold water gradually until the temperature is reduced to 72°, or below. These baths should be of longer duration."

E. T. Blackwell, M. D.

Paterson, N. J.

News and Miscellany.

American Neurological Association.

At the recent meeting, held in New York, June 21st, 22d and 23d, the following papers were read: "A contribution to traumatic neuritis, illustrated by a case following dislocation of the uterus," by Dr. Morton, of New York; "Notes on the use of hydrobromic acid in nervous affections," by Dr. C. L. Dana, of New York; "Lead-poisoning simulating other forms of disease, and on the danger of mistaking bismuth for lead in the analysis of the urine," by Dr. J. J. Putman, of Boston; "A case of general neuralgia," by Dr. J. T. Eskridge, of Philadelphia; "Locomotor ataxia terminating as general paralysis of the insane," by Dr. Charles K. Mills, of Philadelphia; "The excretion of phosphites and phosphorus as connected with mental labor," by Dr. Robert T. Edes, of Boston; "Several cases of locomotor ataxia," by Dr. Webber, of Boston; "A case of tetanoid pseudo-paraplegia," by Dr. Amidon, of New York; "Two anomalous cases of Parkinson's disease," by Dr. Amidon of New York: "Two cases of progressive muscular atrophy," by Dr. Gibney, of New York; "Treatment of scrivener's palsy," by Dr. W. J. Morton, of New York; "A case of locomotor ataxia with return of the reflex," by Dr. G. M. Hammond; "Nutritive alterations in the hand, from pressure of the head of a dislocated humerus in the axilla," by Dr. Miles, of Baltimore; "The brain of a cat lacking the callosum," by Dr. Burt G. Wilder, of Ithaca; "The alleged homology of the carnivoral fissura truciata with the primatial fissura centralis," by Dr. B. G. Wilder; "Remarks on the treatment of migraine," by Dr. W. J. Morton, of New York; "The relation of syphilis to locomotor ataxia," by Dr. Birdsall; "Note on the treatment of chorea by the sedative galvanization of the brain," by Dr. Dana, of New York; "The removal and preservation of the human brain," by Dr. B. G. Wilder; "Notes on Spanish asylums for the insane," by Dr. Seguin, of New York.

OFFICERS FOR THE ENSUING YEAR.

President—Dr. Isaac Ott, of Easton, Pa.

Vice-President—Dr. W. R. Birdsall, of New York.

Secretary and Treasurer—Dr. R. W. Amidon, of New York.

Councillors—Drs. V. P. Gibney, and W. J. Morton, of New York.

New Hampshire Medical Society.

At the ninety-third annual meeting, held in Concord, June 19 and 20, the following papers were read:

"The country practitioner," by Dr. A. H. Crosby, of Concord; "The treatment of indolent ulcers and carbuncle," by Dr. F. A. Stillings, of Concord; "Colds," by Dr. Wm. T. Smith, of Hanover; "The great work," by Dr. Blaisdell, of Controcook; "Water pollution," by Dr. Watson; "Pulmonary abscess," by Dr. D. S. Adams, of Manchester; "Venesection," by Dr. P. A. Stackpole, of Dover.

OFFICERS FOR THE ENSUING YEAR.

President—John W. Parsons, M. D., of Portsmouth.

Vice-President—John Wheeler, M. D., of Pittsfield.

Treasurer—D. S. Adams, M. D., of Manchester.

Secretary—G. P. Conn, M. D., of Concord.

Minnesota State Medical Society.

At the fifteenth annual meeting, held in Minneapolis, June 19 and 20, the following papers were read: "Annual address," by Dr. P. H. Willard, of Stillwater; "Shock," by Dr. Wheaton, of St. Paul; "Diphtheria," by Dr. Owens; "Case of compound fracture of the ankle," by Dr. Hunter, of Minneapolis; "Functional nervous disease; neurasthenia," by Dr. Riggs, of St. Paul.

OFFICERS FOR THE ENSUING YEAR:

President—Dr. W. L. Lincoln, of Wabashaw.

Vice-Presidents—Dr. E. J. Davis, of Mankato; Dr. Jas. Davenport, of St. Paul; Dr. R. L. Moore, of Spring Valley.

Treasurer—Dr. S. B. Sheardown, of Stockton.

Recording Secretary—Dr. C. H. Boardman, of St. Paul.

Corresponding Secretary—Dr. Clara E. Atkinson, of St. Paul.

Tri-State Medical Society.

The ninth annual meeting of the Tri-State Medical Association will be held in Indianapolis September 18, 19, and 20. The work is already far advanced, and the title of each paper should be sent in at once. Papers must not exceed 25 minutes.

It is also the rule that each physician who registers must be a member of a local or state society in good repute. All such are invited.

Notice of papers or cases to be presented may be sent to the Chairman of the Committee on Programme, Dr. J. L. Thompson, Indianapolis; to the Secretary, Dr. G. W. Burton, Mitchell, Ind.; or to the President, Dr. Wm. Porter, St. Louis.

A Caution.

The following is from the *Weekly Medical Review*, June 23:

A fraud, calling himself R. L. Douglas, and assuming to be the authorized agent of the "Medical Herald Subscription Agency," St. Joseph, Mo., is traveling around the Western States and trying to take cash orders from physicians and druggists for any desired professional journal at ridiculous discounts. He pretends to be deaf and dumb. Drs. Geiger and Hoyt, of the St. Jo *Herald*, denounce him as a thief and an impostor, and warn the profession against him. When last heard from he was "doing" Northern Illinois. Look out for him, and either kick him out of your office or turn him over to the police.

Medical and Chirurgical Faculty of Maryland.

The following officers were elected for the ensuing year:

President—Dr. Richard McSherry.
Vice Presidents—Drs. W. Stump Forwood and Jno. S. Lynch.
Recording Secretary—Dr. G. Lane Taneyhill.
Assistant Secretary—Dr. Robt. T. Wilson.
Corresponding Secretary—Dr. W. F. A. Kemp.
Reporting Secretary—Dr. R. H. Thomas.
Treasurer—Dr. Judson Gilman.

Rhode Island Medical Society.

OFFICERS FOR THE ENSUING YEAR.

President—Job Kenyon, M. D.
Vice-Presidents—O. C. Wiggin, M. D., and H. G. Miller, M. D.
Secretary—George D. Hersey, M. D.
Treasurer—Chas. H. Leonard, M. D.
Censors—Drs. Ariel Ballou, Otis Bullock, J. H. Eldredge, Geo. P. Baker, J. W. C. Ely, Lloyd Morton, S. S. Keene, Benj. Greene.

South Carolina Medical Association.

The following are the officers for the ensuing year:

President—Dr. R. A. Kinloch.
Vice Presidents—Drs. A. A. Moore, J. Ford Prioleau, and T. Munro.
Recording Secretary—Dr. John Forrest.
Corresponding Secretary—Dr. H. D. Fraser.
Treasurer—Dr. H. W. DeSaussure, Jr.

The Association of Medical Superintendents of American Institutions for the Insane.

This Association met at Newport on June 26. Dr. J. H. Collender, of Nashville, presided. The following officers were elected for the ensuing year: President, Dr. John P. Gray, of Utica, N. Y.; Vice-President, Dr. Pliny Earle, of Northampton, Mass.

Officers of the Southeast Kansas District Medical Society for 1883.

President, Geo. W. Miller, Girard; Vice-President, J. H. Baxter, Columbus; Secretary and Treasurer, F. F. Dickman, Fort Scott; Board of Censors, R. J. Peare, Pleasanton; R, Aikman, Fort Scott; G. W. Scholl, Girard.

Items.

—Racine, Wisconsin, is going to have an insane hospital.

—Geneva, Illinois, has appropriated $12,000 to erect a county insane asylum.

—An old feud: The feeling between ague and quinine is exceedingly bitter.

—The New Jersey Legislature has passed a supplementary act compelling the registration of all persons practicing medicine in that State.

—Inhalations of steam containing oil of eucalyptus, generated from the leaves, are highly recommended in diphtheria by a writer in the English *Lancet*. Thirty-seven cases of recovery are reported.

—To detect fusil oil in alcohol, Dr. A. Jorissen (*Chemist and Druggist*) adds to ten cubic centimetres of the sample, ten drops of colorless aniline oil and from two to three drops of officinal hydrochloric acid. If fusil oil is present, a red color soon appears.

—Lumbago may be quickly relieved (*Scientific American*) by binding a piece of oil-skin cloth, such as is used to cover tables, over the loins outside of the flannel shirt. Profuse perspiration is produced, which rapidly relieves the pain.

—The chief publications on natural science issued in Bengal the past year were catechisms of sanitation and hygiene for use in the schools in Bengal, and text-books of algebra, arithmetic, and physical geography. Baboo Kási Charan Gupta published the first volume of a Bengalese translation of an English work upon surgery.

—In an obscure part of the Bellevue Hospital yard there is a photograph gallery which has become an important adjunct to that institution. The hospital photographer takes photographs of all the unknown dead who are brought to the Morgue. He places the coffin containing the dead body in an upright position in an angle of the Morgue building, and makes a photograph of the face.

Personals.

—Professor Huxley has been elected a Foreign Member of the United States National Academy.

—Dr. G. Halstead Boyland has been elected to the Chair of Surgery in the Baltimore Medical College, and has also been appointed Resident Physician at the Buffalo Lithia Springs, Virginia.

—At a congregation of the University of Cambridge, held June 13, the honorary degree of LL. D. was conferred upon M. Louis Pasteur, Member of the French Academy, Director of the Ecole Normale, Paris.

—Dr. Roberts Bartholow, Professor of Therapeutics and Materia Medica, has been elected Dean of the Faculty of the Jefferson Medical College, Philadelphia, in the place of Dr. Ellerslie Wallace, who has resigned on account of ill health.

OBITUARY NOTICES.

MORITZ MICHAELIS, M. D.

Dr. Moritz Michaelis died at his residence, No. 204 East Eighteenth street, New York city, June 23, 1883, in the seventy-second year of his age, of Bright's disease of the kidneys. He leaves a son and five daughters, three of whom are married. Dr. Michaelis was born at Detmold, Germany, October 18, 1811. He studied in the Universities of Göttingen and Berlin, from both of which he was graduated with high honors, and at the age of twenty-four began the practice of medicine in Berlin. He came to New York in 1840, and continued his practice here until his last illness, building up a large and profitable business in his profession.

QUERIES AND REPLIES.

C. F. H.—Where can the book "Hall's Differential Diagnosis" be had, and what is the price?

Ans.—The book is published at this office. Price, $2.00.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

PLACENTA PREVIA.

BY T. CURTIS SMITH, M. D.,
Aurora, Ind.

This is one of the most serious complications ever found in the pregnant and parturient woman. It renders parturition preternatural. It is one of the unavoidable complications of some cases of pregnancy and labor. It very often compromises the life of the mother, and not unfrequently that of the child. Often both succumb to the rapidly fatal hemorrhage, when the flood-gates of the vessels are open. On this point Dr. E. W. King, of New Albany, Ind., has gathered reports of *two hundred and forty* cases occurring in the practice of physicians in this State. Of that number there was a loss of *fifty-four* mothers, or twenty-two and one-half per cent. The mortality among the children was one hundred and thirty-five, or over fifty-seven per cent. (Trans. Ind. State Med. Soc.) This is no small mortality. Yet this is perhaps a fair indication of the average losses of mothers and children in this greatly dreaded and unavoidable complication of gestation and labor.

The partial or central implantation of the placenta over the internal os uteri is almost necessarily a cause of hemorrhage. A case of placenta previa without hemorrhage would be distinctively anomalous. The vascular connection of the placenta to the internal surface of the uterus is very intimate, and when this relation is abruptly broken up there is hemorrhage, unavoidably.

The jeopardy of mother and child in these cases is due to loss of blood, and is in proportion—ceteris paribus—to the extent of such loss at any one given time during gestation or delivery. And to the frequency of severe hemorrhages during the latter months of pregnancy.

The immediate cause of the hemorrhage is the rupture of the utero-placental vessels, and the severity of the loss is usually proportionate to the extent of such rupture. Simpson claimed that the greatest loss of blood in these cases would be found to occur where the placental attachment was about equal to the extent of detachment, and that entire detachment of the placenta from the internal uterine surface was one of the best means to be used for checking the flooding. We have very seriously doubted the utility of such practice, but would not set ourselves up against so great an authority.

The rupture that initiates the hemorrhage is brought about by dilatation of the internal os. As such dilation does not usually begin prior to about the close of the sixth month, it follows of course that as a rule we do not commonly meet with loss of blood in these cases prior to that period of gestation. I am sure, however, that I met with one case where the previal attachment gave rise to severe loss of blood during the fifth month; so severe was the loss as to threaten the life of the mother, and to greatly reduce her on several occasions. The fœtus was thrown off about the close of the fifth month, when no further trouble occurred beyond the debility that resulted from such severe losses of the vital fluid.

There may be placenta prævia and yet no hemorrhage until labor sets in; but there is generally one or more distinct hemorrhages more or less severe from the seventh to the close of the ninth month that distinctly marks the character of the

case. Such hemorrhages come from an inability of the uterus to accommodate the placenta and its increasing size, and the vessels to the progressive expansion of the internal cervix. When, however, nature is able to make such adjustment of the uterine and placental surfaces as to amply accommodate the vascular connections, no rupture will take place until the insensible uterine contractions occur, that precede regular labor, and sometimes not until active uterine contractions set in. When the first stage of delivery open out its batteries, rupture of the vessels at the rapidly expanding os occurs, and hemorrhage sets in at once, and in proportion to the extent of such rupture of vascular connection between placenta and uterus.

Bedford made the statement in his work on obstetrics that where hemorrhage does not occur until parturition sets in, the loss of blood is greater and more likely to prove fatal than where there have been several preceding losses. This does not tally with the little experience I have had with these cases. But as every case of placenta prævia is a law unto itself, and so every man's experience with them, it does not at all follow that my experience can be a rule by which to be governed in practice, as indicating correctness of results in general, by which to guide others.

The case that in my hands came the nearest to proving fatal, was one where there had been several severe losses of blood during the last weeks of gestation, but this was badly handled in its first hours of labor. A few premonitory hemorrhages quite invariably appear before the pregnant term closes. This constitutes the most prominent diagnostic evidence of the presence of this condition. Yet there is room for mistake. A clot may be mistaken for a placenta. Care will cause an avoidance of such an error. Specific or malignant vegetations may cause a hemorrhage calculated to lead to the diagnosis of placenta prævia, so also may the rupture of a varicose vaginal or labial vein, or a varicose condition of the cervical veins. Hemorrhage from the pudic veins has been mistaken by very able practitioners for placenta prævia and for post-partum flooding. These cases can only be cleared up by careful taxis, or by carefully tracing the bleeding to its proper source. Hemorrhage may also arise from a partial separation of the placenta when its attachment is not prævial. Such a case can hardly be correctly diagnosed prior to the dilatation of the os or during the first stage of parturition. Again, a partial placenta prævia may be overlooked after the os has begun to dilate well, because of its slender attachment being broken up, and the edge of the placenta drawn off to one side. When the digit enters the os it only comes in contact with the membranes or presenting portion of the child; yet the loss of blood goes on.

If now the finger traces the inner margin of the os, it will be discovered that all the hemorrhage proceeds from the rupture of vessels of a partial or lateral placenta prævia.

The prognosis is grave at the time of labor, in proportion to the approximation of central placental inplantation, and, in proportion to the time the case is taken in charge by the accoucheur, and of his ability to manage the case.

Of the cases in this State, Indiana, tabulated by Dr. King, of New Albany, 22½ % of the mothers were lost. Of 332 cases collected by Swartz, there was one death in 3.86. Simpson states a mortality of one in 3.6. Trask (Prize Essay), one in 3.95.

The results in individual cases depend on the factors entering into them separately, One case may endure fearful loss of blood, and yet recover, as in case 2 of this report. The cool and skillful management of the attendant is always a favorable power for good in such cases. If the physician shows alarm or too great anxiety in any case, it constitutes an unfavorable factor for the patient. Turning or instrumental delivery have each a depressing and fatal tendency; the former is more grave than the latter. It is an unhappy fact that a larger proportion of cases of placenta prævia give mal-presentations than where the placenta is otherwise normally attached, and hence turning is often a necessary procedure, and often causes a fatal issue.

How shall we manage a case of placenta prævia? Certainly, this is a practical inquiry. As every case "is a law unto itself," it is not possible to lay down definite regulations for individual cases. "Few cases, of whatever kind, to which we may be called, are likely to demand a clearer diagnosis of the exact condition and stage of gestation or labor than these, and none demand a more prompt action, a clearer, cooler judgment, and a more ready discernment of the immediate needs of each case as met with at the bedside." Such being the facts, it stands the attendant to have all the accidents, conditions and complications, that ever accompany these cases, well in his mind, in order that he may, with rapid deliberation, meet whatever arises in each individual case, as soon as it falls into his hands. It is never safe to leave the management of these cases to whatever we may happen to conclude to

do on the spur of the exigency. The danger is more than half conquered when we know how to meet it. There should be a thorough comprehension of all the principles and elements that can in any wise enter into any of these cases. Then, and then only, may we meet them with that cool, deliberate, yet quick discernment, that will enable us to do the right thing at the right time and place, and in the right way. Nothing less than this will answer.

The management of cases of placenta prævia are so well set forth in our standard text-books, that I will not state any methods for this part of the work.

When called to a case of placenta prævia, at the time labor is going on, we must be governed by what conditions we find present at that time and in that case. If the labor is in the early stage, the os but little dilated, or not dilated at all, nor but little dilatable, if the hemorrhage is at all considerable and much increased at each uterine contraction, the tampon is in order. This is especially so, if the os is too rigid to admit of rapid dilatation and quick delivery, for under such conditions the patient grows rapidly weaker from loss of blood, and the os only rendered dilatable when sheer exhaustion is brought about by the hemorrhage. If, therefore, we find the os rigid or not easily dilated, and the body of the uterus disposed to contract with a fair degree of vigor, then rupture the membranes, so as to let the water escape and let the head down, to act as a wedge against the mouths of the bleeding vessels; then pack the vagina *very tight* with a tampon, and leave it there until the head is fairly down in the pelvis and pushes the tampon before it. By this time the head will act as a tampon to check the hemorrhage. If it is found on vaginal examination, that the head is not the presenting part, greater care must be used as to leaving the tampon too long to permit such manipulations as the position of the fetus may demand in order to effect rapid delivery. But if the feet or buttocks present, the same rule for the use of the tampon may be relied upon as when the head presents.

The tampon is one of the most valuable means in our possession for the arrest of dangerous hemorrhage in such cases as I have above described. But if the case is in condition for rapid delivery, because of the dilated or easily dilatable condition of the os, then no time should be lost by the use of this means. If the os is rigid, and the uterus shows a readiness to contract upon its contents, there can be no danger in the proper use of the tampon, for any considerable amount of concealed hemorrhage cannot take place. If it is sufficiently tightly packed into the vagina, no blood can escape by the side of it to take exit externally. Indeed the outer portion of the tampon will not be stained at all. By this means the great loss of blood, and consequent exhaustion will be prevented, and the hazard to the mother and child will be vastly curtailed.

Again, the tampon thus wedged in, will act as an irritant to the os, and thus cause more frequent and more energetic uterine contractions. By this means more rapid delivery will take place.

When, however, we come to a case and find the os soft or dilated, and the uterine walls flaccid, the tampon is not to be thought of. Under such conditions, the tampon could only check the flow of blood externally, while it would be accumulating behind it, distending the flaccid uterus, and fearfully if not fatally compromising the life of both mother and child.

But when the os is rigid or but little dilated or dilatable, and the uterus contracting with a fair degree of vigor, it will be impossible for any considerable degree of concealed hemorrhage to occur. The uterus is already distended to its utmost width its own contents or nearly so, and hence no great flow of blood can be hid in its cavity under such conditions. Besides the tampon gathers the blood at and around the mouths of the bleeding vessels, where it forms a clot sufficient to impede or entirely check all further flow until it is removed. Two things cannot occupy the same space at the same time. When the uterus is full, and the vagina is packed to its utmost, there is little room for blood to gather in any great quantity within them.

A tampon loosely, or imperfectly applied, is worse than useless. It is a broken stick, on which if we lean it will give way and pierce the hand. It annoys and irritates without in the least restraining the fatal loss of vital fluid. It is only a blind behind which the flooding goes on, and death seizes its victim.

We have tried several methods of applying this means of relief. A very good plan is to take small bits of soft muslin and pack them in bit by bit, until the vaginal canal will not receive any more, making it very tight. This form of tampon is very annoying to remove, because of the necessity of such frequent returns to the vagina for the pieces composing it. A better way is to take long narrow strips of soft muslin and pack tightly. This is easily removed. Common cotton wool answers a very fine purpose. Also tow, when

well cleaned and soft. When a speculum is at hand, it should be used, as by that means the vulva is protected. But a speculum and long forceps are rarely at hand in these cases, at the moment most needed. If the tampon material is well soaked in cold water it will be advantageous in that it will have a little tendency to check the flow, and the water will fill the meshes so that it will take up less blood; besides it can be packed tighter when wet that when dry.

I have, by some of these methods, tamponed the vagina so tight, that not a drop of blood could escape to the outside, and the tampon would not be soiled for half its depths. A tampon of any of these kinds of material will, of course, absorb some blood, but if it is wet when introduced and packed *very tight*, it cannot absorb much, and will hold the blood until forms a firm clot about the os and open vessels.

I wish, yet again, however, to enter my earnest protest against the use of the tampon indiscriminately in these cases. When we find the os dilated or soft and the uterine fibre flaccid, give this means the clear go by, as it is a dangerous remedy. But under the opposite conditions it is clearly a valuable means to control hemorrhage. The india-rubber bag makes a fine tampon, but it is not likely to be at at hand, nor are we, in the face of a flushing hemorrhage, permitted a delay long enough to send for such nice conveniences. Cases of this kind demand prompt, energetic and skillful management, and when the flood-gates of life are open wide, there is no time to wait for some pet means or plan of treatment. Such means as are at hand must be used promptly, or life is gone before we get our fancy agents into bearing on the case.

If we are called to a case where there is a sufficiently open os to admit of forceps, or of turning, one or the other should be done at once, according to the conditions present and parts presenting. When the head presents fairly, it is well to use forceps. If some other portion presents, it is better to turn at once. Often in these cases if exhaustion is not alarmingly great it will be well to rupture the membranes, and by a broad binder around the body and fundus drawn down as tightly as the patient will permit, the ends being held by assistants and drawn quite firmly, thus pushing the head against the bleeding surfaces and checking the flow. But where there is a central implantation this will not do, and nothing short of rapid delivery will avail, and little side remedies must not be allowed to cause us to fritter away precious time.

The local or general use of astringents in these cases, as has been highly recommended by some, is sheer folly, and irrational. They are worse than useless, for reasons too apparent to quote here.

When to remove the tampon, if resorted to, is a practical question. It is not to be withdrawn until the contractions have become urgent and frequent, and the presenting part of the child is beginning to push it out of the vulva, or press it hard against the perineum. It should then be removed as it advances. However, when assured that the presenting portion of the fœtus has well engaged in the pelvis, so as to press on the open mouths of the bleeding vessels all the time, the plug may be all taken away. At such a time, pressure over the fundus, as much as can readily be endured, will keep the fœtus down against the placenta, and so hold measurably in check the flow. Such pressure will also greatly increase the frequency and force of the contractions and expedite delivery.

A very good practice in almost all of these cases, as in nearly all others of great debility or prostration, where there is lack of vigorous uterine contractions, is to administer five to ten grains of quinine or of cinchonidia. It not only holds up the strength of the patient, but seems to exert a marked influence over the force of the uterine contractions, rendering them much more energetic and powerful. At no time should we brook long delay before delivery, where any considerable hemorrhage is going on, or exhaustion is imminent, the membranes ought to be ruptured at once and at the very onset of the case for reasons already given, and then if imminent danger is present from loss of blood, in spite of the best correct means to stop it, we must at once apply the forceps or turn, according to the position of the child and condition of the mother and of the immediate parts involved.

Ergot is a poor remedy to lean upon in placenta prævia. Its action is too slow, and even if it should act promptly on the uterine fibre, its depressing power over the circulation is detrimental and should be avoided. Quinine is a far better and safer remedy. A stimulant dose of morphia or of laudanum or of whiskey often answers an admirable purpose. Atropia, hypodermically, may be used, but is far less safe than either of the above named agents. These will often stimulate the flagging heart and nerve centers, and by this means the nerve centers are better supplied with blood, respiration is better maintained, and by these means a new fibre is added to strengthen the fragile thread of life.

I will now report briefly from my notes three cases out of four it has fallen to my lot to see, this being an exceptionally large number for one physician to see in an ordinary obstetric practice. Some men of extensive experience never see a single case in a long career of practice.

Mrs. G., æt. 33. Sixth pregnancy at the close of the eighth month of gestation; had not noticed anything unusual, but now was suddenly seized with profuse hemorrhage, without any previous admonition. I saw her in a half hour from the first appearance of flooding. She was lying on the bed, pale as death, gasping for breath, restless, very anxious for her own safety, pulse scarcely perceptible. There were no sensible contractions of the uterus. I found a large clot in the vagina, which I removed, and found the os closed and the cervix obliterated. The finger was withdrawn and all clots of blood removed from the vagina and from about the person, that could be, without disturbing her position and quietude. Clean napkins were then one after another placed against the vulva, and changed very often at first, but at longer intervals later. By this method of careful watching and the gentle use of the taxis occasionally, it was soon found that there was no further hemorrhage beyond a mere stain. During the condition of deep depression caused by the great loss of blood and the fright, the head was kept low, perfect rest maintained, and she was revived by the use of cold drinks, often repeated in small quantities. These she took with avidity, as do all persons who have endured great shock from hemorrhage. After waiting at her bedside for two hours, careful examinations showed no further hemorrhage for the present, and no indications of uterine contractions, and also, the patient was commencing to rally finely. She was ordered to keep very quiet, to use an unstimulating diet, to use the bed-pan instead of rising for her evacuations. I saw her frequently during that and the next day, and visited her for several days. She observed my orders strictly. After two days she began to regain the natural color of her face and mucous surfaces, and begun to implore me to let her get up. This desire was readily controlled by reminding her that to get up was only to repeat the danger of renewed floodings. She was instructed to let me know at once in case hemorrhage should set in, or if she should notice any pain at all indicating the commencement of labor. She did not call on me for four weeks. I was then hastily summoned with word that she was in labor and was flooding. On reaching her bedside, which I did in a few minutes. I found her pale, feeble, alarmed, pulse very feeble, respiration labored. As usual her lady attendants were greatly excited and alarmed. The taxis revealed an open os, large enough to admit the tip of the finger, tolerably rigid, the placenta plainly to be felt, latterly attached, the body of it, being to the right, and about two inches of it, was found to extend to the left. The head of the fœtus was felt with difficulty, but made out to be the part presenting. The uterine contractions not strong, recurred every five or six minutes. As the os was quite rigid and but little dilated, I ruptured the membranes, tamponed the vaginal canal very tightly with small pieces of soft muslin, after which there was not a drop of blood escaped externally until the tampon was removed. The patient's head was kept low, a firm broad bandage was passed over the fundus and body of the uterus, and the ends were brought out under and around the back and entrusted to two assistants, one on either side of the bed, with instructions to keep it drawn as tight as the patient's comfort would permit. She was given cold drinks ad libitum, and quinine and whiskey quite liberally. After free emesis she began to rally soon, the treatment being continued. In two hours the pulse began to return with moderate force, and there was some return of color to face and lips, though not much; but the face lost its wild anxious expression, and being assured that her condition was fairly hopeful, she became quite cheerful. The uterine contractions were now becoming quite forcible, and it soon became apparent that the tampon was being crowded down to and through the vulva. It was therefore removed as it was forced down. The head was found to be now forming a complete and an effectual tampon, especially as it was held well against the bleeding vessels by the steady pressure of the broad bandage in the hands of the assistants. She was soon delivered of a healthy eight-pound male child, living, though for a time blanched and feeble. She had a good getting up, and in three weeks resumed her domestic duties, which were by no means light.

The loss of blood in this case was very considerable in both instances, so as to saturate the bed, and run the pulse down until quite imperceptible, also to produce a pallor, akin to the appearance of death.

Had I attempted prompt forced delivery at the second hemorrhage, when I found the os open but rigid, it seems to me quite probable that the necessary additional loss of blood that such a procedure must have caused, would have ended the

life that was then quite ebbed away. The tampon not only checked the flow, but gave time for the patient to gather strength, and also for the uterus to gather increased power of contractions, and thus to bring the labor to a close, thus closely approximating the normal labor. The result at least justified the practice.

Case 2. Mrs. H. æt 36, mother of six children. Had several hemorrhages during the eighth and ninth months of gestation, which ceased after being quite profuse. She still attended to the wants of her family. At the close of her term, she was aroused by uterine pain and profuse hemorrhage about 3 a. m. A midwife was sent for, who thought she could manage the case. The hemorrhage continued more or less freely until the woman had fainted several times, and was thought by the lady assistants to be dying. I was sent for in haste, and saw her at 1 p. m., which was ten hours after the initiatiory pains of labor, and hemorrhage had set in. I found her pulseless at the wrist, extremities cold, and she appearing for more dead than alive. I lowered her head, gave stimulants hypodermically as quick as possible. Then by the tax is found a centrally implanted placenta and a presenting head. I pushed my left hand past the placenta, brought down the feet, and delivered quickly, easily and almost without the mother's recognition of it. The placenta soon followed, and the uterus contracted promptly. The woman was now left with her head very low, and kept very quiet. Stimulants and quinine were given per rectum, by the mouth, also whiskey hypodermically, free dry heat was applied to body and extremities. For four hours there was no pulse at the wrist, a very feeble heart impulse, and a gasping respiration. Soon after this there was slight reaction. Atropia seemed to improve the respiration and force of the heart, given hypodermically in a small dose. For twenty-four hours from this time, or twenty-eight hours after delivery, there was slow but steady reaction. Her final getting up was slow. For three weeks she could not raise up without great danger of fainting, and it was five weeks before she could be up safely, and for many weeks she was feeble and anæmic, troubled with abscess of the heart, and many evidences of having been thoroughly broken down. She finally made a good recovery, but it required great care and the liberal use of iron, bitter tonics, ale, stimulants, etc.

Would the tampon have been of use here in this case? Decidedly no! Not at the time I was called into the case. To have used it would have been to initiate a funeral. But, early in the case, it perhaps would have done as well as in the first reported case. To say that I gave that midwife a left-handed blessing, would be putting it very mildly. Yet I hoped the lecture and advice might redound to the good of some of her future dupes, who might be silly enough to depend upon her in the hours of distress and of danger. I have no objections to educated female physicians; I object to quacks everywhere, and all the time.

Case 3. Mrs. G. English, æt. 34, mother of four children, called me when her gestation was in the eighth month, because she was passing considerable blood at times. She could not tell whence it came, but always found it in the vessel after urinating. At first, I suspected placenta prævia. The taxis revealed nothing positively, only there was no stain of blood in the vagina at that time. At my next call there was considerable blood in the vessel, which she had just passed only as I came into the house. The taxis revealed no stain of blood in the vagina. A small wad of cotton was stuffed into the vagina and left there. At my next visit the loss of blood at time of micturition was still going on. I removed the cotton wad, but it was not stained. Also a napkin in use was not stained. The blood, therefore, must come from the bladder. This proved to be true, for she would every now and then void sanguineous urine for months after her confine ment.

At the close of her term of gestation, I was hastily called, with word that Mrs. G. was in labor and flooding, I soon reached her, found her and her attendants greatly alarmed. Taxis indeed now revealed placenta prævia. The os was dilated to an inch in diameter, and the blood poured out like a mill-tail at every uterine contraction. While the os was but little dilated, it was very dilatable, and the uterine fibre by no means rigid. In these points it was very unlike the conditions found early in the first case. Should I tampon here? No. To do so would endanger the life of the woman by concealed hemorrhage. I at once ruptured the membranes, found the head presenting all right, used vigorous external pressure, gave promptly a large dose of cinchonidia. In a short time the external pressure, aided by the feeble uterine contractions, brought the head down so that by its steady pressure on the open vessels, the hemorrhage ceased, and labor became natural and fairly rapid, the child being delivered in about one hour. No further trouble was experienced in the case. The child was feeble and blanched, but did

very well after the first day. The mother made a good and rapid recovery.

These three cases, with the histories of multiplied scores of others, teach us that every case "is a law unto itself," and that we must needs comprehend accurately the principles involved in their management, and then meet boldly and clearly the conditions of each case just as we find it.

The bloody urine in the last case above given was well calculated to deceive. It is almost unique to have such a symptom and no accompanying evidence of the placenta prævia, which was really present until labor had actually begun. Like the wag's epitaph, "we cannot always sometimes tell" in these cases.

THE NEW PHARMACOPŒIA (1880), WITH SOME HINTS ON THERAPEUTICS.

BY LAWRENCE TURNBULL, M. D., PH. G.,
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Pharmacy is the art which teaches the knowledge, choice, preservation, preparation, and combination of medicines, so as they shall produce their full results. Without some knowledge of pharmacy, a physician must be at a loss, for although therapeutics is distinct from pharmacy, yet some acquaintance with the latter is necessary to a correct application of the former.

The bases of both these studies is a knowledge of materia medica, or the substances employed in medicine.

In every civilized country there is some recognized work on standard drugs and their preparations, known as the Pharmacopœia. In all European countries it is prepared at the expense and has the sanction and authority of the government, and becomes a law at a certain fixed date; while, in this country, it is the voluntary action, both in its preparation and adoption, by a representative convention, meeting every ten years.

At a recent visit to Boston, at the centennial of the Massachusetts Medical Society, I had the pleasure of examining a complete series of all the pharmacopœias of the world. The first which was issued in this country was by the same Society in 1808, and the second by the New York Hospital in 1810; these never extended beyond their respective States. The first United States Pharmacopœia was published in Boston, December 15, 1820, just sixty-three years ago; a second edition of this same appearing in 1828.

In 1830, two pharmacopœias were published, one in New York and one in Philadelphia, owing to some misunderstanding on the part of the presiding officer. With the view of giving the various medical interests of the United States Government (which had not been done before) a proper representation in the convention of 1840, the Surgeon-General of the Army and the Senior Naval Surgeon at Washington were invited to participate in the proceedings. The convention appointed a Committee of Revision and Publication, consisting of seven members, three to form a quorum, and the meeting of the committee to be held at Philadelphia. To this committee were referred all communications received by the convention from the various organizations represented.

The committee was authorized (for the first time) to request the coöperation of the colleges of pharmacy in the United States. Valuable assistance was rendered to the committee by the colleges of pharmacy of Boston, New York and Philadelphia, especially the latter; at their suggestion and recommendation, the process of displacement or percolation was introduced for the first time. The work was not published until 1842, and the Latin version was omitted. Then followed the revisions of 1850, a second edition, 1855, 1863, and 1873. Then followed the call of Dr. James M. Morgan, the assistant secretary and last surviving officer of the convention of 1870.

Here let me pause, and for a few moments take a retrospective glance at the great and good men of our city, both of the medical and pharmaceutical profession, now deceased, who devoted their time and talents to this work, such as Drs. G. B. Wood, Franklin Bache, Joseph Carson, Robley Dunglison, and Robert Bridges, and on the other hand, Daniel B. Smith, Wm. Proctor, Thomas H. Powers, Edward Parrish, Wm. Hodgson, Augustus Duhamel—now passed from us, but leaving the remembrance of their devotion to their high calling, and the true work of good men, to the cause of medical science and philanthropy. May we who remain emulate their virtues; and whatsoever our hands find to do, "do it with our might, for the night cometh, when no man can work." (Ecclesiastes, ix. 10; John ix. 4.)

The Convention for the Sixth Decennial Revision of the Pharmacopœia of the United States of America met at the city of Washington, D. C., on the fifth day of May, 1880, and the work was compiled and published under the guidance and supervision of a Committee of Revision and Publication. The volume has 488 pages, issued by William Wood & Co., of New York, in 1882, which is now before us. "In its general character and tone it is pharmaceutical rather than therapeuti-

cal. That is owing to the pharmacists having done almost all the work. The divisions of the Pharmacopœia of 1870 into primary and secondary lists of drugs and preparations have been abolished, and single alphabetical arrangement adopted, similar to the British Pharmacopœia.

The drugs derived from the vegetable and animal kingdoms are briefly described as to their physical structure and chemical combinations, but not a word as to their physiological action, medical uses, doseage, or toxicological effects.

Processes for preparing chemical compounds have been omitted. This is proper where expensive apparatus and large quantities are required to be made, but not in the case of small preparations, as the iodide of mercury, etc. Except, in a few cases, each chemical is described, its physical properties, chemical reaction, and impurities and tests of purity. For pharmaceutical preparations, definite quantities of weight and measure are not employed, but by expressing the quantities by their relation to each other, except in the preparations of pills, the quantities being given in grains and grammes. Fluid extracts only grain weights are given, and for solid and liquids, except that the final product is to measure so many cubic centimetres.

The following table from the work exhibits the differences of strength of preparations made according to the Pharmacopœia* 1870, and the present (1880):

Name of Preparation.	*Number of parts of active constituents to 100 parts by weight of the preparation.*	
	Pharm. '70†.	Pharm. '80.
Acetum Lobellæ	13	10
Acetum Opii	16.3	10
Acetum Sanguinariæ	13	10
Acetum Scillæ	13	10
Acidum Aceticum	35	36
Acidum Aceticum Dilutum	4.5	6
Acidum Hydrochloricum Dilutum	7 8	10
Acidum Nitricum Dilutum	11.6	10
Acidum Phosphoricum Dilutum	9.8	10
Acidum Sulphuricum	about 100	96
Acidum Sulphuricum Dilutum	12.1	10
Acidum Sulphurosum	about 6.4	3.5
Alcohol Dilutum	39	45.5
Confectio Sennæ	8.33	10
Extractum Aconiti	Leaves.	Root.
Extractum Conii Alcoholicum	Leaves.	Fruit.
Ferri et Quiniæ Citrat.	16 quinine.	12 quinine
Liquor Acidi Arseniosi	0.87	1
Liquor Ferri Chloridi	35	39
Liquor Potassæ	5.8	5
Liquor Potassii Arsenitis	0.87	1
Liquor Sodæ	5.7	5
Opii Pulvis	10 or over	12 to 16
Opium	about 8	9 or over
Opium Denarcotisatum	—	14
Spiritus Anisi	6.8	10
Spiritus Camphoræ	14	10
Spiritus Cinnamomi	8	10
Spiritus Juniperi	2	3
Spiritus Lavendulæ	2	3
Spiritus Menthæ Piperitæ	6.4	10
Spiritus Menthæ Viridis	6.4	10
Spiritus Myristicæ	2	3
Tinctura Aconiti	47.6	40
Tinctura Aloes	3.3	10
Tinctura Aloes et Myrrhæ	each 12	each 10
Tinctura Arnicæ Florum	23	20
Tinctura Asafœtida	16	20
Tinctura Calumbæ	15	10
Tinctura Cannabis	36‡	20
Tinctura Cantharidis	3.5	5
Tinctura Capsici	3.5	5
Tinctura Catechu Compositæ	7	12
Tinctura Cinchonæ	25	20
Tinctura Conii	Leaves	Fruit.
Tinctura Cubebæ	15	10
Tinctura Gallæ	15	20
Tinctura Guaiaci	23	20
Tinctura Guaiaci Ammoniata	23	20
Tinctura Humuli	17.5	20
Tinctura Lobeliæ	15	20
Tinctura Myrrhæ	12	20
Tinctura Nucis Vomicæ	3.5 or less§	2§
Tinctura Opii ‖	9	10
Tinctura Opii Deodorata ‖	9	10
Tinctura Quassiæ	6	10
Tinctura Rhei	10	12
Tinctura Serpentariæ	15	10
Tinctura Stramonii	15	10
Tincturæ Valerianæ	15	20
Tinctura Valerianæ Ammoniata	15	20
Tinctura Veratri Viridis	55	50
Tinctura Zingiberis	31.8	20
Unguentum Acidi Carbolici	12	10
Unguentum Acidi Tannici	6	10
Unguentum Belladonnæ	12	10
Unguentum Gallæ	12	10
Unguentum Hydrargyri Ammoniati	8	10
Unguentum Hydrargyri Oxidi Flavi	8	10
Unguentum Stramonii	12	10
Unguentum Zinci Oxidi	16	20
Vinum Ergotæ	12.5	15
Vinum Opii	13	10
Vinum Rhei	14	10

*This table embraces all changes which can be considered sufficiently great to require notice, and all changes of above 1 per cent. in the strength of the preparations used internally. It does not note trifling changes in the composition of preparations intended for external use.

†For liquid galenical preparations the figures in this column are only approximately correct, as the calculations into parts by weight involve the specific gravity, which is subject to considerable variation.

‡In reality 6 of the extract, which is equivalent to about 36 of dry cannabis indica.

§Of dry extract.

‖The actual morphine strength is increased nearly one-half.

It will be noticed in the above table, that there have been changes in the strength of the liquid opium preparations, all of which except paregoric are made as to contain ten per cent. of opium, whilst the wine and vinegar are reduced from (wine) 13 to 10, (vinegar) 16.3 to 10. If the directions of the new Pharmacopœia are strictly followed out, the result will be a tincture which will contain on an average six grains of morphia to the fluid ounce, whilst our old laudanum has about four grains to the ounce.

If, therefore, the full anodyne dose of the tincture, deodorized tincture, or compound solution of opium has been 24 minims or 38 drops, representing a quarter of a grain of sulphate of morphia, the corresponding dose of the new preparations will be 16 minims, or say 25 drops.

This is an important change, and might be dangerous if not recognized; and even if it did not produce poisonous results, would be attended with headache, nausea, etc.

As observed by Dr. Squibb*, in physicians' prescriptions, for example, if deodorized tincture of opium is ordered, the figures "1870" or "1880" should be added, and he should give his dispensing pharmacist the liberty of using whichever preparation he might have, in the proper proportions of 1¼ to 1, until the change becomes established. That is, if the 24 minims of the "1870" should be ordered, the pharmacist should use instead 16 minims of "1880," if he happens to have the new and not the old strength.

As the old preparation and the new are identical, excepting the morphia strength, it is only necessary to dilute two measures of the new preparation with one measure of menstruum to reduce them to the exact strength of the old preparation. For diluting the tincture of opium or the deodorized tincture of opium, diluted alcohol should be used. For diluting the compound solution of opium, alcohol should be used.

The diluted mineral acids are made of a uniform ten per cent. in strength, except in the case of hydrochloric and sulphuric, the former of which has been increased one-fourth in strength, while the latter has been decreased one-sixth. This will alter the dose in both. We find an important omission in Dover's powder: the sulphate of potassium is left out while the name is changed from pulvis ipecacuanhæ compositus (1870) to pulvis ipecacuanhæ et opii (1880).

(*To be continued.*)

* An Ephermeris, Nov. 1882, p. 151.

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

Cirrhosis.

Gentlemen: The case which I will first present to you is one which was transferred from the surgical to the medical department of this hospital, and it will therefore illustrate to you a very important fact which will frequently come under your observation, namely, that not all those cases which seem to demand surgical treatment will be justifiable recipients of it. This man applied to the surgical department for treatment for hemorrhoids; but the surgeons decided, as the hemorrhoids were only a part of a general constitutional disease, that they would not operate, but would transfer him to the medical department for treatment.

Here you see illustrated the value of medical experience in surgical practice, for because of lack of this many bad and unjustifiable surgical operations are performed. No conscientious and honest surgeon ever looks at a local difficulty without also taking into view all the general medical aspects of the case.

History.—Patient was admitted November 6. Age 30. Nationality Irish. A shoemaker. He was admitted to the surgical department October 8, 1881. He was given saline laxatives for his hemorrhoids, and improved under this treatment. He has been an occasional drinker of beer, but only moderately. There is no hereditary history of gout, rheumatism, or alcoholism. His father died from a sunstroke, and his mother had dropsy, and probably died from heart disease, which caused the dropsy. Patient had scarlet fever when a child. Has had no malaria or symptoms of syphilis. Eleven months ago he noticed that his stools were bloody, which was due to the presence of strawberry ulcers in the rectum, and from these hemorrhages he became very weak. These ulcers were healed for the time by local treatment. Ten months ago blood again appeared in his passages, and a soft mass would protrude from the anus, which at first went back of itself, but after a time it could be replaced with difficulty. Next gastric symptoms appeared, loss of appetite, with nausea and vomiting. The vomiting would come on after eating, and after it he would feel better. It contained no blood. He noticed a peculiar yellow staining of the skin, which still remains. He has no dropsy and no urinary symptoms. He is sore and tender over the lower portion of the chest and in the epigastrium. He complains of a burning sensation in the throat which renders swallowing difficult. Has some headache, and is constipated all the time. His appetite is now fair, but he is obliged to abstain from taking much food.

Gentlemen, the history of this patient presents some interesting points for study. And first in the hereditary history, on the mother's side, there are symptoms quite indicative of cardiac disease. In the patient's personal history there is nothing

of great importance until eleven months ago, when he began to suffer from hemorrhages from the bowels, which evidently proceeded from the rectum, because the surgeons traced it to the presence of strawberry ulcers. These were treated locally with good results. He then was comparitively well until ten months ago, when the hemorrhages returned and caused great exhaustion, and he began to be troubled with digestive disturbances. Now, you see, he looks much older than he is, and he might be taken to be forty-five years of age; his hair is becoming gray, and there are other indications of the degeneracy of age. His complexion is yellowish, but not quite so much so now as it has been. He has not a proper jaundice hue, but rather the hue seen in patients who have lost a good deal of blood, and sometimes called a subicteric hue. In ordinary jaundice there is some connection with the coloring matter of the bile. But in some diseases we get a deglobalization of the red blood-corpuscles, and these disintegrated globules give a color to the skin resembling jaundice, but it is not so extensive as that due to obstruction to the flow of the bile. In either case, the coloring matter of the blood is the basis of the color in jaundice. And whether it come from bilirubin, or hematin from degenerated blood globules, the ultimate cause is the same. You notice this subicteric hue here, but you see it is more marked on the face and hands, and the exposed parts generally, than over the general surface of the body. In all cases of discolored skin you will observe that the coloring is more intense in the parts which are exposed to the light.

Now the first point for objective examination would naturally be the rectum; but instead of making the examination myself, I will ask what were the conclusions of the surgeons who have already examined the case. I find that they discovered a number of internal piles, located in the rectum just beyond the sphincter, which still bleed. The blood is thinner than it was, and is more watery and of a different color; and because he has lost so much, it is now of that character seen in anæmic patients, where there is a great reduction in the number of red globules.

Now that the rectum has been examined, the next point is to search in the region of the liver for an explanation of this distension of the hemorrhoidal veins; for disorders in the liver are the most common cause of this.

Palpation.—The abdomen is very tender on the left side, from the free border of the ribs down along the course of the descending colon; and also over the stomach and spleen. Two inches left of the median line, and in the sixth intercostal space, is a very distinct point of tenderness, and there are others farther back in the axillary line. In fact, there is very marked tenderness over the whole of the left side. There is also some tenderness on the right side, especially along the free border of the ribs and lower down, but it is not so marked as on the left side. He winces readily and can not bear a touch anywhere. There is general hyperæsthesia, but this is more marked, you notice, over the region of the distribution of the intercostal nerves. This is not a localized tenderness and limited to the neighborhood of one organ, but it is general and found over a number of organs; but the points at which it is most marked are along the course and distribution of the intercostal nerves.

Percussion.—I begin percussing low down on the right side of the abdomen, and here I get the resonance of hollow viscera, which continues upward until I get dullness at the lower margin of the liver, which is here in the eighth intercostal space. The upper margin of liver dullness I find in the sixth intercostal space. Now on the left side I find an increased area of splenic dullness which extends toward the free margin of the ribs, and it is bounded above in the ninth intercostal space by pulmonary resonance. This shows that the organ is enlarged. I now notice that the superficial abdominal veins are enlarged, but this is not as pronounced as it usually is in cases of atrophied liver. The upper margin of precordial dullness is here in the third intercostal space, and the vertical line is just inside the nipple, as it should be. But the apex beat is not in the fifth intercostal space as it should be, but it is lower down and just inside the nipple line. There is good pulmonary resonance over both lungs. There is no increase of dullness in the epigastric region, as evidence of a tumor at the pyloric orifice of the stomach, or in the left lobe of the liver. The area of gastric resonance is increased, and as a result the diaphragm is elevated.

Auscultation.—I hear a mitral systolic, and a direct murmur at the base of the heart. Now the question is, is this a functional murmur merely, due to the anæmic and watery condition of the blood, or is it an organic murmur, due to stenosis of the aortic valves and insufficiency of the mitral? I find the respiratory murmur good posteriorly as well as in front, and there is no evidence of fluid in the pleural cavity, or of congestion in the lungs. In the neck there is a visible distention of the jugular veins on both sides, and they are as large as my little finger, and I can see an apparent pulsation of the veins. I say apparent, for I think it is only apparent in this case. A pulsation in the cervical veins does occur in disease of the right heart, but here I think it is only due to a lifting of the vein by the artery beneath. The conjunctiva have a bluish, or rather a bluish white tint, and are of a subicteric hue, such as you get in cases of extreme anemia. The pulse is soft, very compressible, regular, and beats seventy-eight a minute. On compressing the artery it feels somewhat india-rubber like, or like a thin tendon movable under the finger, which is not a natural sensation for a healthy artery.

Now gentlemen, let us briefly review what the objective examination shows. He has the color of a man who has lost much blood, either from hemorrhage or through the disintegration of blood corpuscles from one cause or another. We also find evidences of reduction in the size of the liver and increased size of the spleen, and a farther evidence of portal obstruction, is the increased size and prominence of the epigastric veins, which go up to meet the internal mammary veins, and so supplement the obstructed portal circulation. There is nothing abnormal in the lungs. The apex beat being in the sixth intercostal space, is evidence of an enlarged heart. There are mitral and aortic murmurs, which are loud and blowing

in character; and considerable enlargement of the jugular veins, and an apparent pulsation in them. The radial pulse is regular, not too frequent, and compressible, but it shows indications of degeneration.

These are the principal facts in the case.

We found a reduction in the size of the liver, and this will account for the hemorrhoidal trouble, and the splenic enlargement. So far so good. But will the cirrhosis account for all the symptoms, and is it the only disease? It accounts for the hemorrhage from the bowels, but will it alone account for the great anæmia also; or is there some other disease in addition to this, which is destroying the integrity of the blood? You remember that he has had a good deal of difficulty with his digestion, and has suffered from nausea and vomiting and distress after eating, and from flatulence and acid eructations. What do these symptoms indicate? Not necessarily organic disease of the stomach. Do we not expect to get gastritis with cirrhosis? Certainly. And in such a dyspepsia have we not an additional cause for defective nutrition, and consequently for the anæmia here present? Yes, I think we have in this starving process a sufficient cause for the extreme anæmia. The specific gravity of his urine is lower than normal, and he passes an excessive quantity, but it contains no albumen or casts. So we do not find here any evidence of renal disease to account for the anæmia. But is there any other possible cause, provided we do not consider the liver and gastric diseases a sufficient explanation? On observing his complexion, we notice that while it is suggestive of anæmia, yet at the same time it has something of that cachetic appearance which has been considered indicative of cancer. So we must consider the question of the existence of a cancer somewhere. If anywhere, it is probably in the stomach, for primary cancer of the liver is very rare. It is possible that this additional complication exists here, but I do not believe it is necessary that it should be present to account for his physical appearance. I think that the cirrhosis and the gastric catarrh are alone a sufficient cause.

But you may say, is it not strange that there is no abdominal dropsy if the man has cirrhosis? I reply that dropsy is an accompaniment of the final stage of this disease; and it is not necessary that it should occur at all, for the patient may die before he reaches that stage. Again you may say, is it not strange that the man should have cirrhosis when he has not been a drinker of alcoholic liquors? Perhaps you are accustomed always to associate cirrhosis with alcoholism. But this is a mistake. It may occur in a child, as I have seen it, or in an adult who has never been a user of alcohol. I remember the case of a gentleman who had not been a drinker, where there was a general sclerosis, and a diseased condition of the connective tissue of all the parenchymatous organs. There was an atrophied and granular liver, and atrophied and granular kidneys, and sclerosed arteries and a general sclerotic degeneration throughout. And I am strongly inclined to believe that this is about the condition which we have in this man's case. Here, then, we have a man only thirty years of age, who presents evidences of senility, and has a contracted liver and degenerated arteries, and perhaps contracted kidneys, judging from the increased amount of urine passed and its low specific gravity. And I think we may explain the extreme anæmia by the loss of blood from hemorrhoids, and by the defective nutrition caused by the digestive disturbances.

Now what is to be done for such a case? If there is cirrhosis and a general sclerotic degeneration, in the first place you are not going to check this degenerative process. For progressiveness is one of the immediate and inevitable conditions in this disease. You cannot stop a man from growing old, whether it be from years or from other causes of degeneration. But you can do something to prolong life, and to make existence more comfortable. In this case, therefore, it is desirable in the first place to check this outflow of blood as much as you can. He has been sent to us from the surgical side, because they did not think it advisable to treat the hemorrhoids surgically; but may we not do something to check this bleeding by means of medicines? I think so. And for this purpose he is taking saline cathartics; and since this treatment was begun he has not had nearly as much hemorrhage as before. This treatment also improves the gastric catarrh, for the saline purgatives reduce the congestion in the mucous membranes of the alimentary canal, and wash off the thick mucous accumulations. The patient should only be allowed to take easily digested food, for the gastric troubles are aggravated by any food that is likely to cause fermentation in the stomach, such as sweets and starchy foods. The choice of foods must, therefore, be made on the basis of excluding everything which may cause acid fermentation. This excludes all fruits, preserves, and sweets. You can not be too careful about giving definite directions for the diet in these cases. Though some may say this is foolishness to be so particular about a little thing, yet it is not foolishness, It is by neglect to give such directions that we often perpetuate the distress of the patient. You must not yield to the desires of the patient or his friends, but you must give your directions as if you yourself believed in them, and as if you knew that harm would result from a failure to carry them out. This patient must have nothing but animal food, such as milk, eggs, and beef tea. And if any starch at all is given, it must be in the form of wheat bread. No saccharine or starchy vegetables should be eaten in any quantity.

You notice I have not said anything about medicine other than the salines. But there is very little to say about them, so far as a cure or palliation is concerned. Medicines are not of much use here, but for the anæmia you may give iron in some form, and perhaps it is better given with some of the alkalies, for with them it seems to be more easily assimilated and to do more good than when given in other ways. The treatment must be entirely palliative, for you cannot do much for the cure of this disease.

Eczema.

I wish to show you next, gentlemen, a little girl who came into the hospital ten days ago with a general eczema extending over the whole body, from the crown of her head to the soles of her

feet. Her hair was thickly matted together, and the surface of her body was as red as a lobster. The epidermis was removed in places, and her skin was very tender. The face, lips, and eyelids were swollen, and the ears were quite shapeless. As you see her now, the severity of the symptoms has been much reduced. The inflammatory exudation which had matted the hair into a shapeless mass has now been removed to a considerable extent, and the face is of a nearly natural color, but it still shows some desquamation. On the legs you see further evidences of the disease. When she first came in, they were much swollen, and were œdematous and red, and discharging a serous fluid from many points, and in many places there were thick crusts of dessicated serum. Now though not in an entirely satisfactory, yet they are in a good condition. The skin is still indurated on some portions of the thigh and on the legs. The disease is resolving over the whole body, though we still have here shown all the regular peculiarities of a general eczema. This may be called a hypothogenetic eczema, for its cause is not known; but it is probably due to some morbid condition of the blood. Swelling, redness, and an exudation which forms into crusts or scales, are the objective characteristics of this disease. But an important subjective symptom, which was also present in this case, is an intolerable itching, which makes the child irritable and sleepless.

When she first came in, she was put on appropriate treatment. The first night's rest was procured by means of opium. This was done because in this disease the trouble is always aggravated by the exhaustion of the nervous strength brought about by sleeplessness, which results from the distressing itching. In any disease where we have itching and wakefulness, there is a loss of nervous tone from the deprivation of rest, and this aggravates the disease. Good rest must therefore be procured first, and something must be given to produce sleep. A good local application, which is both protective and stimulant, is to cover the surface of the body with an ointment made as follows:

℞. Zinci oxidi, ℥j.
Olei juniperi, ℥j.
Adipis, ℥j.
M. Sig. Use as an ointment.

This ointment was spread over the child's body, and where the epidermis had been removed a layer of lint was put over the part, and the ointment was spread over this. The next day she was better, and so the opium and the local application were kept up for some time. As constitutional treatment, she took salines every morning to prevent constipation, and the salts of potash as a diuretic. She has so improved that I think in a short time, or in about six weeks from the time of her entrance, she will be well.

I hope, gentlemen, the day is not far distant when some of you will distinguish yourselves by curing a case of general eczema, either in a child or an adult. For curing this disease will give a physician more reputation than almost any other achievement. And it can be cured by patient and long-continued efforts.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Tubercular Cerebro-Spinal Meningitis.

BY J. T. ESKRIDGE, M. D.,

Physician to the St. Mary's and Jefferson Medical College Hospitals.

[Read April 4, 1883.]

(*Continued from page* 12.)

18*th*. There was some twitching of the muscles of the extreuities, especially of the hands and feet. The breathing was the Cheyne-Stokes variety. One forty-eighth of a grain of morphia was required to relieve pain, it being the first day that an anodyne had been necessary since June 1st, a little more than two months; Increasing quantities of morphia were required almost daily the remainder of the month, the child being feverish and restless every afternoon, and frequently screaming violently from head-pain. The range of temperature for the last eight or ten days of the month was from 100° to 102.5°.

On the 25th, 26th, and 27th, Cheyne-Stokes respiration, minus the intermission, was present; and on the 28th, typical Cheyne-Stokes breathing lasting one day only.

September. My notes of the case for the 1st, 2d, and as late as 4 p. m., of the 3d instant, show a normal axillary temperature, and fairly good pulse and respiration, but the surface temperatures of the head at the 4 p. m. examination of the 3d were 1° higher than the axillary. After having been comparatively quiet for nearly two months, and resting well during the previous two days, it began to cry with apparent head-pain. The pupils were widely dilated. It screamed furiously, and almost immediately, while the thermometers were still on the head, became convulsed. At first every muscle appeared to be rigid, the posterior muscles of the neck and those of the back being most contracted, and producing an extreme condition of opisthotonos. The eyes rolled from side to side, aud a few spasmodic movements of the muscles of the body took place. The spasmodic seizure lasted abont half an hour, but the leg muscles remained rigid much longer. Respirations were 68 and the pulse 130. At 9 a. m. the next day it had another convulsion, which soon passed off, leaving a number of muscles contracted. At 10 a. m., I found the muscles of the back of the neck, and the flexors of the legs and arms, and the extensors of the feet, firmly contracted. Twitching of the facial muscles took place occasionally, each spasmodic contraction of these muscles being attended by a scream from the child indicative of great suffering. Temp. 103.5°; pulse 148; resp. 16. The head temperatures were a half degree below the axillary. The axillary and head temperatures continued to rise until the former reached 104° and the latter 103.5°. The condition of the muscles remained nearly the same during the day, except those connected with the eyeballs, which became more affected, and kept up a continuous nystagmus. The respirations became very slow and irregular, the pause often being from ten to fifteen seconds

in length. 10 p. m., temp. 103.5°; pulse 140; resp. 8. Numerous bronchial rales were heard throughout the chest. During the next two days the temperature varied from 102.5° to 103°; pulse from 140 to 150, and respiration from 28 to 34. The spasmodic movements of the facial muscles ceased, the back muscles of the neck and the flexors of the arms relaxed, but the adductors of the legs and the extensors of the feet remained contracted, and so continued gradually increasing until the death of the child, nearly three months later. The following week the temperature ranged from 97° to 100.5°, the average being about 99°. The axillary temperature was frequently lower than the surface temperatures of the head. The breathing was of the Cheyne-Stokes variety once or twice, and on a few occasions it was slow and irregular. The head was retracted about one-half the time, that condition always being associated with symptoms of pain, irritability, and heightened general and surface temperatures. Small doses of morphia (one-fourth to one-eighth of a grain) were sufficient to quiet the child.

13th. 10 a. m., temperature 93.8°; pulse 96; respiration 14. The head temperatures were about 5° higher than the axillary. After that date, to maintain the body heat, it was necessary to have bottles filled with hot water, and to keep them constantly applied to the extremities. The remainder of the month the temperature did not descend below 95°. The deformity of the legs and feet became more marked. The legs were forcibly crossed near the body, and the feet were extremely inverted and extended. A straight line drawn from the anterior surface of the knee to the upper surface of the tarso-phalangeal joint of the great toe passed through the instep, and one drawn from the popliteal space to the under surface of the same joint of the toe just touched the under surface of the heel. The child was peevish and fretful most of the time. An afternoon rise of temperature was the rule.

On the 28th, the biceps muscle of the right arm was noticed to be contracted. The next day it was more flexed, and the pulse was intermittent. The head became so much retracted about the latter part of the month that deglutition was very difficult. To relieve that condition an issue was established by means of Vienna paste over the upper portion of the cervical spine. After this the head was rarely retracted, and then only to a slight degree.

October.—The general condition of the child continued about the same, the right arm still being flexed. On the 6th, the left arm was first noticed to be affected, the flexed muscles of the forearm being contracted, and the hand deflected to the ulnar side. From that date the arm, like the leg muscles, continued to become more firmly contracted. The right arm was drawn in front of the chest and firmly held against it, the forearm being flexed so that the closed fist was under the chin, making it necessary to cover the hand with cotton to prevent its interfering with respiration and deglutition. The biceps muscle of the left arm was never firmly contracted, the flexors of the left forearm being mainly affected. The left hand was forcibly flexed upon the forearm, and turned to the ulnar side, the finger-nails striking the first phalanx of the thumb. The palm of each hand was padded with cotton to prevent injury by the nails. During the month the axillary temperature varied from 98° to 101.2°, the average being nearly 100°. The head temperatures were a little lower than the axillary. On the 10th, both eyes were turned to the left, and occasionally moved spasmodically downward and far over toward the left side. The eyes remained deflected toward this side, but at times they were nearly straight. Spasmodic movements of the eyes in various directions were noticed when the child suffered much pain. More or less morphia, sometimes a grain in the twenty-four hours, was required the greater portion of the time. From the 18th to the 29th, respiration was of the Cheyne-Stokes variety, the child being restless and suffering pain most of the time. Occasional spasmodic twitchings of various muscles of the body were noticed, those of the face and arms being most affected. The clonic, spasmodic movements seemed to be caused by increased cerebral irritation, and were almost invariably followed by screams from the little sufferer. At those times the permanent contractures were worse. On the 24th, two grains of morphia were given before pain was relieved. The child had been noticed to stare meaninglessly for several days, but it was not found to be entirely blind until the 29th. At that time an ophthalmoscopic examination of tha fundus of each eye showed both optic discs to be very white and apparently slightly swollen.

November. The first twenty days of the month the child was comparatively quiet, ate well, seemed to gain some flesh, and was generally quiet without morphia. During that period it was most irritable the 3d and 11th, but it did not have much rise of temperature on those days. The child was worse every second day.

21st and 22d. There were numerous bronchial rales, but no fever, the breathing seeming to be a little more labored than usual.

23d. Temp. 98°; pulse 108; resp. 28. Large bronchial and subcrepitant rales abundant.

24th. 10 a. m., temp. 96.7°; pulse 130; resp. 40. 6 p. m., temp. 99.6°; pulse 140; resp. 52. Impaired resonance posteriorly; crepitant and subcrepitant rales were observed.

25th. 10 a. m., temp. 101°; pulse 160; resp. 80. Marked dullness was found over the lower portion of both lungs posteriorly. The child took no notice of anything, but swallowed when liquid food was placed in the mouth. 6 p. m., temp. 101.5°; pulse 165; resp. 92. The respiration was ascending and descending, but no intermissions, as in the Cheyne-Stokes type, occurred.

26th. It died at 2 a. m., being able to swallow five minutes before death; no convulsions occurred. The breathing became very slow a short time before life was extinct.

Sectio cadaveris was made twelve hours after death by Drs. C. K. Mills, I. E. Roberts, and myself.

Rigor mortis was just beginning; skin was rough, wrinkled, and very thin. There was great emaciation, the subcutaneous fat having been entirely absorbed. When the child was one year old it weighed twenty-five pounds, but after death, the age being about two years, its weight was only eleven pounds, although its height was

probably greater than that of most children of the same age.

Head. Circumference twenty inches, transverse arch (from mastoid to mastoid) fourteen inches; right half of arch to sagittal suture six and seven-eighths inches, left half seven and one-eighth inches. The head did not seem greatly enlarged. All the bony sutures had closed externally except at the junction of the coronal and sagittal. The skullcap was so thin and yielding, bending like bonnet-board before the saw, that much care had to be exercised in its removal to prevent injuring the brain or its soft coverings. The dura mater was not more adherent to the bone than is usual in children of one or two years of age, except along the line of the sagittal suture, where it became necessary to sever its connections with the bone by the use of considerable force, aided by the knife. After the skullcap was removed, all the sutures were found to be closed internally. The internal surface of the bony cap was smooth, the bones being very transparent, and measuring in the temporal regions from one-fortieth to one-thirty-second of an inch in thickness, and in other situations from one-twelfth to one-eighth of an inch. The dura mater was thin and pale, and its sinuses were nearly empty, containing no clots, and but little blood. The pia mater on the convexity of the brain was so attenuated and transparent that it was difficult to distinguish its presence. The various fissures, primary and secondary, could be traced without removing this membrane. The pia mater over the orbital surfaces of the frontal, the basal surfaces of the temporal and occipital lobes presented the same attenuated, transparent appearance seen on the convexity. The membrane covering the anterior and posterior subarachnoidian spaces on first exposure seemed to be opaque, but on cutting it a serous fluid escaped, leaving it of the usual appearance. A few millimetres to the left of the optic chiasm, two yellowish-white spots about one-eighth of an inch in their greatest dimensions, were seen in the substance of the pia mater.

The convex surfaces of both hemispheres of the brain on palpation gave decided fluctuation. On cutting into the lateral ventricles, they were found filled with a colorless watery fluid. The bodies and horns of these ventricles were enormously dilated. The foramen of Monro, the third and fourth ventricles, and the Sylvian aqueduct, were enlarged to about two or three times their normal dimensions. On examining the walls of the lateral ventricles and their much dilated horns, prominent veins could be seen everywhere forming beautiful arborescent appearances. The veins of the intra-ventricular striate bodies, the veins of the choroid plexuses, and the veins of Galen themselves, were enlarged and prominent. The ventricular fluid measured fifteen ounces. Measuring from the anterior extremity of the anterior horn to the posterior extremity of the posterior horn, the greatest length of each lateral ventricle was six and a quarter inches. Both ventricles appeared to be dilated equally. The thickness of the brain substance constituting the walls of the lateral ventricles was measured at several points. It was thinnest in the region bounding the dilated posterior horn, within and below, where it measured about one-sixth of an inch. Sections through the gray and white matters showed no punctæ vasculosæ, the brain-substance throughout being markedly bloodless. It was firm and cut cleanly, not adhering to the knife.

The cervical and upper dorsal portions of the spinal cord and its membranes presented nothing abnormal on macroscopic examination.

Thorax. No pleuritic adhesions or effusion. The smaller bronchial tubes were nearly filled with muco-pus. The lower and posterior portions of the lungs were œdematous and congested. The apices of the lungs were firmer than normal, and in the right apex a small cicatrix and several little nodules. The heart was very small, but apparently normal. The abdominal organs were not examined.

Parts of the brain and the cervical portion of the spinal cord and their membranes, and a small piece of the apex of the right lung, were properly hardened and sent to Dr. L. Brewer Hall, a practical microscopist, for examination. The results of his examination he gives as follows:

"Sections of the spinal cord and membranes show oval masses of rounded cells along the vessels of the dura mater, lying chiefly outside their walls. In some places the coats of the vessels are thickened; the nervous tissue appears normal. Similar appearances are occasionally seen in the membranes of the brain; many sections, however, show nothing abnormal. In the apex of the lung there are minute inflammatory spots, visible in some of the sections only. Parts of these consist of rounded cells about and within a bronchus, but others are surrounding blood-vessels and not encroaching upon their calibres.

"The pathological condition is tubercle, chiefly of the membranes of the spinal cord, less abundant in the meninges of the brain, and rare and small, though present, in the lung."

In the history of the case which I have given in detail to-night, periodicity of temperature, attended by numerous exaggerated symptoms of brain disturbance, was well marked. During these periods, in which the case ran a less acute course, a slight exacerbation of fever was noticed nearly every alternate day. After the first few weeks of the disease, when the fever began to reach its highest points, the paroxysms of fever, headache, and restlessness varied from a few hours to one or two days. The fever invariably passed off by free perspiration. On some days the fever was of the remittent type, and on others, of the intermittent. I have frequently observed a striking similarity between the temperature variations of malarial fevers and those due to brain diseases; but in no instance have I seen the temperature of the latter diseases resemble that of the former when the membranes or cortical substance of the brain was uninvolved by disease. Fevers of cerebral origin differ from those of malarial poisoning, in that the paroxysms of the former are less regular in their occurrence and duration, and are not so easily prevented by large doses of quinine, although in the case reported in this paper, large daily qantities of quinine seemed to prevent excessive rise of temperature, and apparently lessened the frequency of the paroxysms.

During the first few days of the child's sickness, the diagnosis was between spurious hydrocepha-

lus, acute meningitis, tubercular meningitis, and sporadic cerebro-spinal meningitis; later between the last two and chronic hydrocephalus. A careful study of the morbid anatomy of this case, however, discovers no lesion that is not found in one or more of the above diseases; yet the clinical history, when taken in connection with the varying records given by the body and head temperatures, shows the disease to be possessed of a certain individuality, which, with a number of carefully studied histories, we might be able to recognize.

The quantities of morphia, two to three grains in twenty-four hours, which were given to a child less than two years old without producing death, seem almost incredible. At first, twenty drops of camphorated tincture of opium were sufficient to quiet the child for a short time, but this preparation of opium was gradually increased until about two ounces were necessary for twenty-four hours. In the same way morphia was increased as toleration was established, the maximum quantity only being reached after regularly giving the drug a number of weeks. After having discontinued the use of morphia two months, the return of head-pain compelled me to again resort to it. This time, also, small doses were at first sufficient to quiet the child, but in the course of a few weeks one-third to one-half grain doses were required. While large doses of opium were being administered, neither diarrhœa nor vomiting was present.

(*To be continued.*)

Editorial Department.

Periscope.

The Blood-vessels of New Growths with Special Reference to their Origin in Granulation Tissue.

Before the Academy of Medicine in Ireland (*Med. Press*, March 21, 1883), Mr. P. S. Abraham read a paper on this subject, in which he said:

The blood-vessels which are seen in sections of tumors, may be considered under two heads—(1) those belonging to the proper tissue of the part into which the neoplasm has infiltrated; and (2) those which have arisen anew, and belong to the new growth itself. The former have become enveloped by the new invading tissue, which they afterwards, in greater or less part, supply. The latter are the vessels of circumscribed growth, and are either prolongations or sproutings from the vessels of the neighboring tissue, or, formed apart, have been subsequently connected with them. The small arteries and veins which come under the first category are often distinctly modified by what appear to be inflammatory changes, and the proliferation of the cells of the coats may go on to such an extent in the case of the intestine that the lumen may become occluded. An extreme case of the vascular wall thickened and studded with an irregular cell-growth is seen in certain sections of leprous tumor. The young blood-vessels of neoplasmata in general do not always show any distinction of tunica; and sometimes, in a quickly-growing mass of cells, the walls of the vascular channels can scarcely be differentiated from the surrounding cell tissue. From the consideration of the sections of granulation tissue which had formed in sponges placed for various periods in wounds, and on theoretical grounds, it seems unlikely that Prof. Hamilton's new and ingenious mechanical theory for the formation of granulation vessels will be altogether accepted. In the specimens shown, the vessels branch freely and inoculate among the fibres of the sponge; they give off shoots of different sizes, and there is abundant evidence of a new formation of capillaries going on, much in the manner described by Arnold. Even if the capillary blood pressure were sufficient to produce the mechanical effect of forcing out and elongating the capillary loops, it is difficult to understand how that pressure could cause the cell multiplication which goes on in the wall of the elongating capillary. The cells of the wall, indeed, are not simply stretched—they increase in number by division, and the wall of the capillary grows. Several other arguments were brought forward, and in conclusion it was remarked that, as Prof. Hamilton shows, a thrombus in a ligatured artery becomes vascular by the throwing in of granulation loops from the vasa vasorum near the point of ligature—in his own words, "it is nothing more than a granulating surface within a vessel." If this be the case, the pushing in of the loops must be against an intra-arterial pressure, certainly greater than that of the blood in the vasa.

Minute Pathology.

The *Med. Times and Gaz.* says that Fehleisen has cultivated micrococci taken from the lymphatic vessels and subcutaneous connective tissue of patients suffering from erysipelas. The bacteria were bred on Koch's preparation of meat-peptone-gelatine, which prevented their diffusion, and allowed the cultivation of a pure type. Inoculations were performed on rabbits and on man with success. Prompted by the knowledge that erysipelas has done good in some cases of tumors of the skin, the following procedure was carried out: Some of the fluid containing bacteria of the fourth generation was taken, and inoculated by five punctures into the surface of a tumor situate on the left buttock; four days later, genuine erysipelas, with shivering and high fever set in. The whole erysipelatous process lasted ten days, and ended in recovery. The patient was fifty-eight years of age, and was the subject of multiple tumors of the skin. The smaller superficial nodules on the tumor became softer, and completely

disappeared during the first few days of the induced erysipelas, but the main mass only diminished a little in size. Bockhart conducted a pure cultivation, up to the fourth generation, of micrococci derived from the discharges of gonorrhœa. Some of the material from the fourth breed was transferred to the mucous membrane of the urethra of a paralytic patient, aged forty-eight years. In forty-eight hours the external meatus was reddened, and pressure on it yielded a slimy secretion. On the third day a drop of pus could be expressed; and on the sixth day as much as seventeen cubic centimetres were collected by pressure on the urethra. The patient died on the twelfth day of hypostatic pneumonia. The fossa navicularis especially was found to be the seat of a tenacious sanguineo-purulent secretion. In preparations made from this neighborhood enormous quantities of bacteria were found in the nuclei of the white blood corpuscles. No micrococci were detected in the epithelial cells. The lymphatic vessels and fissures in the connective tissue of the same region were blocked apparently by the "gonococci."

Post Mortem Examination of a Hibernating Snake.

Dr. H. B. Stanley reports the following in the *Pacific Medical and Surgical Journal*, April, 1883:

On the 14th day of February, 1883, one of my neighbors, while digging among some rocks near this place, suddenly came upon the winter quarters of a small "bull snake." The serpent was in a torpid state from the cold weather and was easily killed. During the afternoon of the 15th I happened to be at the place where it was killed, and procured it for examination. It measured three and a half feet in length, and weighed seven ounces. On opening the body, the stomach was found to be entirely empty; the bowels were almost empty, containing only a small amount of creamy-looking substance in the lower bowel, streaked and tinged with something greenish resembling bile. Being a female, the parts answering to ovaries were large and congested, and each consisted of twenty-six distinct parts or divisions. The liver was very small and pale. The gall-bladder was large and full of bile, containing nearly half a fluid drachm. The lungs were fully inflated and extended on each side of the spinal column nearly the whole of the middle third of the body. The heart and arteries were nearly full of bright red blood. The spleen was seven inches long, and weighed one-fourth of an ounce, which it will be seen was one-twenty-eighth of the weight of the entire animal. It was of a dark red color and seemed to be rich in blood.

Is it probable that this enormous spleen serves as a reservoir of nourishment upon which the animal lives after its stock of adipose tissue is gone? The cavity of the body contained but very little fat, perhaps not more than ten grains. Snakes at this altitude usually go into winter quarters about the 20th of October, and emerge from their winter homes about the last of April, or fifteen days earlier if the weather be warm. This gives them a period of about six months in which they take no food. If not for the purpose of nourishing the body during this long fasting period, what can be the use of such an enormous spleen?

Removing a Large Portion of Upper Lip Without Deformity.

For an extensive epithelioma of the upper lip, Mr. Richard Bardwell devised the following operation (*Med. Press*, May 2, 1883):

The base line of the triangle requiring removal was measured, and an equal line marked by a superficial incision extending from the corner of the mouth directly outward. The other sides of the triangle, also measured, were similarly traced from this line downward towards the ramus of the jaw. Thus was traced outside and below the mouth a triangular space exactly like that to be removed from the upper lip, but reversed. The first—the horizontal—incision was now deepened down to, but not into, the mucous membrane; then the two lateral limbs of the triangle were incised through all tissues into the mouth, and some bleeding vessels were twisted. The thick tissues of the flap were dissected from the mucous membrane, left hanging to the horizontal incision, to which, the extreme point being sacrificed, it was stitched, thus giving to that part a red border. The next step was the excision of the epithelioma along the lines already traced and measured. The edges of the lower of what may be called the complementary triangle were now brought together with twisted suture. In doing this it is to be noted that the horizontal base line of the complementary triangle was necessarily shifted inwards, and coming to lie above the lower lip, took the place of that part of the upper lip which had been removed with the cancer. The new red border, made by turning up the mucous membrane of the cheek, imitated the natural red of the lip. The edges of the wound in the upper lip were now brought together with hare-lip pins, and the new mucous edging sewn with horse-hair, both to where it joined the old and at the commissure of the mouth. When all was complete, no deformity was left. The man recovered rapidly, and when seen two months after operation his mouth was as nearly perfect in form as previous to operation, nor did its movements appear in any way irregular or constrained.

The Removal of a Deep Sebaceous Cyst of the Neck, Through the Mouth—No External Scar.

These cysts appear as tumours of a globular or or ovoid shape, with a smooth and even surface, and are tense and elastic to the touch; whilst, with one finger in the mouth and the other pressing upon the swelling in the neck, fluctuation can be distinctly felt through them.

Removing them externally would leave an ugly disfigurement, so Dr. W. J. Walsham recommends (*Lancet*, May 5, 1883), the following operation: The patient having been brought under the influence of chloroform, a gag placed in the mouth, and the tongue drawn over to the left side, an incision was made in the floor of the mouth from opposite the last molar tooth to the symphysis, and the sublingual gland having been turned to one side, the wall of the cyst was exposed. The capsule was opened, and the cyst separated with the finger quite easily from its posterior, external, and anterior connexions. On its inner or deeper aspect the enucleation was less readily accomplished, several prolongations extending among

the muscles of the tongue and hyoid bone. In freeing the deeper parts, the cyst wall, which up to this time had remained unbroken, was ruptured at its upper part by coming into contact with the teeth. After evacuating the greater part of the contents (pseudo-sebaceous or porridge-like material), carefully preventing any from entering the wound, the whole cyst, with its deep ramifications, was completely removed. There was no hemorrhage; the wound therefore was not plugged, but only a small piece of oiled lint placed in it superficially to prevent its closing, and a bandage applied to the neck so as to make gentle pressure upon its deeper parts. With the exception of a sharp rise of temperature on the morning after the operation, which rapidly subsided on removing the lint from the wound, the patient convalesced without a bad symptom. The wound was syringed out hourly with a weak solution of carbolic acid (1 in 100), and gentle pressure continued on the neck by means of a bandage. It completely healed in a fortnight, and the patient was discharged at the end of three weeks without a trace of any external swelling in the neck.

Explosive Mixtures.

From the *Cinn. Lan. and Clinic*, March 17, 1883, we note as follows:

1. Hypophosphite of lime, chlorate of potash, and sulphate of iron, mixed in equal proportions, are explosive.

2. A solution of one part of chromic acid and two of glycerin.

3. Chlorate of potash and dental powders containing carbon explode in the month.

4. A pilular mass containing permanganate of potash mixed with vegetable extracts and iron, easily inflames.

5. Chlorate of potash or the permanganate or other explosive substances must not be triturated with glycerin.—*Rev. Cienc. Méd.—Rev. Méd. Quirurgia.*

Chlorate of potash and tannin explode if triturated; as do chlorate of potash and sugar. Iodine or an iodide and a nitrate may explode.—*Virginia Med. Monthly.*

The *Pharmacist*, March, 1883, says: When picric acid is introduced into a vessel containing ozone, a violent detonation instantaneously takes place, a new proof of the danger attending experiments with nitrogenous compounds containing nitrogen only loosely bound.

A Curious Parasite.

The *Lancet*, March 24, 1883, says:

At the last meeting of the Linnean Society Dr. Cobbold described a worm which he called Simondsia paradoxa. It is a nematode, the male living free in the stomach of the hog, whilst the female is lodged in cysts within the walls of the stomach. Although discovered thirty years ago by Professor Simonds, the worm has never been properly examined. The strange thing is that the female carries outside its body a large rosette-shaped organ. This the author of the paper considers to be the uterus, and compares it to the generative apparatus of Spharularia bombi. If Schneider's view be correct the prolapsed uterus of the nematoid of the humble bee is nearly thirty thousand times larger than the matetnal worm. The latter is a mere appendage, and was regarded by Sir John Lubbock as the male. Dr. Cobbold thinks that the branched rosette of Simondsia is homologous with the overgrown prelapsed uterns of Spharularia bombi.

Reviews and Book Notices.

Book Notices.

Hand-book of Electro-Therapeutics, by Dr. Wilhelm Erb, translated by L. Putzel, M.D., neurologist to Randall's Island Hospital, etc., pp. 306, New York, William Wood & Company, 1883.

This volume constitutes the June number of Wood's Library of standard medical authors. Like many of its predecessors it is a valuable work, and treats of a subject possessing great importance, yet but imperfectly comprehended by the majority of physicians. Electricity is certainly a most potent therapeutic resource, and our acquaintance with its marvellous properties, is very limited, but small as it is, no physician can intelligently practice his profession without an acquantance with it. The author is a professor in the University of Leipzig.

Gout in Its Protean Aspects, by J. Milner Fothergill, M. D. Detroit, Michigan, George S. Davis. Cloth-bound, 16mo. embossed. 300 pages, heavy paper. Price, $2.50.

Gout is a puzzling problem; if any other disease will bother a conscientious physician more or make more money for a conscienceless physician, we have yet to hear about it. Like all other diseases that are usually regarded as dependent upon dietetic errors and difficult to cure, gout is usually treated upon routine principles, and very little time is devoted to the literature of the subject. That this is a mistake, a careful perusal of Dr. Fothergill's excellent work will make manifest. The following are the special subjects considered: "The Blood and Urine in Gout," "Pathological Changes Wrought by Gout Poison, External and Internal Manifestations," "Diagnosis, Prognosis and Causes of Gout," "Acute Gout," "Treatment of Chronic Gout," "Treatment of the Paroxysm," "Rheumatic Gout," "Chronic Rheumatism." Dr. Fothergill is a delightfully pleasant and lucid writer; he can take the most uninteresting subject and by his magic pen, weave about it a mesh of language so easy and so flowing that it becomes a positive pleasure to read. We highly commend this work.

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EXPERIMENTAL RESEARCHES ON ALCOHOLIC POISONING.

During the last five years Drs. Audigé and Dujardin Beaumetz, of Paris, have been experimenting on the toxic properties of the various alcohols; the subjects of their experimentation being dogs and swine. Their later experiments on chronic poisoning have been on hogs.

The results of their studies on acute poisoning are embodied in a stout octavo volume of about four hundred pages.

The least toxic of the alcohols is ethyl alcohol, from vinous fermentation; the most toxic is amyl alcohol (potato spirit, fusel oil).

As for the toxic phenomena determined by the alcohols, they may be divided into three periods, a period of ebriety or of excitation, a period of resolution, and a period of collapse. With the alcohols obtained by fermentation these three periods succeed each other in regular order, but in proportion as you depart from the ethyl series, their character is more accentuated, their evolution more rapid, and certain convulsive phenomena appear.

In the case of all animals which had died from acute poisoning by alcohol, the necropsy discloses lesions of the respiratory and circulatory apparatus, of the nervous system and of the kidneys. As for the digestive apparatus, the lesions on the part of the gastric mucous membrane are inconspicuous when the alcohol is introduced by the hypodermic method; but when the poison is introduced by mouth, the mucous membrane of the stomach is invariably found softened, and the more concentrated the alcohol the greater the softening. The intestine undergoes the same alteration, and punctiform hemorrhages are seen, even when the alcohol is introduced subcutaneously.

The liver is more profoundly altered than any other gland. It is congested, softened and friable. The lungs are congested, and contain apoplectic foci. The kidneys are injected and present hemorrhagic extravasations, especially when fusel oil (potato spirit) is used.

Acute alcoholic poisoning in the human sub-

ject is attended with similar symptoms, and presents similar *post mortem* lesions.

It was in 1879, that Dujardin Beaumetz, and Audigé commenced in the abattoirs of Grenelle their researches on slow intoxication by the alcohols. They used hogs as the subjects of these experiments, giving these animals daily quantities of the commercial alcohols, which vary from one gramme to three grammes by kilogramme of weight. When the quantity is exceeded of five grammes to the kilogramme, the animal emaciates rapidly, refuses to eat, and soon dies.

Among the post mortem changes the lesions of chronic gastritis have been noted, also fatty changes in the kidneys. In the case of some of the animals, the necropsy revealed atheromatous degenerations of the large arteries, and in particular of the aorta.

In no instance has cirrhosis of the liver yet been observed. Three animals, after more than two years of dosing, have succumbed to the effects of the poison. Others have been killed from time to time, and the pathological lesions carefully noted.

The alcohols, administered in a gradual and continuous manner, determined various troubles. On the part of the digestive organs, vomiting of bile and glairy mucosities, abundant diarrhœas, which are often sanguinolent. The breathing is often oppressed, there are muscular tremblings, and often paresis of the posterior extremities.

The most marked manifestation of chronic intoxication in these animals, was a profound prolonged somnolence, without any period of excitation. When, however, absinthe was used, the animal became very irritable, and the period of excitation persisted for some time.

In some of the animals poisoned by the alcohols, contractures and cutaneous anæsthesia were observed.

In fine, the more impure the alcohol which was used in these experiments, the more marked the symptoms and the pathological lesions above described. Alcohol which was the genuine product of vinous fermentation, and thoroughly rectified spirits generally, were administered with comparative impunity.

A NEW CASE OF HERMAPHRODITISM.

(H. SPURIUS MASCULINUS.)

This case is reported by Prof. Marchand in Virchow's Archiv. Bd. xcii. Hft. 2, S. 286, and occurred in the person of one, M. R., æt. 29½ years, the recorded observations being made during the life of the individual.

This person was under medium height, grew up as a woman, although from early life she considered herself a male individual, possessed manly inclinations, and used them accordingly. She had had since puberty intercourse with women, and on numerous occasions spontaneous ejaculations of a white fluid, and at no time had she menstruated. The general habit of the body was a strange mixture of the female and male type, although the former predominated. The structure of the face, the neck, the voice, the form of the muscles, and the large hands and feet, appeared manlike; on the other hand the long hair, the beardless face, the decided mammary development and the structure of the body, especially of the abdominal and pelvic regions, seemed woman-like. The external genitals resembled more nearly those of a woman than those of a man. Small, non-perforated penis, or large clitoris with double frenulum, imperfectly separated, or properly joined, but small labia pudendi; a very small vestibulum in the separate openings for the urethra and vagina; no trace of testicles in the folds of skin in either side or in the inguinal canal. The internal genitals, as far as could be ascertained at this examination, consisted of a vaginal canal 9 c. m. long, a tolerably well developed uterus, but on the other hand no trace of prostate gland or seminal vesicles, and two bodies which could be considered with equal right as testicles or ovaries.

The question whether this is a case of spurious hermaphroditism, either of the male or female gender, or a case of true hermaphroditism, is not answered, especially as only an autopsy could decide in what way the vasa-deferentia joined the uterus, if rudiments of the seminal vesicles existed, and most of all how the sexual glands behaved. After a full consideration of the matter

and comparison of this with other cases and specimens, he concludes that M. R. is as a matter of fact of the male persuasion, and presents a high grade of hermaphroditism of the external and internal genitals, together with a general female habit of the body, but that the possibility of this being a case of hermaphroditismus verus lateralis is not to be entirely excluded.

REGULATION OF MEDICAL PRACTICE IN GERMANY.

The German tribunals are not always consistent in their decisions in cases regarding the practice of medicine by unauthorized persons. The German Code does not regard it as an offence, and two cases which recently occurred show the lack of unanimity among jurists in such cases.

An accident happened in an obstetric case to an irregular practitioner of medicine in Leipsic. A first decision against the accused was broken in the court to which an appeal was made, and it is impossible to tell what will be the decision of the judges who have it at present under consideration.

In a second case, an uneducated midwife (sage-femme sans diplôme) was accused of causing the death of one of her patients by negligence. The accusation was founded on the fact that after the birth of the child the midwife drew so hard on the cord that she broke it. In consequence of this manœuvre, the placenta could not be removed, and the woman died a few days later of uterine complications. The first court before whom the case was brought decided that death was certainly due to the ignorance of the midwife, but that the law punishes only negligence; and there can hardly be said to be negligence where a woman who has never learned the obstetric art officiously renders her services, even when, through her ignorance, the patient suffers.

[We see no reason why the same defence could not be brought forward in a similar case occurring in the practice of one of the ignorant old women who act as midwives in the large cities of the United States.]

But the tribunal before whom this case came on appeal, decided that the midwife could not be held guilty if she had assisted the woman out of motives of pure humanity, but from the moment she presents herself before the public as a midwife, and receives compensation for her services, then she is held to declare implicitly that she possesses the capacity and instruction necessary to practice that profession. Consequently, every infraction of the general laws of obstetrics, imputable to the ignorance of such persons, is a negligence in law, and should be punished as such.

ERGOT TO PREVENT THE TOXIC EFFECTS OF THE SALICYLATES.

Schilling, in a recent memoir (Ærtzl. Intelligenzblatt, 1883), states that he has observed, after the administration of rather strong doses of the salicylates, (ʒ iss to ʒ iiss. per diem, ʒ ij to ʒ iij, in all), lasting troubles of audition, the tympanum being thickened. Another patient who took on two consecutive days the massive dose of thirty grains of sulphate of quinine, became subject to ringing in the ears with marked deafness. It is not at all rare to observe these troubles of audition after the administration of large doses of the salicylates or of sulphate of quinine; they are attributed to hyperemia, brought about by the vaso-paralytic action of the remedies. To obviate this vascular paralysis, Mr. Schilling has the idea of administering ergot in connection with these drugs:

℞. Ergotine, gr. xv. vel.
Ext. ergot. fl. in proportionate dose.
Sodæ salicylat., ʒ iiss.
Aquæ, ʒ vj.
M. S. Tablespoonful every hour.

Out of 87 patients who took the salicylate in this form, three-fourths did not suffer at all from ringing in the ears. In the same way nine others took sulphate of quinine, one gram to one and a half of ergot, without any troubles of audition. It would seem also that this association of quinine and ergot prevents the development of the amblyopia, which sometimes supervenes after the administration of large doses of quinine.

Notes and Comments.

A New Test for Living Germs in Water.

The *Drug. Circular and Chem. Gaz.*, April, 1883, has the following:

Many analysts. says the *Brewer's Guardian*, are in the habit of testing the organic purity of a water by dissolving a little sugar in it; if the germs of any living organisms are present, the water will, after being kept in a warm place for about twenty-four hours, become cloudy, and sometimes quite milky or opaque, owing to the rapid development of fungoid organisms, resulting from the growth of the germs in a suitable nutritive medium. The test is a valuable one, but requires to be used with caution. It is well to remark, however, that some chemists believe that the growth of the fungoid organisms is dependent upon the presence of phosphates, rather than upon any organic impurities, and that it is possible the germs may be derived from the air, and not from the water itself. Those who have experimented on the subject cannot have failed to observe how very varied is the behavior of different waters when treated with sugar. Recently Dr. Smith, of Manchester, has pointed out that gelatine is most valuable in detecting organic vitality in waters. About 2½ per cent. of gelatine well heated in a little water is mixed with the water to be tested, and the mixture forms a transparent mass, which is not movable like the water itself. When soluble or unobserved matter develops from the organic matter of the waters, and makes itself visible in a solid and insoluble form, it does not fall to the bottom, but each active point shows around it the sphere of its activity, and that sphere is observed and remains long. The gelatine preserves the whole action, so far as the more striking results are concerned, and keeps a record, for a time, both of the quality and intensity of life in the liquid. Dr. Smith speaks of the more striking effects, which are clear and abundant, every little centre of life making itself apparent to the eye, and sometimes expanding its influence to reach both sides of the tube. It seems to him now essential that all chemical examination of water should be supplemented by an inquiry into the comparative activity of the living organisms.

The Nature of Fever Poisons.

Before the Sheffield Medico-Chirurgical Society (*Lancet*, March 3, 1883), Dr. Martin read a paper on Questions as to the Nature of Fever Poisons. Having reviewed some of the older theories as to the nature of the infective matter, he went into the germ theory, and broached the view that the phenomena of fever, be the special form what it may, are not produced by the mere presence of germs as germs, but that they are due to the presence of some toxic product, dependent upon the existence, growth, and waste of different species of germs in the systems of the patients affected. This product may be an excretion, or possibly a secretion, excreted or secreted by the germ. What its chemical nature may be Dr. Martin does not profess to know; possibly it may be alkaloidal in its constitution. He drew attentention to Pasteur's experiments with the chicken cholera bacterium, when, with the fluid freed by careful filtration from the presence of germs, he obtained by inoculation toxic and narcotic effects similar to those observed in the disease itself. Dr. Martin disagreed with M. Pasteur's conclusion, that because the effects were only slight and transient, therefore it could not be said that the disease was due to a poisonous product apart from the germs themselves. The toxic product, whatever it is, could not propagate itself, and was soon cast out; but when the germ is living and multiplying there is a constantly increasing supply. Dr. Martin pointed out a fact that had come to his knowledge after his paper had been written, that Pettinkofer foreshadowed this view in connection with the subject of cholera.

Congenital Defect of Rectum.

Before the Academy of Medicine in Ireland (*Med. Press*, March 21, 1883), Dr. E. H. Bennett read a paper on this subject: The variety of deformity exhibited was that in which the anus and other pelvic organs, except the rectum, were normal, and there existed a cord of variable length connecting the anal *cul de sac* with the extremity of the intestine. With the specimen recently acquired, Dr. Bennett showed three examples of the same deformity, contained in the Museum of the Royal College of Surgeons, and contrasted these with an example of complete defect of the anus and urino-genitary outlet contained in the Museum of the School of Physic, Trinity College. Having directed attention to the views of Giraldes and of Curling, who have attributed this deformity to obliteration of the rectum by a pathological process, Dr. Bennett showed, from the evidence presented by the specimens, that this view was erroneous, and that the lesion is due to the arrest of development of the bowel, the hypoplastic pouch failing to reach the anal infliction from the surface of the embryo. He indicated the probable analogy

between the muscular cord connecting these parts and such bodies as the gubernaculum testes. He further demonstrated that attention to the position and relations of the cord might enable the surgeon when operating for relief of the deformity to avail himself of it as a guide to the intestine.

Hyperidrosis of the Axilla in Nude Subjets.

In the *Ann. de Dermat. et de Syph.*, December 25, 1882, Dr. Aubert reaches the following conclusions from extensive observation:

1. Axillary hyperidrosis is almost always present in nude subjects.

2. This is so great in many instances that streams of perspiration may be observed running down the body and the inner side of the arm.

3. The chief cause of this phenomenon seems to lie in the anatomical disposition of this region permitting of a local elevation of temperature, while that of the general surface is lowered by the surrounding atmosphere.

4. This local elevation in a number of instances amounted to nearly 1° F.

5. Various facts lead to the supposition that this elevation of temperature finds in the glands of Robin an organ favorably disposed, by its innervation and structure, to the reception of thermic influences.

6. The mental effect produced by nudity and examination may aid in causing an increased secretion, but it plays a very subordinate rôle in the production of this phenomenon.

Phlegmonous Inflammation of Stomach after Gastrostomy.

At a recent meeting of the Pathological Society of London (*Brit. Med. Jour.*, March 24, 1883), Mr. Herbert Page exhibited an important specimen of phlegmonous inflammation of the stomach after gastrostomy. The patient fared well after the operation, and the stomach was opened on the fifth day; he was subsequently fed through the gastric fistula, and his progress was most satisfactory for three weeks; then he, somewhat suddenly, began to complain of *malaise*, grew feverish, was seized with severe intractable vomiting, and died in about thirty hours. At the necropsy, some puriform fluid was found in the peritoneal cavity; but the most remarkable pathological change was in the stomach; the walls of this organ were enormously thickened, and yielded, when cut, a thick creamy fluid. Mr. Silcock, who made the necropsy, attributed death to this phlegmonous (parenchymatous) inflammation of the stomach, and stated that few other cases of a parenchymatous inflammation occurring after injury to the stomach were on record; he seemed inclined to account for the inflammation on the theory of digestion of the gastric walls, beginning at or near the wound; but we confess that another fact noted by him—that there were immense numbers of micrococci in the fluid which flowed from the cut surfaces of the stomach—seems to us of considerable importance, suggesting that the inflammation was of an infective nature.

Chamomile in Infantile Diarrhœa.

The *Obstetrical Gazette*, June, 1883, says:

Dr. Christopher Elliott, Physician to the British Hospital for Sick Children (*Practitioner*, December, 1882), endorses Ringer's claim for the great value of infusion of chamomile in infantile diarrhœa connected with dentition, and in which the stools are many in number, green in color, or are slimy and streaked with blood, and accompanied by pain and cramp. He gives ʒss.—ʒj. of the infusion to a child under one year, and double the quantity to a child over that age, giving it three times a day or oftener, according to the severity of the attack. He explains the rationale of this treatment by the power which chamomile flowers possess of subduing reflex excitability, a power residing in the volatile oil contained in them. Grisan was unable to tetanize, by means of strychnia, a decapitated frog which had been fortified with a dose of chamomile oil, and *vice versa*, when reflex excitability had been artificially produced by means of strychnia, it could be calmed again by chamomile oil.—*The Medical Age.*

Copperhead Venom.

Dr. I. Ott (*Virginia Medical Monthly*, February, 1883), comes to the following conclusions:

1. The venom of the copperhead is weaker in toxic activity than that of the rattlesnake.

2. The heart, with both kinds of venom, becomes greatly prostrated, and in rapid deaths is their main cause.

3. The venom of either snake does not affect the sensory nerves.

4. The sensory centres are affected by both venoms.

5. The muscular excitability continues to be little affected at the time of death by the poison of the copperhead.

6. The two venoms greatly resemble each other in physiological activity.

7. The cardiac force, rhythm, and frequency are lowered by both venoms.

8. The arterial tension is greatly lowered by both venoms.

9. The blood, after copperhead-poisoning, shows no microscopic changes of its globules, and no difference in its spectrum.

Extensive Scarring of an Infant's Face from Injuries at Birth.

In the *Brit. Med. Jour.*, March 3, 1883, Dr. Snell exhibited photographs, and gave particulars of this case. The child had been brought to him at the General Infirmary last summer, when it was about three or four months old. There was ectropion of both upper eyelids, especially the left, which exposed a good deal of conjunctiva. In addition to this, the forehead was seamed almost all over with cicatrix, which also ran over the nose, the point of the latter being puck ered. On the left cheek was a large semicircular scar running from the nose to the mouth; but the right cheek was the most affected, and the right apinna seemed in great measure destroyed and tied down by the surrounding cicatrix. The surface of the head was also scarred. The only explanation was that given to Mr. Snell by the medical man who, called in at the confinement, had arrived late, and found a midwife industriously rubbing with a towel the face and head of the baby.

The Proximate Cause of Fever.

From the *Medical Times*, April 21, 1883, we note that Prof. N. Zuntz, from a series of experiments undertaken to discover the source of the increased oxidation and tissue-combustion which occur in the febrile process, concludes that it is to be regarded as residing in the nervous system, rather than due to a ferment in the blood. In curarized dogs, it was found that the injection of a pyrogenic agent which caused fever-phenomena in other animals was not in this case followed by increased absorption of oxygen, and the amount of carbonic acid excreted remained constant. The author, therefore, believes that the innervation of the muscles is responsible for the febrile increase of the processes of oxidation in the animal.—*Centralblatt für d. Med. Wissenschaft.*

Dysidrosis.

Before the Academy of Medicine in Ireland (*Med. Press*, May 2, 1883), Mr. Corley read a paper on the disease to which Tilbury Fox applied this name, and which Mr. Jonathan Hutchinson termed cheiro-pompholyx. He detailed the history of two cases, both following injury of the median nerve, and in one of which, after the eruption had disappeared from the hand of the injured side, a similar eruption broke out on the opposite hand. This, he considered, indicated that the irritation produced in the member first affected was propagated to the spinal cord, and produced there a nervous disturbance which passed across and down the nerves of the opposite limb. From the consideration of these cases, as well as those detailed by Hutchinson and Fox, Mr. Corley was of opinion that the disease was genuine herpes zoster of the hand, due to either centric nervous disturbance or irritation of nerve trunks, and he therefore rejected the name and pathology suggested by Tilbury Fox.

A Tooth at Birth.

Dr. Fordyce Grinnell, of Pine Ridge Agency, Dakota, reports the following case in the *Med. News*, March 31, 1883:

I drew a tooth for an infant seventeen days old. The child was a female, one-quarter Sioux. When it came into the world it had this tooth, a lower central incisor, developed as now presented. The crown and body of the tooth seemed fully developed, and as large as the usual milk tooth. The attachment to the gum, instead of a root, appeared to be a mere fleshy connection, and hence not very solidly implanted. Moreover, it gave the child great uneasiness in nursing. The tongue in moving over the sharp surface presented by the tooth, in every attempt at drawing milk from the breast, became abraded, and finally ulcerated. As soon as the tooth was extracted, the child took the breast with avidity. The pain caused by nursing had undoubtedly interfered with the child getting a sufficient amount of nourishment.

Euonymin in Therapeutics.

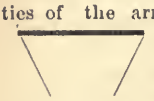
At a recent meeting of the Soc. de Therapeutique, M. C. Paul read a communication on this subject. He found that euonymin had a somewhat analogous action to podyphillin, being an excitant of intestinal contractility and of biliary secretion. It is of incontestable efficacy in intestinal atony. It acts best in the dose of four or six grains, but if used continually for a period its laxative effects diminish, particularly if the patient is confined to the bed. M. Blondeau remarked that he had given it to patients in two-grain doses for a period without noticing any diminution in its effects.

M. Dujardin Beaumetz found euonymin an excellent cholagogue with comparatively little pur-

gative effect, and for this reason he was in the habit of prescribing it in combination with laxatives.

Suture-Clamp Coaptation.

Dr. J. H. Cipperly reports a new method for closing wounds, *N. Y. Med. Record*, 5, 26, 1883. The clamp is to be made of hard silver wire, bent at acute angles at both ends, and the extremities of the arms sharpened to a point thus:



penetrate one lip of the wound at a time, and introduce a clamp at regular distances until the coaptation is complete. By the use of this instrument we do away with needle, wire, needle-forceps, scissors, and the trouble accompanying them.

The arms of the clamp sustain both walls, so that the deeper parts of the wound conjoin: hence less opportunity for the pocketing of blood and pus, *ergo*, more rapid healing. Made of various sizes, their application is general, and they may be used again.

Is the Blood a Living Tissue?

Dr. Frances Emily White, after discussing this question somewhat at length (*Med. Record*, May 26, 1883), comes to the following conclusion: From every point of view,—whether of origin and development, of structure and function, or of analogy with other tissues—the blood must be regarded as a *true tissue;* originating, in common with the other tissues, from the cells of the blastoderm; consisting, like other tissues, of structural elements and an unstructured matrix; maintaining its chemical and structural integrity by the processes of nutrition common to all tissues; and, like other tissues, subserving the interests of the organism at large through the performance of its own particular function.

Psychical Symptoms from Cranial Depression.

The *Journal of Nervous and Mental Diseases* for April, 1883, says that Dr. Guermonprez (*Archives Générales de Medecine*, August, 1882) comes to the following conclusions respecting the influence of depression of the cranium in childhood:

1. Depression of the cranium, whether complicated or not, may in a general way be the cause of various psychical disturbances.

2. Such disturbances are more marked when the depression is on the left frontal region.

3. Such depressions may interfere with the normal psychical development and with the cerebral growth.

The second conclusion is based on *à priori* ideas rather than on experience.

Naphthol for Local Sweating.

From the *New Orleans Medical and Surgical Journal*, June, 1883, we note that the *Repertoire de Pharmacie* gives the following formula for hyperidrosis, or excessive sweating of the hands, feet and axilla:

Naphthol	5 parts.
Glycerine	10 "
Alcohol	100 "

To be used as a lotion twice a day, afterwards dusting the parts with pulverized starch or with a powder made as follows:

Pulverized naphthol	2 parts.
Starch	100 "

For perspiration of the feet, a pledget of cotton impregnated with the above powder is placed between the toes.—*Journal de Medecine et de Chirurgie Pratique.*

Gastrotomy for Intestinal Obstruction.

Dr. Alder Smith reports a successful case in the *Brit. Med. Jour.*, May 26, 1883, the principal feature of interest in which is the apparently favorable influence on the operation of a narcotic preparatory treatment. For four days before the operation, the bowels were kept "in splints" with opium. When the bowels were exposed, it was found that the lower portion of the ileum was tightly nipped by a constricting band. This was relieved, and the subsequent treatment was principally with opiates. The wound healed by first intention, and the woman made a rapid recovery. The carbolic spray was not used, though the hands, instruments, and patient's abdomen were washed in carbolic solution, 1–40.

Malarial Amblyopia.

Dr. Jno. D. S. Davis calls attention to a form of intermittent amblyopia, varying in degree from slight impairment of vision to almost complete blindness, which he believes is due to malaria. In the *Weekly Med. Review*, June 26, 1883, he publishes three illustrative cases, and recommends quinine, nux vomica and iron for the treatment.

Disinfection by Corrosive Sublimate.

The *Med. Times and Gaz.* April 21, 1883, says that Dr. Tarnier, Surgeon to the Paris Maternité, has the greatest confidence in Van Swieten's liquor, employed as an obstetric antiseptic. The midwives and pupils all wash their hands in this liquid, and the whole of the genital region of the

patient is washed and injected with a solution of corrosive sublimate at a strength of two-thousandths. Prior to delivery the injection is renewed every three hours, and no accidents from its employment have ever occurred. Dr. Tarnier proposes the disinfection of napkins and mattresses by the same means.

Treatment of Retained Placenta after Abortion.

Contrary to the views held by Dr. Paul F. Mundé, who strongly advocates its forcible removal, Dr. Hiram Von Sweringen, (*Obstetric Gazette*, June, 1883,) with equal emphasis cautions us to let the placenta alone after abortion. In addition to his own experience he cites that of many others, who all unite in the recommendation that it is best to leave the removal to nature. Rest and ergot are his therapeutic resources. If there is hemorrhage, hot water injections; if much pain, opium; if it does not come away in two or three days, carbolized injections; but *never* force.

Hepatic Abscess.

In the *New Orleans Med. and Surg. Jour.*, June, 1883, Dr. A. McShane relates the case of a young man who was taken ill with malaria. This was followed by pain in the right side and persistent cough. The liver became much enlarged. Finally, symptoms of empyema supervened; aspiration was resorted to and sanguinolent pus withdrawn. The needle was introduced between the fifth and sixth ribs. The patient continued to sink, and finally died. The autopsy revealed the upper edge of the liver, as high as the third intercostal space, and containing two large abscesses.

Strangulation of Bowels—Laparotomy.

We have recorded a successful case; (see p. 52), we have now to record a fatal one, (*Boston M. and S. Jour.*, June 7, 1883), wherein the unfortunate issue seemed due to delay in operating. The strangulation was allowed to continue for six days, by which time the bowels had become so congested that sloughing and extravasation of fæces into the abdominal cavity occurred. These cases would seem to indicate that when we have evidences of invincible obstruction, with stercoraceous vomiting, we should prepare the patient by a course of narcotics, and operate without delay.

Treatment of Goitre.

The operation recommended by Mr. Sidney Jones (*Med. Press*, May 30, 1883), consists in excision of the isthmus of the thyroid instead of extirpation of one or both lobes of the organ; and in a case in which he recently adopted it, the proceeding was the most successful possible. A curious consequence of the operation, and on which Mr. Jones laid especial stress, is the invariable atrophy of the gland substances which ensues when the isthmus is taken away.

CORRESPONDENCE.

Hypophosphite of Lime in Cancer.

EDS. MED. AND SURG. REPORTER:—

Some time ago I received a copy of a lecture by Dr. Hunter McGuire, of Richmond, Va., on the subject of "Cancer of the Breast," in which he recommended the use of hypophosphites of lime and soda. This formula is:

℞. Hypophosphite of lime and soda, ℥ ss.
Diluted phosphoric acid, ℥ ss.
Distilled water, ℥ viij.

M. S.—Teaspoonful in water three times a day, and when indicated, he sometimes uses in addition arsenic and iron in the forms of chlorides of arsenic and iron.

At the time of reading the lecture I had under my care two cases of cancer, one of the breast and one of the ear, at the angle of the left jaw. About a year before I was consulted in the case of cancer of the breast; the breast had been entirely excised; but the wound made no effort to heal, and grew to be an ulcer two inches wide by two inches long. The cancer of the ear also presented an ulcer irregular in shape, covering the space of an inch or more in extent. I gave at once internally:

℞. Hypophosphite of lime, ℥ iss.
Bromide of potassium, ℥ ij.
Fowler's solution, ℥ iss.
Aqua destil., ℥ viij.

M. S.—Dose, a tablespoonful every three hours.

And as an external application, the following:

℞. Tar.
Alcohol, āā ℥ j.

M. S.—Apply freely to the ulcers three times a day.

Both patients have been using the above prescriptions for six months, and the progress of the cancers is not only arrested, but the ulcers almost healed. There is no doubt that the progress of cancer can be delayed by the use of the hypophosphites in combination with arsenic.

J. B. JOHNSON, M. D.

Washington City, D. C.

A Case of Empyema.

EDS. MED. AND SURG. REPORTER:—

On January 6, 1882, was called to see Mr. M., aged 25, and found him suffering from a severe attack of pleuro-pneumonia of right side. Pulse 110; temperature 103½°. Gave him treatment. On the 14th the pulse and temperature were normal, the pain had left the side, the rusty-colored sputa had disappeared, and the patient seemed to be doing well. Extensive dullness, however, con-

tinued, extending from base of lung as far upward as third intercostal space. On the 17th pulse ran up to 110, temperature 102, night-sweats occurred, cough very distressing, some bulging on front part of lung, about seventh intercostal space. Patient continued to grow worse. February 6, used aspirator, and drew off 39 ounces of pus. This afforded some relief, but pus reaccumulated and on the 25th began discharging through opening made by aspirating needle. March 5th, the patient being placed under the influence of ether, I made an incision into the pleural cavity at the fifth intercostal space, when a large amount of pus made its escape. The cavity was then washed out with distilled water, at a temperature of 103, and a silver canula, which could pass easily between the two ribs, but which was wide enough in the other direction to allow two of Nelaton's catheters of medium size to pass through, was placed in the wound, and secured in position by means of adhesive plaster. The cavity was washed out twice daily with warm distilled water, to which salt one grain to the ounce or tr. iodine co. one part to thirty was added, and the canula, was every day removed, cleansed, and reintroduced. From the date of the operation, the patient's improvement was continuous, and on May 27th, the cavity having entirely closed, the canula was withdrawn, and the patient discharged cured.

FRANK H. MURDOCK, M. D.

Bradford, Pa., June 27, 1883.

Chloroform in Menorrhagia.

EDS. MED. AND SURG. REPORTER:—

In the issue of your journal for June 23 appears an abstract of a paper published in the *British Med. Jour.* for May 26, 1883, in which Mr. J. Brown claims that cannabis indica is "a valuable remedy in menorrhagia." He says: "Textbooks give the dose as ten minims and upwards (of the tincture), but five minims is the largest dose that should be given at first. . . . . Indian hemp has such specific use in menorrhagia—there is no medicine which has given such good results; for this reason it ought to take the first place as a remedy in menorrhagia, then bromide of potassium and other drugs."

The prescription, however, which is stated to accomplish this happy result calls for fifteen minims of the tincture of cannabis indica every three hours along with half a drachm of spirits of chloroform, and the question very naturally arises as to what effect the chloroform may have in such cases. Fifteen minims of the tincture contain nearly half a grain of the drug, and when united with the liberal dose of chloroform, very decided effects will certainly follow administration, but for this we are somewhat prepared by the suggestion of the author that "a few doses are sufficient." Assuming that an error has been made in transcribing, and that the mixture contains six ounces instead of two, thus reducing the dose of cannabis indica to five minims, we still have the same proportion of chloroform; and in estimating the utility of cannabis indica, ten minims of chloroform every three hours is a factor which should not be overlooked.

JOHN AULDE, M. D.

Philadelphia, June 26, 1883.

This article has been transcribed *exactly* as it appeared in the *British Medical Journal.*

EDS. M. AND S. REPORTER.

A Monstrosity.

EDS. MED. AND SURG. REPORTER:—

The malformed Batts child, reported on page 645 of the REPORTER of June 9, 1883, died at the age of twenty-four days. The *post mortem* revealed the following abnormal condition: The alimentary canal entered and terminated in the fundus of the bladder. There was no appearance of any part of a rectum. The peritoneal sac terminated firm, smooth and intact with the rim of the pelvis. No other malformations were found. Inflammation of the posterior wall of the bladder, terminating in gangrene and perforation, with escape of the contents of the bowels into the peritoneal sac, was the immediate cause of death.

P. F. TURNER, M. D.

Lancaster, O., June 18, 1883.

Alcoholic Treatment of Zymotic Diseases.

EDS. MED. AND SURG. REPORTER:—

Your editorial on "Micrococci," in No. 21, p. 587, May 26, 1883, is most invaluable (and thank you for it). I have used alcohol in such cases with the best results. I prefer ordering alcohol with some flavoring syrup in a prescription in preference to whisky. I can regulate the dose and know what I am giving.

JOHN UNDERHILL, B. A., M. D.

Hamilton, Ont., June 22, 1883.

NEWS AND MISCELLANY.

Maine Medical Association.

At the thirty-first annual meeting, held in Portland, June 12, 13, and 14, the following papers were read:

"A biographical sketch of Dr. Alexander Ramsey," by Dr. George P. Bradley, U. S. N.; "Absence of uterus in a married woman, and a cure of cyst in the vesico-vaginal wall," by Dr. S. P. Warren, of Portland; "Synovitis," by Dr. J. G. Pierce, of Freeport; "Acute inflammation of the middle ear," by Dr. A. K. P. Meserve, of Portland; "Extra-uterine fœtation," by Dr. H. N. Small, of Portland; "Fractures of the elbow-joint," by Dr. S. H. Weeks, of Portland; "Diseases of the mastoid," by Dr. E. E. Holt, of Portland; "The induction of premature labor," by Dr. A. H. Burbank, of Yarmouth; "Bright's disease," by Dr. J. T. Dana, of Portland.

Dr. J. A. Spaulding, of Portland, read a paper giving an account of the testimony in a trial for alleged malpractice, where he was called as an expert.

"Rational medicine and quackery," by Dr. M. C. Wedgewood, of Lewiston; "Chronic abscess of the tibia," by Dr. B. F. Sturgis, of Auburn; "A case in which the bladder was divided by a septum," by Dr. F. H. Gerrish, of Portland.

Dr. Gordon read a paper on the treatment of some accidents occurring during parturition, de-

voting especial attention to lacerations of the cervix, ruptures of the perineum, and cystocele.

Dr. Weeks reported a case of immense sarcoma of the head, which illustrated the importance of early removal of morbid growths.

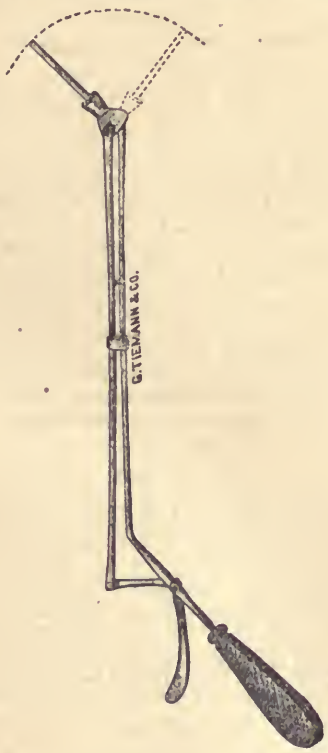
OFFICERS FOR ENSUING YEAR.

President—Dr. O. A. Horr, of Lewiston.
Vice-Presidents—Drs. L. W. Pendleton, of Portland, and D. E. Marston, of Monmouth.
Recording Secretary—Dr. Charles D. Smith, of Portland.
Corresponding Secretary—Dr. J. O. Webster, of Augusta.
Treasurer—Dr. A. S. Thayer, of Portland.

A New Uterine Repositor.

In the *New York Medical Journal*, June 30, 1883, Dr. Alfred L. Carroll, of New Brighton, N. Y., says:

The accompanying woodcut shows a uterine repositor, made by Messrs. Tiemann & Co., which



possesses the advantage of continuous and perfectly controllable application of power. Its construction is so simple that a glance at the engraving will render unnecessary any detailed description.

Oregon State Medical Society.

The tenth annual meeting was held at Portland, June 13, 14, and 15, and the following papers were read:

"Parametric abscess," by Dr. G. M. Wells; "Hip-joint disease," Dr. B. A. Owens; "Diagnostic importance of ocular affections in constitutional diseases," by Dr. F. B. Eaton; "Excision in hip-joint disease," by Dr. Saylor; "Antiseptic and aseptic surgery," by Dr. Holt C. Wilson; "The present condition of insanity throughout the world," by Dr. Josephi; "Dentition and affections resulting therefrom," by Dr. B. A. Owens; "Gunshot wound of stomach with recovery," by Dr. J. F. McCormac; "Sponge grafting in chronic ulcers," Dr. Saylor; Presidential address," by Dr. C. C. Strong.

OFFICERS FOR ENSUING YEAR.

President—Dr. W. A. Saylor.
Vice-President—Dr. J. W. Norris.
Secretary—E. P. Fraser.
Member of the Executive Board—Dr. C. M. Wells.

The Philadelphia Hospital for Skin Diseases.

The Board of Managers at the Hospital for Skin Diseases, of Philadelphia, announce that they have recently added to their facilities a complete system of baths for the general and specific treatment of this class of affections. The subject of balneology, as connected with skin diseases, is receiving much attention from specialists.

Free clinics are given at the hospital daily, at 11.30 a. m., by the physician in charge, Dr. John V. Shoemaker. The course is made more comprehensive by didactic lectures which are delivered at the hospital on Mondays and Fridays, at 11 o'clock a. m.

Physicians and advanced medical students are always welcome either as visitors or for the purpuse of attending the free clinics. The superintendent, Mr. F. C. Waterman, will be in his office at the hospital every day from 11.30 a. m. to 2 p. m., to receive visitors or to transact business.

Foul Water and Typhoid Fever.

A regatta at Evesham, England, was followed by sixty-eight cases of typhoid fever among persons who attended it. An investigation developed the fact that nearly every one had drunk lemonade at a refreshment stand, the proprietor of which had mixed the beverage with water from a disused well that was closed because it was known to be foul. Whether or not this well had been contaminated by a specific typhoid infection does not seem to have been established.

The Electric Light in Vienna.

A Vienna paper says that the electric light has been introduced in the wards and operating room of the General Infirmary in that city. There is a portable as well as a fixed lamp in each ward. The accumulator system obviates the necessity of the dynamo working at night, but it states that it is too expensive for general adoption.

The First Cremation in Rome.

The remains of Senator Cipriani have been cremated in Rome. This is the first case of cremation that has taken place there.

Porro's Operation.

Dr. W. H. Parrish performed this operation at the Philadelphia Hospital on June 28. The woman died from uræmia on the third day.

Items.

—Dr. J. Solis Cohen says so many cases of tuberculosis of the larynx indicate an equal number of funerals.

—Charles Reade, the novelist, is credited with having named a dog Tonic, because it was a mixture of bark, steal, and whine.

—A graduate of a certain medical college in Missouri, returned "earysipelis" as the cause of death of one of his patients.

—Professor Baumler, of the University of Fricburg, applies an ice bag to the chest to relieve the pleuritic pains in pneumonia.

—Mr. Barney Mulcahey says he can see no earthly reason why women should not be allowed to become medical men.

—Dr. Bonarny, in a recent thesis, describes two epidemics of urethritis among soldiers in Africa caused by eating frogs which had fed upon cantharides.

—At the last quarterly meeting of the Illinois State Board of Health it was decided not to recognize diplomas of the United States Medical College in future.

—Schnaubert recommends highly an exclusive milk diet in cases of exophthalmic goitre. He reports three cases very favorably influenced by such diet.

—The Pass of San Gorgonia, the counties of San Diego, Los Angeles, and Santa Barbara, are the parts of Southern California most suitable for phthisis pulmonalis.

—From the histories of 3,500 women in Helsingfors, Finland, Dr. G. Heinricius states that the average age at which menstruation commences is 15 years 9 months and 25 days.

—For gall-stones, Dr. John Barclay, of Leicester, England, highly recommends two or three drops of chloroform three or or four times daily in any vehicle, persevered in for two periods of attack.

—The taste and smell of turpentine are best masked by sulphuric ether. A mixture of turpentine ℥ij.; ether ℥j.; syrup of orange, ℥j.; and water, ℥iv., can be taken in teaspoonful doses quite readily.

—Dr. Tyson, of Philadelphia, recommends the addition of molasses to mustard in making plasters. This furnishes a mild persistent counter-irritant which can be worn for hours.

—In his address before the Medical Society of Tennessee, Dr. Thomas Lipscomb, of Shelbyville, told the members that in 1831 he traveled 1300 miles on horseback in order to attend a course of lectures in the University of Pennsylvania.

—For herpes zoster painting the vesicles with strong carbolic acid and covering with a layer of thick cotton-wool, has been successfully applied by Dr. Lambuti. He reports a case of the kind in the Revista Clinica di Bologna.

—Prof. Von Hecker reports a case (*Wien. Med. Bl.*, 1882, No. 40), in whom the induction of premature labor had been performed eight times without injury to the mother; all but one of the children were born alive, but died afterwards from neglect on the part of the mother.

—A memorial tablet has been placed on the house in Reiter street (now Skoda street), Vienna, formerly inhabited by the celebrated physician, Dr. Skoda. The inscription—rendered into English—is: "Dwelling house of Professor Joseph Skoda; born in the year 1805, died in the year 1881."

—In his presidential address before the New York Academy of Medicine, Dr. Fordyce Barker gives the following statistics of medico-literary activity in the metropolis: "The number of medical works by New York authors in the fifty years from 1800 to 1850 was 109. In the ten years from 1850 to 1860 New York writers published 65 medical works. From 1860 to 1870 the number was 69, and from 1870 to 1880 the number 102, the whole number in the last thirty years being 236. To this it should be added that New York writers have also, in this period of thirty years, contributed, according to the most accurate estimates that I can obtain, at least 25,000 pages to the periodical medical literature of the country."

DR. ARTHUR F. TAYLOR.

Dr. Arthur F. Taylor, late Principal of the Cass School of Applied Science, at Cleveland, Ohio, died suddenly in New York, June 28. Dr. Taylor was thirty-one years old, and was a son of the late Dr. Samuel H. Taylor, for many years Principal of the Phillips Academy at Andover, Mass. He was born at Andover, and received his preliminary education at the academy. Afterward he was graduated from Dartmouth College in the class of 1874, and then studied two years in Germany at the University of Göttingen, where he received the degree of Ph. D. On returning from abroad he was appointed assistant instructor in the Department of Physics in the University of Pennsylvania. He remained there three years, and then went to the Cass School at Cleveland. The cause of his death was heart disease

MARRIAGES.

QUIG—FERGUSON.—In East Waterford, Pa., June 21, by Rev. T. J. Ferguson, assisted by Rev. George McCormick, of Salinas City, Cal., Dr. R. M. Quig and Belle Ferguson.

ALLEN—HUDSON.—At Sunny Side, Cincinnati, June 27, 1883, by Rev. C. H. Daniels, Dr. George M. Allen and Helen G. Hudson, daughter of the late Ceylon Hudson, and granddaughter of the late Rev. Horace Bushnell.

PARKER—WRIGHT.—At Christ's Church, Poughkeepsie N. Y., on Thursday, June 28, 1883, by Rev. D. G. Wright, S. T. D., assisted by Rev. Henry L. Ziegenfuss, Dr. Edward H. Parker and Jeannie C. Wright, daughter of the officiating clergyman.

DEATHS.

EWEN.—Suddenly, at Alloway, N. J., Tuesday. June 19, 1883, John H. Ewen, M. D.

BUELL.—In Brooklyn, N. Y., on Saturday, June 30, Richard M. Buell, M. D., aged sixty-one years.

CARPENTER.—In Cincinnati, Ohio, on Thursday, June 28, at 12 m., Dr. Isaac B. Carpenter.

CERNEA.—In this city, on June 30, Arthur D. Cerhea, M. D, in his seventy-ninth year.

LIVINGSTON.—In New York, on Saturday, June 30, of diphtheria, Dr. Beverly Livingston, only son of Francis A. and Sarah J. Livingston, in the thirty-first year of his age.

TROUBAT.—In this city, on the 6th of July, Raymond Troubat, M. D., aged seventy-seven years.

THE

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Original Department.

Communications.

THE NEW PHARMACOPŒIA (1880), WITH SOME HINTS ON THERAPEUTICS.

BY LAWRENCE TURNBULL, M. D., PH. G.,
Aural Surgeon Jefferson Medical College Hospital.

(*Continued from page* 37.)

Of the 6 important spirits camphor has been reduced nearly one-third, while peppermint and spearmint have been increased nearly sixty per cent. Tincture of aconite root has been reduced one-seventh, and its name has been changed to simple tincture of aconite. The dose should be from one to five minims, and not, as is stated in some of the physicians' visiting lists, from five to fifteen minims (for three drops of a saturated tincture has proved fatal in a child). Compound tincture of catechu has been nearly doubled in strength: tincture of nux vomica, dose from 8 to 25 minims, has been decreased about forty per cent. Tincture of stramonium, dose 5 to 15 minims, and serpentaria thirty-three per cent. Of veratrum veride 10 per cent, dose from five to ten drops, not repeated oftener than three hours, owing to the tendency to cause nausea and vomiting with depression. Children should begin with one drop, while the tincture of ginger has been reduced about 40 per cent. A more dangerous change has been made in the case of the extract of aconite, which is now to be made from the root instead of the leaves, although the old name Extractum Aconiti is retained. There are, therefore, three preparations to which the name may be at present applied by the prescriber or pharmacists: First, the old hydro-alcoholic extract of leaves (U. S. 1870), second, the fresh juice English extract; third, the extract of the root (U. S. 1880). The new extract is probably more than twice as strong as the hydro-alcoholic extract of the leaf, and, at least six times as strong as the fresh juice preparation. The dose of the three extracts, whose name is the same, are respectively, No. 1, one-half grain, No. 2, one and a-half grains, No. 3, one-sixth of a grain.

The "Ferri Phosphas" is entirely changed from the old green insoluble powder; it is now a compound phosphate containing six parts of phosphate of sodium, and is in transparent, bright green scales, having an acidulous taste, being made from citrate of iron.

The following aromatic waters, aqua anisi, camphoræ, cinnamomi, menthæ piperitæ, and menthæ viridis, which in the Pharmacopœia of 1870 were made by triturating the oils with magnesia and then filtering them, are in the Pharmacopœia of 1880 made by adding so many parts of oil to absorbent cotton in small portions at a time, distributing it thoroughly by picking the cotton apart after each addition, then pack it firmly in a conical percolator and gradually pour on distilled water. Those of our pharmacists who have tested this plan differ as to the satisfactory character of the preparation as compared with the method in which magnesia was employed or by distillation.

We find the following valuable preparations dismissed from the Pharmacopœia: carbolic and carbonic acid waters; this latter is a most valuable agent as a vehicle for many disagreeable drugs, and also

very useful in allaying nausea and gastric disturbance. Also two valuable officinal remedies—infusum senna and spigelia—for the destruction of the round worm are dismissed, which was a great improvement upon the old domestic remedy, the "worm tea." There has been substituted troches of "santoninate of sodium," in their place. This salt, as well as santonin, which is still retained, are poisonous according to Prof. Wood; the first being soluble and the taste very disagreeable, it must be employed with caution. It should be prescribed in doses not larger at first than five to eight grains for an adult, and one to three for children, and taken at night, because its action is less interfered with, and the yellow vision is not so apt to disturb the child. The following day a purgative should be given.

The majority of the committee determined to spell the unit of weight gram by adding *me* to it.

The Latin names of alkaloids have been made to terminate in *ina*, and the corresponding English names in ine. The so-called neutral principles have received the termination inum, English, in Examples: (alkaloids) morphina, morphine, quinina, quinine. (Neutral principles) picrotoxinum, picrotoxin; santoninum, santonin. The gender of the Latin nouns of salts is *as*, and *is* has been changed back to the masculine gender.

The following tables are introduced: Lists of Reagents; Tables of Elementary Substances; Thermometric Equivalents; Tables of Percentage and Specific Gravity; Tables of Solubility of Chemicals in Water and in Alcohol; Saturation Tables; List of Articles Added and Dismissed from the Pharmacopœia; Tables Exhibiting the Differences of Strength of the Preparations as made according to the last and present Pharmacopœia; Tables of Weights and Measures. These will make seventy-five additional pages, increasing its size and cost, but are not all necessary, as most of them can be found in any recent work on chemistry.

The text of the Pharmacopœia, 1880, begins with "*Absinthium—Wormwood.*— This article the writer knows nothing of in medicine, having never seen it nor heard of its being prescribed in an experience of forty years, although it has been in the Pharmacopœia since 1840."

In this we fully agree with Dr. Squibb.

"*Abstracts.*—This is an entirely new class of preparations, and under a new name not before known in medicine. The class is introduced by the committee at page xxxi. of the Preface by the following paragraph:

"To supply a demand which has arisen for dry powdered extracts, a new class of preparations has been introduced under the title of 'Astracta.' As will be seen on examination, these are just twice the strength of the crude drug, or about twice the strength of the corresponding fluid extracts."

The demand for a class of dry powdered extracts has, in Dr. Squibb's experience, not been great, and what demand there was came from pharmacists rather than from physicians. "The chief objection to them is that they require a troublesome, expensive, and hurtful process to effect so little in the way of concentration, condensation, and convenience." "With the exception of belladonna and senega, all the abstracts could have been made much stronger. Almost all of them could have been made to represent the drug in the proportion of one grain to four, and seven out of the eleven could have been made the strength of one to five as easily as they are now made one to two, and the main question as to their utility will be whether therapeutically it be worth while to go through such processes to gain so little. The probable reason why many of them were not made of greater strength is that a few, or two of them could not be made so, and it was considered best to sacrifice the nine to the two, in order to have them bear a uniform proportion to the drug. This may be good pharmacy, but it is bad therapy or therapeutics.

USE OF HYDROBROMIC ACID AND HYDROBROMIC ETHER IN TINNITUS AURUM AND VERTIGO.

For about four years I have been testing the use of hydrobromic acid in cases of diseases of the ear, and also in cases in which I considered it useful in certain nervous diseases of a part or of the whole nervous system. The first preparation which I employed was made by the formula of Fothergill, which has been most generally employed. It is given in his "Handbook of Treatment," American edition of 1877, p. 569. This formula is loose and inaccurate, yielding a complex solution, containing much tartaric acid and potassium, and only containing between eight and nine per cent. of hydrobromic acid, and as the dose is stated to be f℥ ss. to f℥ j. by weight, it is only equivalent to four to eight grains of potassium bromide.

During 1878 and part of 1879, I used many ounces of this preparation, obtained from one of the very best drug houses in Philadelphia, but I could only say that I derived benefit from the drug in very few cases—some twenty-eight cases out of one hundred. * * * After I visited Dr. Woakes, of London, who introduced the drug into use in the treatment of certain forms of tinnitus

aurium, I told him of my want of success, and he informed me that he had also a like difficulty with certain forms of the acid sold in London, and when he obtained a strong and pure article his success was very gratifying. On my return home I had a consultation with Mr. Charles Bullock, the able chemist of this city, when we discussed the subject and he advised my employing that made by the most accurate process, as described by Dr. Squibb in the pamphlet before referred to, which he kindly sent me. The formula and process for making an acid of the proper strength is as follows:

Take of Potassium bromide six parts; sulphuric acid, seven parts by weight, sp. gr. 1.838 at 15.6° C. (60° F.)

Add to the sulphuric acid one part of the water and cool the mixture, then dissolve the potassium bromide in six parts of the water, add the diluted sulphuric acid, and set the mixture aside for twenty-four hours to cool, when a decomposition takes place into hydrobromic acid and the sulphate of potassium. I will not go into all the details; suffice it to state that a troy ounce of the acid obtained by this process contains exactly 400 minims (401.48+), and the fluid ounce of 480 minims weighs almost exactly 574 grains (573.8+). A drachm of it, therefore, would contain 50 minims, and would be the bromine equivalent of 30 grains of potassium bromide. A gramme of the acid is equal to 12.86 minims, and therefore 4 grammes would be 51.44 minims, equal to 30.86 grains of potassium bromide—a sedative dose. I commence with ten drops in ten teaspoonfuls of water and one tablespoonful of sugar, which makes a pleasant lemonade, and is gratifying to a feverish patient. I increase the dose gradually until I arrive at thirty drops, when, if the tinnitus aurium, headache, or vertigo, or epileptic convulsions are not relieved, and I find some disturbance of the heart's action, I either diminish the dose or employ in conjunction small doses of tincture of aconite repeated until the heart is relieved. In some cases I combine the potassium bromide with the acid only when the urine indicates too much acid in the system, or it produces too much irritation of the urinary passages. In cases of great debility with a severe vertigo, I advise the combination of the acid with lithium bromide, which salt contains nearly ninety per cent. of bromine, or more bromine and less base than any neutral salt. It is suggested by Dr. Squibb to saturate the acid with lithium carbonate and adjusting the volume of the solution to the dose required. And experiments bear out the idea that bromine, when combined with lithium, proves more active than when combined with potassium.

Another objectionable preparation introduced is bismuth et ammonii citras, a soluble preparation of bismuth which has no resemblance to any of the old salts of bismuth in their soothing the irritated stomach and intestines or allaying vomiting depending upon gastric irritation. This new preparation is distinctly astringent and in all amounts irritating.

Under the name of liquor bismuth et ammonii citratis the British Pharmacopœia recognizes a solution of the citrate of bismuth and ammonia, which was introduced some few years ago as an astringent in chronic diarrhœa. The preparation has not, however, met with favor in this country, and has been found as an irritant instead of soothing the mucous membrane. Some other additions which it would have been as well to have tested a little longer before introduction, as the briony, menispermum (Canadian moonseed), picrotoxin, staphisagria, pulsatilla, calendula, frangula (buckthorn), and hamamelis, or witch-hazel, etc., which would seem to indicate that the committee desired the absorption of the labor of the homœopathist without due credit.

At the same time we find a large list of articles introduced which are very valuable and have received the full sanction of the regular medical profession by constant use in practice. Indeed we think that this whole subject and pharmacopœia should be in the hands of the general government and the next pharmacopœia issued by it so as to be able to enforce uniformity in the preparations.

RATIONAL TREATMENT OF MENORRHAGIA.

BY JOHN AULDE, M. D.,
Of Philadelphia.

In a previous issue of this journal, (May 31, 1883), I have quoted the theory of Dr. Chapman in regard to the use of hot water, illustrating its utility by the report of a single case. So much space was occupied in the description of the various points bearing on the above case that it was not at the time deemed advisable to continue further the discussion, and the object of the present paper is to confirm the suggestions put forward in the previous article, and adduce other reasons illustrating the practical benefits of the systematic application of this remedy in the same line of treatment, where it is again theoretically indicated.

If a digression at this point were pardonable, a favorable opportunity is here presented for some observations concerning the supposed irreconcilability of the theoretical with the practical. Paradoxical as it may seem, this is a difficulty which is met with not only in the field of medicine, but also in all scientific investigations, and the most obvious deduction appears to be that the happy combination likely to be most conducive to the solution of the vexatious problem, is the faithful record of experience, together with the careful collection of facts, the acknowledged basis of all science. Not wishing to be classed, however, with those who regard the practice of medicine from an empirical standpoint, it may be well to state here that science has a library of her own, and the enthusiastic student, from her musty tomes, may gather the grand truths which have been hidden from the generations of the past. In the department of experimental research, the systematic and persistent labors of a few men have so penetrated the secrets of nature that we stand abashed at the startling disclosures. In therapeutics, while the chemist exerts his ingenuity in the production of new combinations with unpronounceable names, the untiring zeal of the practical physician is directed towards obtaining a more thorough knowledge of the remedies now in his possession. To these worthy pilgrims, these worshipers at the shrine of Æsculapius, do we tender our thanks and our gratitude, for to this source may be traced the discovery of the true principles and methods on which scientific medicine depends. By patient and careful observation, and repeated trials, these men have developed the real truths governing the action of remedies, and thus gradually is the solution of the problem becoming an accomplished fact.

To the laity, who now assume to treat many of their own ailments, by means of the numerous nostrums foisted on the market by quacks and unscrupulous dealers, the advocacy of any remedy which can be had for less than a dollar a bottle will be regarded as the merest nonsense, but the true physician will be disposed to accept the suggestions as strayed beams which throw light on some of the laws governing the science of physiology.

In this instance I have selected a case presenting such conditions that there can be no doubt as to the *modus operandi*. The patient is an American lady, about thirty years of age, and has been married about six or eight months. At the time of her first visit, January 26, 1883, the following history was developed. She had been under the treatment of several different physicians, regular and irregular, for the preceding year and a half, and although she had faithfully complied with the instructions given her from time to time, and had in addition been a liberal patron of the advertisers in the daily prints, who have "female regulators" to sell, she had never been able to have the menses discontinued short of fifteen or twenty days. Occasionally her physician had succeeded in preventing the continued flow, but the relief had been but temporary, and the flow on the following month had been as profuse as ever. Her appetite was seriously impaired, so much so that she had no desire for food of any kind, and although she went three times a day to the table, the habit of eating was conducted mechanically. She was very much depressed in spirits, and her weight was reduced to less than ninety pounds. She was a constant sufferer from hemicrania (left); and this seemed to be dependent on and radiate from the left ovary, a possible cause for this derangement being an injury sustained in this region several years previously; but on careful consideration of the circumstances, and the absence of a cicatrix, it appeared to be doubtful if traumatism could be assigned as a reason. To this should be added the fact that the family history was bad, though in her there was no indication of the existence of tubercular disease.

Having been subjected by her previous attendants to local applications, numerous failures had caused the method to become extremely disagreeable and repugnant, and as there was no evidence of anything further than a functional derangement, her delicacy on this score was not offended by any intimation that a physical examination would be necessary. At this time she was just recovering from her regular monthly flow, which had continued for the period of sixteen days, but she had not been under medical treatment for several months past. At this juncture, the fact was brought out that a new remedy for the "regulation" of female diseases had recently appeared in the newspapers, a bottle of which her husband had purchased, and I was asked if it would be "good" for her case, to which I replied that not knowing the ingredients of the mixture, it would be impossible to say, but if she had confidence in its virtues, and wished to take it, the better plan would be to wait until she got well, or if there was any danger of it being spoiled, she might probably prevail on her husband to take it for her, assuring her in the meantime that in the majority of instances the results would be substanti-

ally the same, whether she took such drugs in *propria persona* or by proxy.

Treatment.—As she was suffering from constipation and irregularity of the bowels, she was instructed to take of the compound podophyllum granules, three or four daily, the number to be increased or diminished according to the effect produced. Assuming that the *molimen menstruale* was largely due to disordered uterine innervation, causing a loss of muscular tonicity and failure of the organ to functionate properly, I ordered the spinal hot-water bag; this was to be applied on retiring, and vaginal injections of hot water were to be used night and morning.

Desiring to make some remarks on two of the ingredients composing it, the following prescription, which was written for her at the time, is given in full:

℞.	Ext. cimicifugæ,	fl. ℥ ij.
	Ext. hamamelis,	fl. ℥ j.
	Potass. bromidi,	℥ iij ss.
	Syr. simplicis,	℥ j.
	Ol. gaultheriæ,	q. s.
	Aquæ distil.,	ad. ℥ iv.

M. S.—A teaspoonful between meals, three times a day.

At the same time a prescription was prepared combining nux vomica with iron, the desirability of which, under the circumstances, will be readily understood.

The headache soon disappeared, and the bowels having been regulated, the appetite, in the course of a week, was all that could be desired. At the end of ten days such marked improvement had taken place that the spinal bag was used only every other night; the vaginal injections once daily. This improvement continued, and the next menstrual period began on the 22d of February, twenty-six days from the time of its disappearance in January. Here, evidently, was a material point gained, for the habit had been broken; but the most encouraging feature was the fact that the menses were normal as to amount, and, besides, there was no accompanying depression of the nervous system. The use of the spinal bag having been discontinued by the patient on the first appearance of the menstrual flow, on the 25th it was ordered to be applied every night, with the result that the molimen ceased at the end of a week, though the hot-water bag was continued for several nights afterwards. The cimicifuga and the bromide of potassium were discontinued after the tenth of March and have not since been used. On the 18th of March the menses again appeared, and every thing passed along smoothly, the flow lasting but six days, though the precaution had been taken to have the hot-water bag applied, commencing several days before its appearance, and continued for several days after the flow had ceased.

As a matter of course, during all this time, proper instructions in regard to diet and out-door exercise had not been neglected, and the present vigorous health of the patient is sufficient evidence that there is no likelihood of a relapse.

Remarks.—In entering upon the discussion of the therapeutic value of the bromide of potassium and the preparation of cimicifuga, which was used in the treatment in this case, there are certain premises which should be stated, which, when understood, will be readily admitted, and in this way we shall be less likely to place too much dependence on the remedies themselves, while we take into consideration the general surroundings, physical and moral—always important factors in securing curative results. Thus, diet, out-door exercise and a healthy condition of the skin, are subjects which can never be overlooked with impunity. The same may be said of a constipated condition, or irregular action of the bowels, frequent concomitants of uterine derangements. Next in point of order to be considered is the tonic effect of the combination of iron and nux vomica, without which it is scarcely necessary to say that the other remedies would have signally failed to show any such prompt and satisfactory results. It will be seen, therefore, that the treatment of this condition is easily reduced to what may appropriately be called a rational method, and that success, instead of depending on any particular drug or remedy, is only to be attained by a combination of measures. The therapeutic value of the hot-water treatment having already been pretty fully discussed, no time will be devoted to it here.

One of the most important uses of the bromide of potassium is in the treatment of cerebral affections, by reason of its supposed power of lessening the supply of blood to the parts, and this general rule may be applied to all the organs, and, in this case, therefore, the indications for its use were positive, not only for the hemicrania, but also for the ovarian pain; still, it is doubtful if six and a half grains of bromide of potassium, three times daily, would alone have produced results at all comparable with that secured when given in combination.

The next step in the investigation will be an effort to determine the part which cimicifuga plays as a curative agent, and the first authority referred to is Dr. Ringer, who refers to it under the

head of Actæa Racemosa. He says: "According to American therapeutists, this plant operates powerfully on the uterus; its action on this organ is stated to be very similar to that of ergot, stimulating the action of the parturient uterus, and hastening the expulsion of the child. Ergot produces a continuous contraction of the uterus, while actæa, it is said, merely strengthens, but does not prolong the contractile movements. * * * Though inferior to other remedies, it certainly controls menorrhagia. * * * Actæa is said to be serviceable in that common and distressing headache occurring in nervous hysterical women, especially at the menstrual period, or when the flow is too frequent and too profuse, or at the change of life."

Of its physiological action, Prof. Bartholow says: "Its effects on the nervous system, when administered in large doses, are very decided. It causes vertigo, dilated pupils, and in many subjects considerable soporific and anodyne effects. There is little doubt that it increases the contractility of unstriped muscular fibre in a manner that resembles ergot, but much less energetically. * * * To obtain curative effects from cimicifuga, it must be administered in sufficiently large doses to produce some of its cerebral effects."

These extracts from such eminent authorities are quite sufficient to establish the position of the drug, when used to secure results in this particular direction, but it will be noticed that it is not claimed that it possesses the power to inaugurate *de novo*, the contractile movements of the uterus; hence it is necessary to look further, and discover if possible the underlying cause, which, by the use of this remedy, may be developed more energetically to meet the demands of the economy. Dr. Frommel (*Centralblat für Gynäkologie*, November 25, 1882), has demonstrated that in rabbits, the uterus undergoes regular rythmical contractions whether pregnant or not, a condition of affairs we are not unwarranted in assuming exists in the uterus of the human female, so that the logical sequence which may be drawn from this process of reasoning may be formulated as follows: the action of the hot water on the terminal filaments being correlative with nerve force, that force is heightened, while the properties said to be possessed by cimicifuga become an important factor, by reason of the power to increase that activity.

Thus briefly have I sketched some of the general points bearing on the therapy of cimicifuga, which, for the present, are sufficient to indicate the reasons for reposing confidence in its utility, but there are others, and the subject is by no means exhausted.

CASES OCCURRING IN PRACTICE—FOUR LABORS IN SAME SUBJECT IN A LITLLE MORE THAN THREE YEARS—WITH COMPLICATIONS.

BY T. J. HAPPEL, M. D.,
Of Trenton, Tenn.

Mrs. ——, a large, well-made woman, with roomy pelvis, aged 35 years, was pregnant, October, 1879, for the seventh time. In five of her former pregnancies she had suffered from albuminuria—scanty urination, amounting almost to suppression. Had never had convulsions, and had always recovered slowly from her confinements. At about the seventh month of this pregnancy her lower limbs began to become œdematous, and gradually, as the ninth month drew to a close, attained to almost three times their normal size. Kidneys were acting slightly—excreting not more than four ounces of urine in twenty-four hours.

On October 10 she was safely delivered of a ten-pound girl. The lochia were very scanty—almost ceased in three days. Kidneys acted *very* slightly, but the bowels moved freely. On the fourth day all the organs began to resume their proper functions, and she recovered rapidly.

In January, 1881, she began to be troubled with her old enemy, asthma. At that time she was pregnant nearly four months. Rubeola was then scourging our city, and in February, her children, one after another contracted the disease. She supposed herself proof against it, having been previously exposed to, without contracting, the disease, and nursed those sick with the utmost care. Several attacks of asthma annoyed her very much during that time. Finally, April 17, she began to present the initiatory symptoms of rubeola.

On the eve of the 20th, the eruption began to appear, the temperature being very high. At one o'clock that night she aborted a living fœtus at seven and a half months. The temperature of the placenta, when expelled, was 106°; pulse very frequent and irregular.

April 21, a. m. Pulse, 120; temperature 103.° Complains of much pain in the right side. The physical signs of pneumonitis were present and with them rusty sputa. Under the influence of pulv. ipecac co. she rested easy; kidneys secreted not more than eight ounces of urine in twenty-four hours. Evening—temperature, 103°; pulse, 120. Administered quinine, aconite and digitalis.

April 22, a. m. Temperature, 99°; pulse, 120. At 9 p. m. of the day before, after the evening visit, the bowels began to move loosely, and up to the time of the morning visit, had acted ten times in spite of opium and lead, and other remedies. Very weak and much prostrated. Lochia normal for her. Some appetite. No tympanitis nor tenderness over the abdomen. Through the day opiates were given for her bowels, and the treatment of the day before continued, with the addition of belladonna and carbonate ammonia. 9 p. m. Pulse, 96; temperature, 98°. Kidneys acting a little more freely. Œdema of the lower extremities reducing rapidly.

April 24. Pulse, 104; temperature, 100¾°—p. m. Pulse, 120; temperature, 101°. Administered quinine in four-grain doses every two hours till ʒss was given; continued aconite and digitalis. Began to be troubled with non-retention of urine when coughing. Œdema less. No extension of the pneumonitis.

April 25, a. m. Pulse, 96; temperature, 100¾°; resolution beginning, feels much better. Treatment continued, except aconite, which was omitted. From the last date she convalesced steadily, and within a month was well of asthma, rubeola, abortion, and pneumonia. The child died on the first day, presenting no definite appearance of rubeola. The health of Mrs. —— became better than ever, and by the middle of October she was again pregnant. During this pregnancy her attacks of asthma were very slight, and her general health excellent till January, 1882, when the kidneys began to act less and less. Slight œdema of the lower extremities came on, gradually growing worse, till she finally became almost helpless from anasarca.

March 12, 1882, a sudden change of temperature, and a slight exposure to a draught, caused (as she described it) a gradually increasing pain through the right lung. The pain at length became very intense, and on the morning of the 13th, being sent for, I found her in an easy chair almost screaming with pain, which she referred to the right lung. Had made ineffectual efforts to lie down. I injected hypodermically morph. sul. grs. ¼, atropiæ sul. grs. $\frac{1}{60}$. In less than half an hour she could lie down. Whilst I was present she began expectorating rusty, mixed with bloody, sputa very freely. A physical examination revealed pneumonitis involving the two lower lobes of the right lung, and a circumscribed pleuritis. Pulse, 120; temperature, 102.° Slight uterine contractions also troubled her. Morphia was repeated *pro re nata* for the next eighteen hours—enough to keep her free from pain. Nothing else was given; but at 12:30 a. m. she aborted a fœtus of six months, which died before noon. Labor was very easy; in fact, the fœtus was expelled almost without her having been conscious of any pain except as the head passed. Kidneys were acting slightly.

March 14, a. m. pulse, 112; temperature, 102½°; abdomen soft, no tympanitis. Rusty sputa gradually changing color. Quinine and carb. ammonia, and digitalis and aconite were administered; sinapisms to the chest. 7½ p. m., pulse, 120; temperature, 102½°; respirations easier, not so frequent. Abdomen soft but tender, kidneys acting slightly; ʒiv. in twenty-four hours. Bowels moved freely at 9 p. m. Continued treatment. Lochia scant.

March 15, a. m. pulse, 92; temperature, 99°; respiration, less frequent. Sputa, yellow—abundant. Abdomen soft, no tenderness, nor tympanitis. Lochia normal for her. Patient much brighter. Continued treatment except the aconite.

March 17. Still improving. Dismissed the case subject to call, her husband reporting every day.

March 24 and 26. Called each day on account of inactivity on the part of the kidneys; examined the lungs and found resolution complete. From the last date her recovery was rapid, but unfortunately for her she became pregnant in the latter part of June.

During the fall of 1882, her health was good, but on the 3d of January, 1883, she began to experience uterine contractions, and to prevent abortion, morphia was used per orem, and hypodermically from time to time. Œdema of the lower extremities soon became marked. The kidneys excreted but little urine. Bowels were torpid. Within one month the lower extremities became enormous in size, and she was a burden to herself. Within the next month the face and upper extremities participated in the œdema. No ascites at any time. She became so unwieldly that she could not turn in bed without help. Digitalis, benzoic acid, acetate of potash, and other diuretics in turn failed. She received more benefit from the administration of bursa pastoris than from any other diuretics. Tonics were given freely. But, finally, ushered in by an attack of asthma, labor set in March 28. A fat ten-pound girl was rapidly and easily brought into the world. There was a tendency to post partum hæmorrhage, but it was soon controlled by the administration of F. E. ergotæ, dose ʒj. just after the expulsion of the head, and repeated as soon as the placenta was delivered (my rule in all cases almost without ex-

ception). The mother rallied slowly from this fourth pregnancy and confinement. Is now able to sit up a short time each day. The œdema of the face and upper extremities has disappeared, whilst the lower limbs are still above their normal size and pit slightly under pressure.

To sum up. The first labor was complicated by albuminuria and great œdema with almost suppression of urine. The second confinement presents asthma rubeola. Abortion at seven and a-half months. Pneumonitis, torpid action of the kidneys and profuse diarrhœa.

The third presents anasarca, pneumonitis, pleuritis, and abortion at six months.

The fourth confinement, a labor at full term, considerable œdema of the upper and lower extremities, general helplessness and great debility. Patient alive and doing reasonably well.

How much can women undergo?

Clinical Lectures.

CLINICAL LECTURE ON A CASE OF TYPHUS FEVER.

DELIVERED AT THE PHILADELPHIA HOSPITAL.

BY JAMES TYSON, M. D.,

Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, one of the Physicians to the Philadelphia Hospital, etc.

Reported by Dr. D. K. Gotwald, Resident Physician.

To-day, gentlemen, I have the opportunity of bringing before you a case of typhus fever—one of a series of cases now under treatment in this house. For the last four or five years we have each winter had a few isolated cases, but previous to 1877 there had been none for several years.

In that year a mild epidemic occurred in the hospital, which had its origin in a case brought from the Sailors' Home, in this city.

A few days ago I was asked by one of my colleagues to see this patient, which we soon concluded to be a case of typhus. A day or two after, this was followed by a second, then a third, until at present we have four cases in our wards, all seemingly progressing favorably.

The man I have brought before you was the first person taken with the fever. He is now, evidently, much better. He is still unable to speak distinctly, and I will therefore myself give you briefly his history:

F. H——, white, æt. 32, laborer. He was admitted to the house, December 12, 1882, when he was treated for bronchitis. He was transferred to the Almshouse Department, where he remained until the 22d, when he was sent back to the hospital. At that time he complained of great pain in his limbs, and of headache. His tongue was heavily coated, and his temperature high, 103°, his pulse 98, and his respirations 36. He had no diarrhœa. His urine was scanty and dark in color. There was great muscular soreness, and he was covered with a mottled eruption, which only faded slowly on pressure. His countenance was suffused, and conjunctivæ injected. The eruption is less distinct than it was, but is still recognizable over his chest, belly and legs. When it first appeared it did not differ markedly from that of typhoid fever, but was more diffuse, appearing all over the body, while that of typhoid fever is limited to the chest and belly. A little later, however, after the sixth day, it acquired a darker and more distinctive character. In many of the papules there is an effusion of blood, and the eruption is therefore petechial.

In some cases we have this peculiar eruption from the beginning, along with the ordinary mottled eruption already referred to. In addition to this, there was great prostration and feebleness of the pulse, which has, however, reacted. Another symptom of muscular weakness common to the disease, is a muscular trembling, well marked in the patient before you. This same cause produces a marked oscillation of the eye-balls, due to the tremulous action of the muscles of the eye.

How does typhus fever differ from typhoid fever? I have already referred to the differences in the eruptions of the two diseases. But the temperature of typhus fever is even more characteristic than that of typhoid fever. In the latter disease we have the peculiar tidal wave of temperature, that is, the rise each evening of two degrees, and morning remission of one degree, until the second, or stationary stage, is reached, when the temperature ranges between 104° and 106°, with a very slight morning remission. After this stage, which is of variable length, comes the stage of decline. This is indicated by increased morning remissions at first; afterwards by decreased evening temperature, and more distinct morning remissions, until a fall of three or more degrees is often observed.

This continues until, after a variable length of time, complete deferescence is reached.

Now, how is it in typhus fever? In the first place, the temperature is higher, for while a temperature of 106° is not uncommon in typhus fever, 105° in typhoid is extremely high. The temperature quickly reaches this maximum, usually from the third to the seventh day, and then it is followed by a *sudden* decline. This ascent is steady and continuous, and only marked by slight morning remissions, while in typhoid fever the morning remissions are decided. The pulse, during the first three days, is usually about 100; after that it becomes more frequent and feeble, running up to 120 or higher, until the fall of temperature, when there is a corresponding fall in the pulse. It is seldom dicrotic, as in typhoid fever.

By referring to the record of our case, we see that on the 22d of December, the first day on which any note was taken, his temperature was 103°, pulse 98; on the 23d his temperature was 103⅘°, pulse 99. From this on until the 30th, there were only slight variations. On this day, however, the temperature fell to 99°, and pulse to 86. That was three days ago, and it has remained about this ever since. In this instance the temperature has not been strikingly high, as it has not been a case of malignant typhus. But the course and duration have been those of a

typical case. An important fact to be remembered with regard to the pulse is, that if there is no diminution in its frequency, with the corresponding fall in temperature, there is some complication to be feared and sought for. With regard to duration, we have already said that it is shorter than that of typhoid fever, and the man is generally at his work again in less than a month, whereas in typhoid fever the acme is not reached until the twenty-first day, and often two months pass before the patient is fit to work.

As to the nature of typhus fever, we know it is one of the so-called infectious diseases—that is, a disease due to a specific poison which is derived from another person having the same disease, or the atmosphere or soil. It, like small-pox, is undoubtedly often produced by a poisonous substance derived from another person having the same disease, and it is held by some that it never arises *de novo*. But it must have done so at some time, and there are no reasons why it should not do so now. The present case, for example, as probably such an instance. No cases were brought to the house from without, and this man, admitted for another cause, had been discharged from the hospital, and sent to the Almshouse Department, in which the first symptoms appeared at least ten days after his first admission. It happens, moreover, that a close examination of the place he occupied was found to be in a condition calculated to develop the disease by which he was attacked. It is a disease known since the Middle Ages, and is essentially a disease of the lower classes, among whom the conditions predisposing to it are found. These conditions are famine, filth, closely-crowded habitations, and poor ventilation. Ireland seems to be the natural home of this affection, and instances of it are never wanting.

The modern tendency is to ascribe this class of diseases to a lower organism, but so far as I know no one has ever claimed to isolate the bacillus which causes typhus fever. It seems much more likely that the poison resides in some emanation from the human body.

Typhus fever is eminently contagious, and it is proper to isolate the cases at once. Persons in constant attendance upon the patient, nurses, for example, are much more liable to be attacked than those who, like the physician, merely visit them, although instances are not wanting in which medical attendants have acquired the disease and died therefrom.

As regards the mortality of typhus, it is great, although not, I think, as great as is generally supposed. Different epidemics vary in this respect. During an epidemic at the Camden county almshouse several years ago, 109 of the inmates were attacked. Of this number 34 died, giving a mortality average of 31%. I might add that of the officers of the institution, seven, including a physician, the superintendent, the steward, and several nurses, were attacked and all died.

Regarding the morbid anatomy of this disease, there really is none distinctive. The most constant condition found is enlargement of the spleen—and by percussion of the patient before us, we find that his spleen is considerably enlarged.

During the epidemic at the Camden almshouse, before referred to, I had the opportunity of making two autopsies. I found the intestines generally congested, the blood fluid, and spleen more or less enlarged, but there was no ulceration of the intestines, as in typhoid fever.

One of the modes of death is by acute fatty degeneration of the heart, and the peculiar dusky complexion sometimes seen is often due to the inability of a weak, fatty heart to propel the blood through the capillaries. Sudden death by heart-clot is not unusual. Gangrene and bed-sores are sometimes met with—all due to the slow movement of the blood.

We now come to the *treatment* of typhus fever, and it is exceedingly simple. In the first place, we know that the greatest danger arises from asthenia, especially during the eruptive stage, which we might say is the most important period. To guard against this we must use stimulants freely. If there is one disease in which the free use of alcohol is especially indicated, it is typhus fever. The quantity to be used should, of course, be governed by the condition of the patient. In some cases it may be necessary to give an ounce every hour. In addition to the use of alcohol, quinine is absolutely indispensable. Digitalis should also be given, both as an antipyretic and as a heart strengthener. When the temperature becomes high, sponging of the body is necessary. After the crisis, which, as we have before remarked, is in this disease strikingly well marked, it is simply necessary to treat symptoms as they arise. Of the complications, one of the most frequent is bronchitis, which, of course, should be treated as any other bronchitis. Diarrhœa is, as I have told you, an unusual symptom in typhus fever, and occurs probably about as often as does constipation in typhoid fever.

Before closing, I would like to mention one other condition which I overlooked. By referring to the record of the present case, we find that at first there was considerable albumen found in the urine. The quantity has been gradually growing less, however, until yesterday when there was found only a mere trace. This is a very frequent condition in all grave infectious diseases, and typhus fever is no exception.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Tubercular Cerebro-Spinal Meningitis.

BY J. T. ESKRIDGE, M. D.,

Physician to the St. Mary's and Jefferson Medical College Hospitals.

[Read April 4, 1883.]

(*Continued from page* 12.)

The extraordinary duration of the tubercular disease of the cerebro-spinal membranes, in this case, extending over a period of nearly eight months, simulated rare cases of sporadic cerebro-spinal meningitis, which may, also, after further investigation, be found to be tubercular in their nature. Ordinary cases of tubercular meningitis run their course in from two to four weeks. A few have lasted about ten weeks. There is, how-

ever, on record, one rare case of tuberculosis of the cerebral membranes (*St. George's Hospital Reports* for 1879), in which the head symptoms were of twelve months' duration. The patient was a man thirty-five years old, admitted into the hospital a few hours before his death. The man and his wife stated that the affection had begun suddenly twelve months before, with embarrassment of speech and deglutition. Failure of the sight, with severe cough and wasting, were of six months' date. "On admission, the symptoms were general weakness of the limbs, the arms in particular moving with jerking action, and requiring concentration of thought to influence them at all; loss of power of deglutition, during attempts at which the head was turned around to the right; inability to protrude the tongue; complete anæsthesia of the soft palate, indistinctness of speech, the vocal cords seeming partially paralyzed; dullness of vision, ptosis, frowning of the forehead, sluggishness of the pupils and drowsiness; but no derangement of mind." The *post mortem* appearances were, "A few tubercles in the arachnoid on the convexity of the brain; a little lymph in the interpeduncular space without tubercle; the medulla and its nerves normal; left kidney small." The case I have just quoted, when taken in connection with the one reported in this paper, is particularly interesting on account of its long duration, decided motor disturbance of cerebral origin, and the slight lesion found in the arachnoid of the brain, the spinal cord apparently being uninvolved. The long duration of the case I have reported to-night may, I think, have been due to tubercles being very sparsely scattered on the membranes of the brain and cord, without any other organ becoming sufficiently affected to endanger life.

In cases of tubercular cerebro-spinal meningitis are the paralysis and rigidity of spinal or cerebral origin? H. Rendu (Debove, *Le Progrès Medical* for 1879) says: "I think I am authorized in concluding that the existence of tubercular granulations on the spinal meninges have only a purely anatomical interest, and that their value, in a clinical point of view, has been, perhaps, exaggerated."

In Debove's case (*Ibid.*), the chief symptoms were due to the spinal lesions, which were most marked in the dorsal and lumbar regions. And in the one related by Chateaufort (*Ibid.*), the spinal symptoms were first, and in the fore-front. The patient was suffering from advanced pulmonary tuberculosis. A few days before his death he felt a sharp pain in the spine radiating to the lower limbs. Marked rigidity of the trunk was present, and finally delirium and paralysis. In the case of the child attended by me, the lesions of the spinal membranes were greater than those found in the cerebral meninges.

"Rendu (A. McL. Hamilton, *Nervous Diseases*, 1881; *Review in Gaz. des Hôpitaux*, January 15, 1873,) affirms that whenever there is paralysis of permanent form there must be some obliteration from fibrinous exudation and consequent softening, and he does not believe that scattered granulations or ventricular effusion are alone sufficient for its causation." Ventricular effusion, as seen in chronic hydrocephalus especially, is not usually attended by rigidity of the muscles of the extremities. The pathological lesions demonstrated by different observers of tuberculosis of the nervous centres, abundantly prove that paralysis or contractions of a permanent character may result from lesions in the spinal cord or brain, or in both. In my case there was no paralysis, although a large quantity of fluid filled and distended the ventricles, probably because, as contended for by Rendu, no lesions of softening existed. The rigidity in this case may be accounted for by the comparatively sudden ventricular effusion, which apparently took place a few months before the child's death; the brain being thus crippled, its inhibitory influence over the cord was lessened, and the latter nerve centre kept up a constant muscular contraction. What I think is a more plausible explanation of the condition, is found in the presence of scattered tubercle, attended by inflammation, in the membranes of the brain and cord. Tubercles were few in both situations, but most abundant in the membranes of the medulla, the very centre of reflex actions.

The macroscopical appearances of the brain and cord and their membranes were those of great anæmia of the parts. Nothing suggestive of tubercle, or even inflammation, save two small yellowish nodules at the left of the optic chiasm, was seen. Many of the microscopical sections, also, showed neither tubercular nor inflammatory lesions. It is evident from a careful study of this case that examinations must be most careful and thorough before giving a negative opinion in regard to the presence or absence of tubercles or of inflammation of the membranes of the brain and cord.

The pulse frequency of the case reported to-night, like that of tubercular meningitis, divides the disease into three unequal stages. The first stage was of five months' duration, during which the pulse was very rapid, being, on the average, about 130 to 135 per minute, but frequently reaching 160 to 170, and on a few occasions 180. The second stage was one month long, the pulse ranging from 76 to 120, the average being about 100. The last stage extended over a period of about one and a half months, the pulse being again rather rapid, from 104 to 148, the average being about 130. During the early part of the disease respiration was most rapid when the pulse was most frequent; but later, slow respiration (8 or 10 per minute) was accompanied by rapid pulse (140 to 144).

Irregularity and sudden changes were well shown by the axillary thermometric records. On May 1, the temperature fell from 104° to 95.6°, or 8.4° in twelve hours; and three days later, from 105° to 96.5°, or 8.5° in about the same length of time. Diurnal variations of temperature from 4° to 6° were common. The temperatures in each axilla were compared sixty times; five of these the left axillary heat exceeded the right from .1° to 1.8°, the average difference being .5°; the temperatures were equal eight times, showing the right axilla to have been warmer than the left forty-seven times, the difference varying from .1° to 1.8°, the average being only .3°. Part of the variation, I think, may be accounted for by the difficulty we encounter in keeping children quiet while registering their temperatures.

Cerebral Thermometry.—From my paper which I read before the College, May 3, 1882 (Report of Three Cases of Abscess of the Brain), I quote the following: "Dr. Gray found the average normal temperatures of the stations on the side of the head to be for the frontal .65° F., for the parietal .86° F., for the occipital .72° F., higher than those of the corresponding stations on the right side. He gave as the average normal temperature of the right frontal station 93.71° F., of the left, 94.36° F.; of the right parietal, 93.59° F.; of the left, 94.44° F.; of the right occipital, 91.94° F.; of the left, 92.66° F. Variations of more than 1.5° he considered suspicious of disease at that point, and of more than 2° strong evidence of a pathological condition."

Dr. J. S. Lombard published in book form, in 1879, the results of upwards of 60,000 observations on the regional temperature of the head made by means of the thermo-electric apparatus. (*Experimental Researches on the Regional Temperature of the Head, etc.*, by J. S. Lombard, M. D.) His averages of temperatures of the different regions of the head are—

"*Average Temperature.*

	Anterior region.	Middle region.	Posterior region.
Right side,	92.942° F.	92.073° F.	92.343° F.
Left side,	92.825	92.114	92.267
Both sides,	92.883	92.093	92.309"

He says that "higher values, especially for the anterior, are more frequently met with in ordinary examinations; but it is extremely difficult to arrive at satisfactory conclusions as to average absolute temperature from observations made upon individuals while engaged in the ordinary avocations of life, the results thus obtained being very variable. Under such circumstances, a temperature of 95.36° F. for the anterior region; one of 94.1° F. for the middle region, and one of 93.56° F. for the posterior region, would probably represent more correctly, in the majority of cases, the highest absolute temperatures."

It will be seen by Lombard's conclusions that the temperatures of the anterior and posterior regions are higher, and that of the middle region lower on the right than on the left side of the head. In a later work by the same author (*Experimental Researches on Some Points Relating to the Normal Temperature of the Head*, by J. S. Lombard, M. D., 1880), it is stated that, "It was found in these experiments, among the results, that every one of the small divisions of the surface of the head might be hotter on the right side or on the left side in turn, and also that many of them showed at times equality of temperature of the two sides."

In numerous observations made by myself on cerebral temperature of persons in health, and of persons suffering from general febrile conditions, the right side of the head has been found, in many instances, slightly warmer than the left. When surface thermometers are employed to register the heat of the head in disease, I think, if we take the "highest absolute average temperatures" of Lombard for comparison, we shall be less likely to come to erroneous conclusions. If we take, then, the comparatively high temperatures, 95.36° F., 94.1° F., and 93.56° F., for the normal heat of the anterior, middle, and posterior regions of the head respectively, we shall find, when we compare them with the results of the numerous temperature observations made on the patient whose case is reported in this paper, that much of interest, and, probably, of clinical value, may be derived by a careful study of cerebral thermometry in these cases.

The results of the local thermometric records in this case may be thus summed up:

The surface temperatures of the head and of the upper posterior cervical region were registered on ninety-seven different occasions, during which four hundred and eleven surface temperature observations were made on these parts. The cerebral temperatures exceeded the axillary forty-six times; that of the axilla was higher than the head temperatures forty-seven times; and the temperatures of the head and axilla were equal four times.

Once the temperatures in the axilla and over the upper cervical region were equal; four times the temperature of the latter region fell below that of the axilla, varying from .1° to 1°; twenty-four times the heat of the upper cervical region exceeded that of the axilla, it having been on one occasion as much as 3.4° above it. The temperature in the upper cervical region was usually greater than that of the head, it having been higher nineteen times out of twenty-nine.

Of the forty-six times that the head temperature was greater than that of the axillary, the heat of the latter region was subnormal sixteen, normal eleven, and above normal nineteen times. Of the forty-seven times that axillary temperature exceeded that of the head, the thermometer in the axilla registered subnormal seven, normal ten, and above normal thirty times.

The lowest head temperature found was 95.8°, the axillary heat at that time being 97.8°. The highest head temperature registered was 103.5°, the axillary being 104°. The lowest axillary temperature recorded was 93.8°, the cerebral temperature, at the same time, standing at 98.° The highest temperature found in the axilla, at the time of registering the head temperatures, was 104°, the surface thermometer on the head at the same time arose to 103.5.° Once the head temperature was 4.2° greater than the axillary, but the heat of the axilla never exceeded that of the head more than 2°.

The average temperatures of the axilla, of the various regions of the head, and of the upper cervical region, are as follows:

Parietal station.	Rolandic station.	Posterior frontal station.	Superior frontal station.	Occipital station.
Right side, 99.24°. Left side, 99.24°.	Right side, 99.27°. Left side, 99.22°.	Right side, 98.95°. Left side, 98.80°.	Right side, 98.65°. Left side, 98.75°.	Right side, 98.54°. Left side, 98.28°.

Middle frontal station, 98.08°. Middle occipital, 98.39°. Upper cervical region, 98.41°. (The average temperature of the upper cervical region was slightly above those of the head and axilla,

but the table shows a different average, the discrepancy appearing because the temperature was registered a limited number of times over the upper cervical region.) Axillary region, 98.89°.

The head temperatures at no time descended to the normal, although the axillary temperature was either normal or subnormal forty-five times out of ninety-seven comparative examinations. The temperatures of each side of the head were nearly equal. Corresponding regions of the two sides rarely varied more than a fraction of a degree Fahr. The parietal stations were the warmest, the middle frontal station, only a little below the middle occipital, was the coolest.

If the results of the cerebral temperature observations of this case are compared with the observations made by Dr. Mary Putnam-Jacobi (*The Journal of Mental and Nervous Diseases*, January, 1880), on a case of suppurative tubercular meningo-cephalitis, a striking difference in the height of the temperature will be found, partially confirming the conclusions that I had almost arrived at from numerous observations on cerebral thermometry, viz., that brain lesions accompanied by congestion or inflammation are attended by higher head temperature before than after suppuration supervenes.

The following conclusions may be drawn from the contents of the paper:

1. Tubercles occur in the membranes of the brain and cord, but they are more frequently found in the former than in the latter situation.

2. Tubercular deposit may first take place in the meninges of the cord and then extend to those of brain, although the reverse is the rule.

3. Tuberculosis of the cord, contrary to the views of Rendu, has more than an anatomical interest.

4. Tubercular cerebro-spinal meningitis gives rise to special symptoms, and by a careful analysis of a number of cases, it may be recognized.

5. It is probable that many cases of so-called sporadic cerebro-spinal meningitis, that have a duration of several months and then prove fatal, are tubercular in character.

6. Paralysis or contractions may be due to brain or spinal lesions, or to both.

7. When cerebral fever simulates the periodic manifestations of malaria, the lesion is probably in the membranes or cortical substance of the brain, or in such a position as to exert pressure upon these structures.

8. Ventricular effusion probably does not give rise to paralysis or contractions; the former motor disturbance in these cases being due to softening of motor zones, and the latter to irritation of the meninges of the brain and cord.

9. Repeated microscopical sections may have to be made in certain cases of tuberculosis of the meninges before the nature of the disease is detected.

10. Right or left side of the head may, in turn, be the warmest in health.

11. When surface thermometers are used to register the cerebral temperature in disease, the normal averages should be taken to be 1° to 1.5° higher than those given by Gray and others.

12. The head temperature in disease of the brain may equal or exceed the heat of the axilla for a length of time.

13. In cerebral lesions, the temperature of the head is not marked by those sudden variations manifested by the axillary temperature in these cases.

14. Variations of head temperature in diseases of the brain take place comparatively slowly. The tendency of the heat of the head to remain permanently above the normal, while that of the axilla is normal or several degrees below, is the strongest evidence of organic disease.

15. The thermometer and the microscope in the case reported agreed in locating the greatest inflammatory trouble in the upper cervical portion of the cord.

16. Brain lesions attended by congestion or inflammation have a higher local temperature than suppuration going on within the cranial cavity.

[After the reading of the preceding paper:]

Dr. Roberts Bartholow said: Since you have called on me, Mr. President, I will make some remarks on the very elaborate report which we have just heard. The impression which the clinical history makes on me is that the case, if tubercular, is one rather of general tuberculosis than of tubercular cerebro-spinal meningitis. It may be objected to this view that in every case of tubercular meningitis there is more or less generalized tubercular deposit. It seems to me, however, hardly logical to place so much emphasis on the spinal affection. In most cases of unquestionable tubercular meningitis the principal seat of tubercular deposit is at the base, hence the term *basilar meningitis*, parts in immediate connection with the spinal meninges. It is the more philosophical, therefore, it seems to me, to regard such cases as examples of general tuberculosis; now one set of organs, now another set, being the points selected for a special tubercular deposit. I do not, therefore, believe in the existence of any cases of tubercular cerebral meningitis, or spinal meningitis, *per se*, but in a general tuberculosis, with special implication of certain organs. Under such circumstances the symptomatology will vary with the particular functions of organs the most involved.

As regards the cerebral thermometry on which the essayist has much dilated, I beg to say a word or two. Up to the present cerebral temperature changes have not afforded us much information. As you are well aware, Mr. President, Lombard achieved but trifling results in his study of cerebral temperatures, although he employed the most elaborate instruments of precision now available for the purpose. Indeed it is now well understood that the temperature of the scalp affords no certain indication, if any indication whatever, of the cerebral temperature. A few years ago a physician of New York, Dr. Amidon, received a prize, and attracted no little attention for an essay, in which he attempted to show that certain motor areas in the brain could be mapped out by the temperature changes in the scalp, induced by active exercise of the muscles in anatomical relation with these motor areas. But it was soon ascertained that the temperature changes were limited to the scalp, and that the "willed movements" do not, so far as at present known, so raise the temperature of the motor cortical centres as to change the temperature of the scalp. In fact, it is now known that the tem-

perature of distant parts is influenced by slight excitation of the surface. Thus, Strumpf, of Dusseldorf, has shown that faradic stimulation of the skin of one member affects the heat of another member. There are numerous examples of the same kind. In this way the influence of muscular action on the temperature of the scalp is explained. We cannot, therefore, formulate conclusions in regard to the condition of the brain from observations on the heat of the scalp. The whole subject is still *sub judice*. Hence, I think it is very unsafe to draw conclusions from cerebral thermometry in the present state of our knowledge.

Dr. Da Costa remarked that, notwithstanding the elaborate and able report of the case, he had some doubts with reference to its character. The sudden beginning was unlike that of tubercular meningitis, rather that of those instances of cerebro-spinal fever which begin acutely and may become chronic. In support of this view there was an eruption of an ecchymotic kind, in the first twenty-four hours, such as occurs in cerebro-spinal fever; there is no eruption in tubercular meningitis. Again, there was no very positive evidence of tubercle in the lung, and he thought it unlikely that a case of tubercular meningitis should have existed for months, affecting the brain and cord, and no decided tubercles in the lungs be found.

Dr. Charles K. Mills referred to the fact that in a number of cases of tubercular meningitis, some in children and some in adults, some general and some localized, he had observed eruptions differing in character; sometimes erythematous, sometimes vesicular, sometimes ecchymotic, and probably, in the latter case, due to extreme vaso-motor paresis.

He alluded, also, to four cases of tubercular meningitis seen with Drs. Franklin and Ott. In three of these, gross appearances were present; in the fourth the appearances were similar to those exhibited by Dr. Eskridge's patient. No tubercular masses were visible anywhere, either at base or convexity, and yet the microscope revealed miliary tubercles in great abundance. These observations show the importance of not concluding that a case is non-tubercular simply from macroscopic examination. Probably many of the statements of the older observers are not to be relied upon in this respect.

Dr. Eskridge, in closing the discussion, said that it was probably exceedingly rare to have tubercular inflammation of the membranes of the brain or cord without tubercles occurring in other portions of the body. In pulmonary tuberculosis it was common for other organs than the lungs to be attacked. He was inclined to think that if, in certain cases, we follow the custom of locating the disease in one or more organs, those should be selected which were most early and prominently affected. In the case under consideration the early symptoms, and, in fact, those of any prominence at all throughout the disease, were due to the cerebro-spinal lesions. The point was well taken by the first speaker, as the microscope shows that most cases of so-called local tuberculosis are examples of general tubercular affections. The same speaker was also justified in questioning the claims that had been made by some observers for cerebral thermometry. Dr. E. was not yet satisfied that surface thermometers would enable us to locate lesions in different portions of the brain with sufficient accuracy for general diagnostic or therapeutic purposes. He desired to call special attention to one point in connection with his observations on the surface temperature of the head in this and other cases, viz., that a sustained high head temperature extending over a considerable period, while the axillary heat was normal or below, pointed to organic lesion of the brain or its membranes. Again, in brain diseases, the cephalic temperature is less variable than the axillary heat in the same cases. The sudden beginning and long duration of the case, the history of which he had given in detail, and the presence in it of an early eruption, was thought by the second speaker to point to sporadic cerebro-spinal meningitis rather than to the tubercular form of meningeal disease. Cases of tubercular meningitis without prodromata were the exception, but they did occur. One or two of the three cases referred to by Dr. Mills, and reported in a joint paper by himself and Dr. Ott (Philadelphia MEDICAL AND SURGICAL REPORTER, July 3, 1880), were ushered in by convulsions, the previous health of the children having been good. Dr. Gee (Reynolds's *System of Medicine*) says, "that out of twenty-six cases of primary tubercular meningitis (the diagnosis having been confirmed by a *post mortem* examination in all) there were only two in which premonitory symptoms had not been noticed." The long duration (nearly eight months) of the present case would class it with the curiosities of medical literature, but it was not without a parallel, for Dr. E. had quoted a case in the early part of his paper, from the *St. George's Hospital Reports* for 1879, in which the meningeal symptoms extended over a period of twelve months. Other cases of tubercular meningitis that have lasted about ten weeks have been reported. The eruption referred to in his case, and thought by some to be of considerable diagnostic value in this particular instance, looked like blood extravasated under the skin, but it disappeared as soon as the child was put in a warm bath, an hour or two after he first saw it. It did not again make its appearance.

The absence of macroscopical appearances of inflammation militated, to his mind, very strongly against the supposition of the disease having been sporadic cerebro-spinal inflammation. So far as he knew, if the patient lived a few days after being seized with the last-named disease, inflammatory deposits were always apparent to the unaided eye. If it be argued that the present case lasted so long that the exudate was absorbed, he would like to know the cause of death. Irritation was increasing, as shown by muscular contractions, etc., during the last two months of the little fellow's illness, yet at the autopsy no visible exudation was present. In rare cases of tubercular meningitis the macroscopical appearances of inflammation have not been well marked. In one of the cases reported by Drs. Mills and Ott no tubercles were seen. In one of tubercular cerebro-spinal meningitis, reported by Galliaux, the "membranes were not thickened or much congested, presenting nearly their normal appearance." At the autopsy of Dr. Eskridge's case

the presence of tubercles was not suspected by Dr. Mills or himself, and inflammation, which, during life, was thought to exist, could not be detected by any exudate. Hardened portions of the brain and cord and their membranes, and of the lung, were given to an expert microscopist who knew nothing of the history of the little patient, and he was asked to decide whether inflammation had existed. He found, as he stated in his report, tubercles in portions of all the organs examined. If it were not for the microscopic revelations which Dr. Eskridge did not feel inclined to dispute, the case he had reported to the College would have to be considered one of chronic cerebro-spinal meningitis minus appreciable exudation.

EDITORIAL DEPARTMENT.

PERISCOPE.

Influence of the Weight of the Body upon the Production of Deformities.

We take the following from the *St. Louis Courier of Med.*, April, 1883:

1. Static equilibrium of the body in the standing or sitting position is maintained only by the resistance of the elastic tissues and of the bones, having the ground for the point of support, while the power is represented by the weight of the parts of the body situated above the point considered. The muscles intervene only to bring or restore the line of direction into the vertical from the center of gravity.

2. When the muscles produce and maintain an attitude not in equilibrium, it is not by their own action but by that of gravity acting upon the points of resistance outside of the normal centers, and it is principally in the cartilages and the ligaments that an attitude which is not that of static equilibrium can produce a deformity.

3. In the case where the weight of the body is supported equally upon the two feet, there may be produced, under the influence of the burden, deformities which are manifested by the increase of the radius of normal antero-posterior curvatures, anterior inclination of the pelvis, or by forced extension of the femur upon the acetabulum.

4. In the sitting position, with equal bearing of the weight of the body upon the two points of support, the effects of long standing are corrected if care be taken to permit the loins and the back to be rounded lightly backwards in such fashion as to produce a single sacro-cervical curve.

5. On the contrary, the mechanical effects of a prolonged sitting position are produced in the same mode as those of the standing position, and conduce to deformities of the same order, if it is required that the loins are bent in inclining the pelvis forward.

6. In the position upon one foot or one haunch the weight to support is increased to double that which one of the sacro-iliac symphyses, one of the acetabula, can support. So this position produces an inclination with a double lateral torsion of the lumbar vertebræ and of the pelvis about the axis of the body. Frequently repeated and long maintained, this attitude produces at length a primary sacro-lumbar scoliosis and a coxo-femoral deformity.

7. The sitting position upon one buttock, or the monoischiatic position, produces exactly the same mechanical consequences, but upon the opposite side.

8. These vicious positions are very frequent. Sitting upon the left is even recommended by most of the masters and systems of writing. It is instinctive when one habitually uses the right hand. This favors it. It becomes more habitual and more prolonged in young girls, who remain seated ordinarily more of the time than do boys. Thus is explained, in part at least, the fifteen times greater frequence of spinal deformity in girls than in boys. The more sedentary habits of city dwellers explain also the greater prevalence of scoliosis among them.

9. Chronic deformities of the skeleton are most frequently produced in the second period of childhood, during a period when the elastic forces have not yet acquired a development proportional to the weight of the body. There is reason, then, to watch the attitude of children during their schooling, and to prescribe for them, if need be, rest in a horizontal position daily for an hour or two, so as to avoid fatigue.

10. In the case where the deformities of the skeleton result primarily from a local pathological alteration, they remain dependent as to their definitive configuration upon the laws of weight, modified by the displacement of the normal centres of resistance.—*La Presse Médicale Belge, December* 24, 1882, *by M. Dally.*

Encysted Calculus of the Bladder—Lateral Lithotomy.

Dr. J. B. Murdoch reports this case in the *Pittsburgh Medical Journal*,, June, 1883:

D. B.—Admitted March 29, 1883, age 47, resident of Greensburg, Pa., six feet in height, weighing 160 pounds, has suffered with symptoms of stone for five years. He also has an enlarged prostate, and hence, when he wishes to pass his water (which he does every half hour), he is compelled to use a catheter. He is a very miserable creature, and suffers great pain. For three years he has been compelled to use a catheter.

On March 29, a sound was introduced by the resident physician, but no stone could be detected. On the following day he was again sounded by Drs. Murdoch, McCann, Dickson, and others, and after considerable search a stone was

found. The position of the stone could not be accurately determined.

On the following Wednesday, April 4, Dr. Murdoch, in presence of members of the staff and others, proceeded to perform the left lateral operation for stone. He experienced no difficulty in entering the bladder. But now commenced the search for the stone, which lasted fully half an hour without so much as touching it. Large, small, and medium-sized forceps were all used without avail, until finally Dr. W. R. Hamilton caught it with a small pair of forceps. Dr. Murdoch now seized it with a larger pair, and with some difficulty extracted it. The stone weighed $765\frac{4}{10}$ grains avoirdupois ($1\frac{3}{4}$ ounces); length, $2\frac{1}{4}$ inches; width, $1\frac{3}{4}$ inches; thickness, $1\frac{3}{4}$ inches.

The patient was now placed in bed, and enough morphia given to make him quiet. In about two hours he collapsed, and was pulseless, but revived under the administration of stimulants given hypodermically and by the mouth. He never fully reacted, but died in about forty hours after the operation. A post mortem was made, and revealed the following condition:

Prostate very much enlarged; bladder of normal size, but coats very much thickened, except at one point where the stone had lain encysted in the posterior wall of the bladder. The mucous and muscular coats at this point had evidently been absorbed, and the stone was only covered by the peritoneal coat. In pulling upon the stone, a rent $\frac{3}{4}$ of an inch in length was produced in the peritoneal coat, and the man died of shock consequent upon the opening into the peritoneal cavity.

Exactly the way the stone lay it is difficult to describe, but it seemed to be imbedded in the wall of the bladder, and but a small portion of it protruded into the bladder, the inner portion being covered by the overlapping mucous and muscular coats. Thus the stone had to be dragged through an aperture that was smaller than the stone itself.

The annexed cuts taken from diagrams made by Thomas L. Hazzard, M. D., of Allegheny, a former resident of the hospital, give correct representations of the position of the stone.

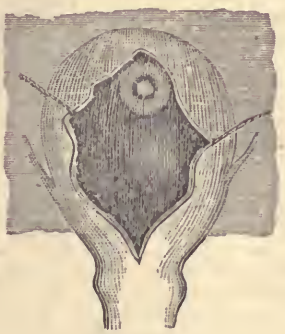

Fig. 1.

Fig. 2.

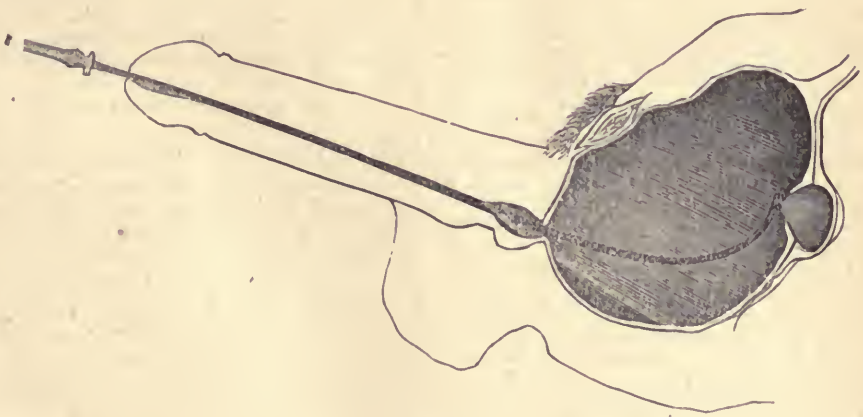

Fig. 3.

Fig. 1 shows the appearance and position of stone in the posterior wall of bladder, seen from the inside of bladder.

Fig. 2, posterior view, manner in which the peritoneum was torn in the extraction of the calculus.

Fig. 3, position of calculus covered posteriorly by peritoneum.

Suicide and Homicide Under Insidious Forms.

The *Maryland Med. Jour.*, May 19, 1883, says: Dr. Richard McSherry contributes to *The Sanitarian*, April 26, 1883, a very suggestive paper with the above title. He begins with the remark, "Not one-half of the human race reaches one-half the allotted term, and there must be some reason for this unfortunate but undeniable fact. It may be said, simply, that, notwithstanding all the blaze of light, moral, religious, intellectual, and electric, of this nineteenth century, one-half of the premature deaths may be attributed, no matter how the health statistics report it, to suicide or homicide." "When a man dies from *mania-a-potu*, it is not reported suicide, but is just as much that, from spirit, as in the case of the poor wretch who has been taken out of the docks to the morgue from water."

Dr. McSherry estimates that "fifty out of every hundred men in this country who die in the maturity of manhood, between thirty and sixty years of age, die of their own vices or follies. The cause or manner of going off may be different, but the result is the same. Habitual drunkenness, a wild debauch, or gluttony, may lead to death. They are all suicides. Every observant physician knows that a person does not have to be a drunkard to shorten his days by the use or abuse of wines or liquors. The average man who drinks over two ounces of alcohol—the equivalent to about a tumblerful of sherry wine—habitually and daily, is surely sapping his own foundations, and is almost surely hastening to a premature grave." "Every doctor knows how common this form of suicide is, though many people may refuse to believe it."

"Gluttony, that is, habitual excess in eating, is nearly as bad."

Syphilis is another potent cause of ignorant suicide and unintentional homicide, against which protection should be thorough by practical legislation.

Among the vices and follies which induce suicide and homicide to an extent not commonly recognized may be enumerated the educational craze. "Not understanding what education is, properly," Dr. McSherry says, "foolish parents are immolating their children by hundreds and thousands by a false system of education, supposing that it is solely a matter of books and schoolrooms.

"Under such delusion they exhaust the children's brains and nervous systems with complex and multiple studies, and ruin their bodies by protracted imprisonment."

He protests against the system of cramming, now nearly universal, which does not fit the young man for a useful career in life, nor the young woman to be a good, stanch helpmeet.

"So far as hard study goes, however, there is apt to be a certain sturdy conservatism about boys that prevents them from committing suicide by excessive brain work."

"The poor girls, with their nicer organizations, are the unfortunate victims."

Dr. McSherry shows how many a woman has paid too dearly for her superficial acquirements, not in money, but in health, compared with which real learning is of so little value.

The evils of this cramming, crowding and forcing process are becoming noticed in all quarters. It has been stated that in Italy insanity is increasing somewhat *pari passu* with education, and the Scotch schoolmasters announce officially that education, as directed in Scotland, is injurious to the health of the children.

Dr. McSherry suggests that "parents who do not wish to immolate their children, daughters especially, should not allow them to devote more than from four to six hours daily to brain work."

"Learning, whatever its value, is not acquired by cramming and forcing, but merely the show of it."

Urethral Calculus.

In the *Cinn. Lan. and Clin.*, March 24, 1883, Dr. A. L. Knight, of West Columbia, West Va., reports the following case:

About the 1st of January last, a young gentleman, aged twenty-one years, presented himself for examination and treatment. He said that "his third stone was in the way of making water." On examination I found an indurated tumor lying just anterior to the scrotum, corresponding in size to his testes. It appeared to be attached to the lateral and inferior portions of the urethra. I diagnosed it a fibroid and proposed to remove it. The young man not being prepared for an operation, I directed him to show it to Dr. C. R. Reed, of Middleport, O., who confirmed my diagnosis, and the patient returned in a few days for an operation. We *cut* and *found* an oval-shaped urethral calculus, weighing grs. lxx., being one inch in its long and one-half inch in its short diameter.

The stone was enveloped in a very thick sack, which was simply divided and the stone extracted, leaving a fistulous opening from the urethra, nearly equal in diameter to the calculus, which I filled with charpie, saturated with iodoform, at the first dressing.

On the third day after the operation the following was applied:

℞. Ac. boracic, ac. carbolic, āā gr. iv.
Vaseline, ℥j.

M. ft. ung., for twelve days, when he began to urinate in the natural way and the cut wound was entirely healed. But there still remained an induration beneath the integument, consisting, as I think, of the only partially absorbed sack. Would it not have been better had I dissected out the sack down to the margin of the urethra? The only after-treatment was for the relief of a stricture situated below the seat of the stone. With the exception of the induration, which, however, gave him no inconvenience, he was discharged well in three weeks.

How came the gravel to grow in that location? I treated him, when a child three years of age, for cystic calculi.

I forgot to mention that, notwithstanding the calculus communicated with the urethra, it was not struck by the catheter on its introduction.

A similar case may fall to others; let them have the benefit of my blunders.

Is Lupus Tuberculosis?

The *Medical Times and Gazette*, May 12, 1883, says:

The results of some investigations recently made by Pagenstecher and Pfeiffer go to show that lupus ought to be regarded as a process of local tuberculosis. The outlines of the observations are published in the *Berliner Klinische Wochen.*, No. 19. The course of events which led to the opinion expressed was of the following kind: Pagenstecher had a girl, aged twelve, under his care for a disease of the conjunctiva, which had all the appearances of lupus, and resisted all forms of treatment. In order to decide on the nature of the affection, some pus from the sac of the conjunctiva was inoculated into the anterior chamber of the eye of a rabbit. Five weeks later some grey nodules were seen in the iris. These went on to caseation in the course of two or three months, the whole of the ocular tissues apparently being involved. The result of this experiment was held to prove the tubercular nature of the original disease. Pagenstecher has since had under his care three cases of a similar affection of the conjunctiva, but all were associated with undoubted lupus of the nose. Three fresh inoculations were undertaken, and again in the eyes of rabbits, with a view to obtaining further light on the nature of the disease. The first animal exhibited nodular changes in the iris five weeks after inoculation: three weeks later an iridectomy was performed with a view to examination of the excised portion of the iris; the disease afterwards proceeded no further, and finally all traces of it dwindled away. The second rabbit died with nodular infiltration and swelling of the iris three months after inoculation. The third animal remained unaffected. Pfeiffer detected "tubercular" bacilli in the iris of the two cases of successful inoculation in the rabbits. Ehrlich's method of fuchsin staining was used. The microscopical structure of the diseased irides was quite in harmony with the tubercular view of their nature. The bacilli were regarded as pathognomonic of the tuberculosis, and hence the conclusion at which the authors arrived.

Changes in the Renal Ganglia in Bright's Disease.

In the *British Medical Journal* for January 13, 1883, Dr. R. Saundby fully confirms the results obtained by Da Costa and Longstreth in relation to the co-existence of changes in the semilunar ganglia with inflammatory lesions of the kidneys. These changes are: 1. In acute Bright's disease, a simple increase in the round-cell elements of the stroma in the ganglia. 2. In the "large white kidney," a marked increase in the stroma as well as in the cell elements. 3. In the mixed forms of renal inflammation, in addition to the changes above indicated, the ganglionic cells show signs of pigmentary degeneration, and the vessels may be dilated and hypertrophied. 4. In the atrophic kidney, the stroma of the ganglia is greatly increased in amount, the cell-elements are diminished, the ganglionic cells are scanty, shrunken, and in a stage of pigmentary degeneration, and the vessels are invariably dilated and hypertrophied. The number of cases examined by Saundby and the authors referred to was twenty-four, and in every one changes of the character just described were found in the semilunar ganglia. The constancy of this association of lesions seems to suggest a relation existing between the changes in the ganglia and those in the kidney; and Da Costa and Longstreth suppose that the latter may be the direct result of the former. Saundby, however, combats this idea and holds that the ganglionic lesions are the results of irritative action set up by the renal disease, it being well known that, in a great number of pathological conditions in which there is structural alteration of any of the viscera, irritative changes do occur in the related sympathetic ganglia.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——To all interested in the history of our profession, "The School of Salernum," an historical sketch of mediæval medicine, will prove interesting and profitable reading. It comes to us in the form of an address, read before the Medical Society of the county of New York by Dr. H. E. Handerson.

——From the New Hampshire Board of Health comes an address on "Suburban School-houses," by Warren R. Briggs, an architect of Bridgeport, Conn. As a rule, the suburban school-houses in this section of the country, at least, are sanitary abominations, therefore does this address possess a peculiar interest to sanitarians and public instructors.

——What constitutes a public nuisance? is acceptably answered by Irving A. Watson, M. D., in an address entitled "Common Law Citations Relating to Nuisances," received from the same source as the above. That all may know how far they can go in preventing their neighbors from doing that which might prove injurious to public health, this article should be carefully read.

——From still the same source, we receive "Water Pollution, Public and Private," by A. H. Crosby, M. D., Concord, N. H. We cannot too highly praise these valuable papers on vital subjects, so freely distributed among those seeking information. They are the natural fruits of well-organized health boards, and we can but bitterly bewail the ignorance of our stupid legislators, who persistently refuse us the great blessing of a State Board of Health.

——In the same line of sanitary literature is the "Fifth Annual Report of the State Board of Health of the State of Rhode Island." In addition to more than two hundred and fifty pages of most valuable reports and statistics, we find two able and practical addresses, "The Composition

and Properties of Milk," by Edwin E. Calder, and "Parks and Open Spaces in Cities," by Franklin C. Clark, A. M., M. D.

DACOSTA'S WORK IN GERMANY.

—The German edition of Prof. DaCosta's work "On Medical Diagnosis," published by Aug. Hirschwald in Berlin last November, has met with such a remarkable success that the publisher has notified the editors, Dr. H. Engel, of this city, and Dr. C. Posner, of Berlin, that a second edition of the work has become necessary, and that they shall prepare the same. The publisher says that no recent medical work appearing in Germany has met with such an almost phenomenal success as the German edition of Da Costa's *Medical Diagnosis*.

The work has been received very favorably by the critics, and it was especially the report of it which appeared in the *Berl. Klin. Wochensch.* (the medical journal having the largest circulation in Prussia), which caused the rapid sale. The influence of an established journal is very apparent in this case. Within two days after the publication of this article, there were sold 3200 copies of the work, while before it only 280 had been sold. But that a large first edition of an American work before almost unknown in Germany should be exhausted so rapidly, the most sanguine did not expect; the fact, however, is an undoubted compliment to the author, Prof. Da Costa, and will add not a little to the already world-wide reputation of this eminent authority on medical diagnosis.

BOOK NOTICES.

Medical Essays 1842-1882, by Dr. Oliver Wendell Holmes; Boston, Houghton, Mifflin & Co., 1883. Pp. 445. Price $2.00.

Whoever admires Dr. Holmes' writings, (and we have yet to find him who does not), whoever has been charmed by the ease and grace of the Autocrat, or the Professor, will do well to immediately provide himself with this volume. Beyond doubt, Dr. Holmes possesses, in an unusual degree, the magic power of so treating any and every subject that he touches as to weave about it an attraction of style that makes the reading an absolute pleasure. This volume contains the following essays: "Homœopathy and Its Kindred Delusions," "The Contagiousness of Puerperal Fever," "Currents and Counter-Currents in Medical Science," "Border Lines of Knowledge in Some Provinces of Medical Science," "Scholastic and Bedside Teaching," "The Medical Profession in Massachusetts," "The Young Practitioner," "Medical Libraries," "Some of My Early Teachers."

Floating Matter of the Air in Relation to Putrefaction and Infection, by John Tyndall, F. R. S., New York. D. Appleton & Co., 1883. Pp. 338.

In connection with the two volumes on "Germs" that we have recently noticed, we must call particular attention to this work of Tyndall's. It is a subject upon which all physicians should be informed, for it bears a most intimate relationship to the etiology of disease. Its title explains its nature, and it would be almost useless for us to speak well of it, when it is known that it is written by such a man as Tyndall; still we will say that it is a book, the perusal of which is a necessity to every would-be educated physician.

General Surgical Pathology and Therapeutics. By Dr. Theodore Billroth, Professor of Surgery in Vienna, with additions by Dr. Alexander Von Winiwater, Professor of Surgery in Lüttich, translated by Charles E. Hackley, M. D., New York. D. Appleton & Co., 1883. Pp. 835.

With the view of demonstrating the intimate relationship that exists between medicine and surgery, and the necessity for the competent surgeon to be a good physician and *vice versa*, Dr. Billroth commences this magnificent monument of his genius by furnishing the reader with a history of the science of surgery. The author is a bold, brilliant operator, hence we expected to see evidences of his nature in this work, and we have not been disappointed. It is a bold, lucid and beautifully-worded exposition of its subject, and forms one of the books most essential to the physician's library. The one hundred and fifty pages devoted to tumors are particularly valuable, for, to use a slang expression, "what Dr. Billroth does not know about tumors is not worth knowing," and should be carefully read and re-read. The book is well illustrated and is altogether a volume that must be recommended in the highest possible terms.

Hand-Book for Hospitals. New York. G. P. Putnam's Sons, 1883. Pp. 263.

A valuable and useful book is this for all engaged in the executive management of hospitals or in nursing the sick. It contains much practical information in reference to building and arranging hospitals architecturally, as well as instructions for their successful management. One who reads it carefully and observes its precepts cannot help but make a good nurse. We regret that no author's name is attached; it is good enough to deserve one.

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PROPHYLAXIS IN SCARLATINA AND DIPHTHERIA.

There is no doubt that the spreading of diseases like scarlatina and diphtheria in localities, as in large cities, where they are at certain seasons of the year, if not the whole year around, more or less endemic, could, to a great extent, be prevented if proper measures were *rigorously* executed. At the present time, when the best brains of our profession are occupied with the detection of the pathogenic causes of maladies, it cannot be wondered that besides a general endeavor to arrive at a radical treatment of such diseases, prophylaxis should especially be studied and insisted upon. With the first great discovery in modern pathology, the attention of the medical world was immediately drawn to the period of incubation, that period during which the dangerous poison causing the zymotic disease, lies dormant in the system. This period of incubation has been definitely settled for most diseases, but in scarlatina and diphtheria, two diseases which more than all others combined, decimate our young population, it is not as yet thoroughly known, though experience has given us sufficient knowledge to enable us to say, that if a child has been exposed either to the poison of scarlatina or to that of diphtheria, the disease (from this source at least) will not attack it if the child shows no symptom of it within eight days in the first, and within fourteen days in the second case. It has further been proven beyond the least doubt, that an individual infected will be during this period of latency—while not evincing the least symptom or sign—the carrier of the contagion, *i. e.*, it will infect others.

That this fact is of the utmost importance in a successful prophylaxis is too apparent to need further discussion, but its practical bearing upon the question of preventive measures was well elucidated in a lecture given by Prof. Henoch, the great German authority on diseases of children, before the last meeting of the Berlin Medical Society, and reported in the *Berl. Klin. Wochensch.*, the 18th of June. He mentioned the different methods in vogue to insure prophylaxis. First the fact that every case of a contagious disease

has to be reported to the Board of Health. Of this measure he says it is of no value, as it is not carried out uniformly, and as the reports only give data for statistical tables, but have no other use whatever.

He then spoke of the isolation of patients, and very truly remarked, that while this may be done in well-to-do families, it was utterly impossible to be insisted upon in the poorer classes. Thirdly he ridiculed the so-called disinfection (in these cases), as it usually came too late and did not disinfect the human carriers of the contagion during the period of incubation. In a similar way he spoke of the closure of schools, as this is usually done when the disease has spread as an epidemic sufficiently to make the measure unsuccessful, or like locking the door of the stable after the horse has been stolen.

Lastly, Henoch proposed another method, of which he said, that it was executed to a great extent in New York already, viz., the perfect isolation of all children of a family in which one child suffers from either disease. The moment a case of such a disease is reported by the attending physician a dispatch should be sent to every school, Kindergarten, dancing school, and similar place where children congregate (bathing, etc., etc.); the full name and residence of the family are given, and an officer is instructed to watch the house to keep up thorough isolation. In cases where a number of poor families live together the infected family is kept in tents: in one word, a perfect quarantine is established against the infected family. Certainly, other preventive measures, as disinfection, are not excluded. But —and this is the most important point of Henoch's remarks—a high fine, and in case of inability to pay the same, even imprisonment should by law be set down as the punishment for violating any of the conditions of such a law, the enforcing of which should be strictly insisted upon.

While some of the points of such regulation may seem rather harsh, an act of this kind, and its strict execution, would be the only means of preventing not only the further spread of such fatal diseases, which yearly kill off a large percentage of the growing future generation, but would at last totally exterminate any such endemic disease from our large cities. The whole procedure, no matter how harsh it apparently may be, is really nothing else than a quarantine *en miniature;* what whole nations do now to protect themselves against the inroad of small-pox, yellow fever, or a similar destructive disease—what is now done by nations to prevent the spread of the Asiatic cholera, shall be done in every city on a small scale with scarlatina and diphtheria; the only difference being that while in quarantine the uninfected locality prevents the ingress of the infection, in the cases we now speak of the egress from the infected place is forbidden.

Henoch believes that four weeks of perfect isolation would be sufficient in every case. And when we reflect, how many thousands of children in our city alone would be saved from a premature death were it possible to exterminate scarlet fever and diphtheria from our midst, and if we reflect that the adoption of the measure proposed would, without doubt, eventually lead to such a great and beneficial result, we can only wonder that our lawmakers, instead of wasting their time in the profitless endeavor of settling political apportionments, one party trying to get the best of the other, do not seriously discuss the feasibility of enacting a law as the one proposed. But meanwhile we will hope, that perhaps once—at a future time—we, too, will have what all the great nations of the civilized world except ours possess —a board of health, with full power to enforce any and all regulations which tend to preserve health and remove and destroy disease, and with the whole machinery of the government at its disposal for the execution of its laws.

PRESENCE OF LACTIC ACID AND LEUCIN IN THE STOMACH.

The old dispute if there is normally present in the gastric juice any organic acid like lactic acid, has again been revived.

Ch. Richet has instituted a series of experiments on digestion and has made use in these of Berthelot's procedure of the so-called division-coefficients

(coefficient de partage) to determine in an acid solution of unknown composition the acid or acids contained therein. This process consists in the thorough shaking with ether of a known acid solution, and, in the fact, that when this is done, according to the nature of the acid present, various (but for every acid well known) quantities go over into the ether. With the aid of this method, Richet reached the conclusion that there are present in the recent pure gastric juice, muriatic acid, besides a small quantity of meat lactic acid, and that the muriatic acid is either totally or partly united to leucin, and is found, therefore, in the form of muriate of leucin.

Dr. C. A. Ewald (*Virch. Arch.*, 1883, Bd. 90, p. 333–350) has tested this method as well as the results gained by Richet, both, apparently, looking very favorable. But Ewald has reached conclusions utterly at variance with those of Richet. He has proven that Berthelot's procedure cannot in the least be depended upon, when chemical mixtures of organic bodies (acids and bases) exist either alone or in union with inorganic acids, as is always the case with the gastric juice or the contents of the stomach, and that this method is utterly useless for finer analyses. But even if this method would be reliable, the observations of Richet are anyhow not. When the author shook with ether the gastric juice of a dog not having been fed for two or three days, or when he did the same with an infusion of the mucous membrane, with the same stomach, he did not find any appreciable quantity of any organic acid, (the same result gained by A. Kietz and Koppe-Seyler). Lactic acid is, therefore, no constituent of the normal contents of the stomach and is wanting there, even if an aliment is introduced into the stomach, which, as for instance, milk, changes so easily into lactic acid. When present it is the product of an abnormal fermentation, which is either caused or favored by the total absence or the too small quantity of the muriatic acid of the gastric juice.

A leucin-hydrochloric acid as Richet will have found, is not excreted by the glands of the stomach. When E. tested the watery infusion of the mucous membrane of the stomach of starving dogs or of such just digesting their food, for leucin and tyrosin, he found that these two were present only during digestion, that they form very rapidly during the time this function is actively carried on (they imbibing the mucus of the stomach), but that they are invariably absent in the empty stomach of an animal not fed for a certain time.

We think, judging from these and many others just as carefully directed researches, that the old dispute regarding the presence of any organic acid in the gastric juice can at last be considered as settled. Such acids are always wanting and have never been found as yet in the pure gastric juice. Considering the many varying aliments which are brought into the stomach of omnivorous animals, and the complicated chemical changes necessarily going on under these circumstances in that organ, it cannot be wondered at that among other acids lactic acid should frequently be met with in the contents of the stomach *during digestion*, but in such a case this acid does not normally belong to the gastric juice proper. Nothing is more natural than that, to find out the composition of this juice, it alone and nothing else should be examined, and it astonishes us to note that those investigators, still advocating the presence of an organic acid, should always forget—as they invariably do—to first of all take care that they really have only the gastric juice before them and this alone.

ETIOLOGY OF HÆMOPTYSIS.

A recent communication of M. W. Lewin in the *Berlin Klin. Woch.*, brings forward a factor in the production of hæmoptysis, recognized by the ancients, but rejected by modern physicians. This is the influence of hæmorrhoids: M. Lewin believes that in such cases, vicarious hemorrhages may occur from the bronchial tubes without any lesion of the lungs. He cites the two following cases:

1st. A young man 27 years of age had an attack of hæmoptysis in 1875, recurring several days in succession, without cough or any symptom

of thoracic disease. Examination of the lung by the best physicians of Berlin revealed no sign of disease. Since that period he has enjoyed excellent health. Both himself and his brother are very subject to hæmorrhoids.

In the second case, a young man in absolutely good health, was taken in September, 1877, with a violent hæmoptysis which recurred three times at intervals of eight days. He never had any cough, dyspnœa, or fever. Examination revealed no pulmonary lesion. He was subject to piles.

If we consider the vascular system as a closed circle, continues our author, we should not be astonished if an hyperæmic condition which is not relieved by hemorrhage at a particular point should be transported to another point, and there determine a vicarious hemorrhage. It is for this reason that Rhule affirmed that he cured this form of hemorrhage by the application of leeches to the anus. It is nevertheless an undoubted fact that this accident is of rare occurrence in persons subject to hæmorrhoids.

Notes and Comments.

Nervous Influence.

Dr. Charles F. Hutchinson thus writes in the *Brit. Med. Jour.*, March 3, 1883:

It will be remembered that, during the illness of the late M. Gambetta, Professor Charcot insisted on cheerfulness being maintained in all the surroundings of his illustrious patient, on the theory of the influence which impressions conveyed from without had, through the nervous system, upon the general health. Two illustrations strongly bearing out the truth of this theory have lately come under my notice. The first was the case of a lady of highly nervous organization, in whose house the soil-pipe had become damaged, necessitating its removal and a new one being put in its place. This, of course, had the effect of closing all the water-closets in the house for a period of twenty-four hours or more. Accordingly, the lady became greatly agitated as to what was to be done during this time; and when the time came, she had a very severe attack of diarrhœa.

The other case was as follows: A young lady went out hunting, fell into a wet ditch, and, on her way home, while still in her wet habit, had lunch with a friend, and then rode some miles. The consequence was, she got a severe chill, which brought on an attack of jaundice. Her sister, a young lady of highly nervous constitution, was shocked at seeing her yellow color, and the next day went to bed, saying she was going to have an attack of jaundice; and, after she had been a fortnight in bed, during which time I could find nothing much the matter with her, the urine became tinged with bile, the motions clay-colored, the skin yellow, and she went through a regular attack of nervous jaundice. The young lady's mother is now quite convinced that jaundice is catching which no argument of mine can alter; "for," says she, "my daughter was feverish, and was yellow; therefore she had yellow fever, which everybody knows is catching." After this, of course, there was no more to be said.

Rupture of Brachial Plexus.

Dr. D. J. Leech records this case in the *Brit. Med. Jour.*, May 5, 1883: The patient's left arm was caught nine months ago, by the strap of a revolving wheel of large diameter; he was lifted from the ground by the entangled arm, and fell on the opposite side of the wheel. He was at first stunned, but, on recovering consciousness, it was found that his left arm was completely paralyzed. All the muscles of the hand, forearm, and arm, as well as the sternal portion of the pectoralis major, were completely paralyzed and atrophied. The clavicular portion of the pectoralis major, the pectoralis minor, the internal and external rotators of the humerus, and the latissimus dorsi were spared, while the serratus magnus on the left side was enfeebled, but not paralyzed. The skin of the inner, of the upper two-thirds of the anterior, of the whole of the outer, and of the whole of the posterior surfaces of the arm, were nearly as sensitive on the left as on the right side, and the sensitive area extended posteriorly to an inch and a half below the elbow. There was complete anæsthesia of every form of cutaneous sensibility below the specified areas. Sensibility was supplied to the inner surface of the arm most probably by the intercosto-humeral nerve, and to the remaining sensitive areas of the arm by the cervical plexus and the communicating branch from the fourth nerve to the brachial plexus. The patient also manifested on the left side relative contraction of the pupil, diminished palpebral aperture, flattening of the cornea, diminution of the intra-ocular pressure, and five months after

the injury, a slight relative increase of the temperature in the left external auditory meatus. Dr. Ross also showed a case of goitre, in which the tumor pressed upon the cervical sympathetic nerve on the right side, and in which the oculo-pupillary symptoms were well marked.

Aneurism of Orbit—Ligature of Carotid.

From the *London Med. Record*, March 15, 1883, we learn that in the *Vratch*, 1882, No. 13, there is a very interesting clinical lecture by Professor N. V. Sklifosovsky, of Moscow, on a case of idiopathic aneurism of the right orbit in a male non-syphilitic patient, aged 45, of moderately alcoholic habits with chronic arteritis. All symptoms of the aneurism, viz., pulsating exophthalmos, œdema of the lids, dimness of vision, headache and earache, noise in the head, had been developed quite suddenly, no history of injury having been obtained. On examination of the patient, about six weeks later, there were found, in addition to the above symptoms, total loss of vision, insensibility and opacity of the cornea, dilatation and immobility of the pupil, anæsthesia of the lids and right half of the forehead, complete immobility of the eyeball, pulsation on pressure of the latter, blowing noise (like that of a pair of slowly working bellows) heard over the right eyeball and the corresponding temporal, parietal, and occipital regions, and disappearance of the subjective noises on compression of the right carotid at the level of the cricoid cartilage. The author diagnosed rupture of the atheromatous right internal carotid within the cavernous sinus, under the influence of some accidental increase of arterial tension. After the failure of seven days' treatment by compression of the carotid (ten minutes every hour), and low diet, the artery was tied at the level of the cricoid cartilage. Four weeks later the state of the patient was found satisfactory; the opacity of the cornea, the œdema of the lids, and the exophthalmos had disappeared almost completely; the eyeball became movable (abduction, however, was paretic); cutaneous sensibility was restored, and headache had ceased. The loss of vision, however, remained as entire as before the operation. Within five days after the ligature, there began to be developed a cataract of the right lens.

Syphilitic Ulcer Fifty Years After Infection.

Dr. R. B. Davy presented the following case to the Cincinnati Medical Society (*Cinn. Lan. and Clinic*, March 31, 1882): Mr. S., æt. seventy years, a highly respectable and well-to-do citizen, consulted me on account of an ugly ulcer on the leg, which had troubled him for several months. On examination, the anterior aspect of the right leg about its middle was found to be the seat of a large and deep ulcer, extending into and affecting the substance of the tibialis anticus muscle. The breach was about two and a half inches long, one and a half inches wide, and one inch deep; its edges were ragged, and a black slough covered its floor. I questioned the patient in regard to a specific history, and was informed that fifty years previously he had contracted a chancre, which had been followed by the usual secondary and tertiary manifestations. He underwent treatment, and considered himself cured, but ten years afterward he was chagrined by the return of the trouble. Treatment was again resorted to, with the disappearance of every symptom in a short time; but about ten years subsequently the disease again manifested itself, and so on through this long period he had not escaped a single decade. The disease had always yielded kindly to specific treatment, and so did it in the instance to which I refer. He was put upon 5 grs. of the iodide of potassium in combination with $\frac{1}{16}$ gr. of the bichloride of mercury, three times a day, with dilute ointment of the nitrate of mercury locally, and improvement seemed to begin the very day the treatment was instituted. The breach filled up rapidly, and one month from the day he consulted me cicatrization was complete. I have no reasons to doubt the assertions of this old gentleman, who was not only intelligent, but honest and truthful in every particular.

The Diffusion of Medicinal Agents in the Atmosphere.

Before the Medical Society of London (*Lancet*, March 24, 1883), Dr. R. Lee read a paper on the Diffusion of Medicinal Agents in the Atmosphere. He remarked that the principles on which antiseptic surgery was founded might be extended to the treatment of pulmonary diseases, provided that the difference between diffusion in a vapor and a fluid was kept in view. In the volatilization of any antiseptic or medicinal agent it is necessary that the water with which it is mixed should be evaporated, and that no practical use resulted from simply mixing the substance with hot water and inhaling the steam. Dr. Lee stated that the rate of volatilization of any substance when boiled with water depends on its own boiling-point, its specific gravity, and readiness to mix with water. In the case of the oil of the eucalyptus globulus, by mixing alcohol with it

the rate of evaporation could be controlled, for though its boiling-point was 320°, its specific gravity was less than water, and it volatilized when mixed with it much more rapidly than the water. Carbolic acid has the singular property of volatilizing in exactly the same proportion as the water with which it is mixed, and thus it is the most suitable for all antiseptic methods of treatment. Dr. Cullimore spoke of the value of sending patients to places where the air is naturally charged with certain emanations. In Iceland freedom from phthisis might be due to the sulphur in the air.

Congenital Dislocation of Radii.

Before the Harveian Society (*Brit. Med. Jour.*, April 21, 1883), Dr. Sydney Phillips showed a case of congenital dislocation of both radii. The patient was a girl aged seventeen, otherwise well developed. The head of each radius formed a well-marked prominence behind the external condyle of the humerus. The elbow-joint could be fully extended, and could be flexed to almost the normal degree, but only with the hand in a semi-pronated position. This action was produced mainly by the supinator longus muscle, and the biceps appeared to be much atrophied. The head of the radius could be rotated to a small extent; and the various prominences of the elbow-joint, as well as the head of the radius itself, were fully developed. The mother of the child stated that the deformity was noticed almost immediately after the birth of the patient. Cases of dislocation of the bones of the forearm were stated (Holme's *Principles and Practice of Surgery*) to have, occurred from traction on the limb by the accoucheur during delivery; but this did not appear to have been the cause in the present case, as the deformity was symmetrical, and there had been no difficulty in the birth. Congenital dislocations were suggested by Billroth to occur from accumulation of fluid in the capsule of the joint during intra-uterine life; but Dr. Phillips thought that this would not displace the head of the radius with the elbow in its then flexed position. Possibly the radius was developed in the abnormal position.

How to Explore the Nasal Cavity.

The *Weekly Med. Rev.*, April 21, 1883, says:

Rouge, of Lausanne, in 1873 devised a means of thoroughly exploring the nasal cavity by raising the upper lip and cartilaginous portion of the nose, which has proved itself superior to that of Lawrence, devised eleven months before, which consists in dissecting up the nose without the lip. Mr. Lucas, in a recent number of the *Lancet*, has reported a case of syphilitic ozæna, with consequent necrosis, in which he resorted to Rouge's operation twice. The boy was nineteen years old, and suffered from a very offensive ozæna, while particles of dead bone were at times discharged. An incision was made through the mucous membrane between the lip and gum, and the lip raised. Continuing the dissection, the nostrils were reached, the cartilages separated from the bones, and the nose and upper lip raised together. The posterior nares being plugged, much dead bone was removed with forceps. The patient did well after the operation, but subsequent exfoliation proved that the diseased bone had not been entirely removed. Accordingly, on the ninth day the operation was repeated, a large piece of black, offensive bone removed, with several smaller fragments, the lip was again strapped down, and the patient soon discharged, free from all the offensive trouble.

Trephining or Resection in Injuries of the Spine.

Dr. C. B. Stemen contributes an article on this subject to the *Fort Wayne Journal of Medical Sciences*, April, 1883, and the following are his conclusions:

"I think the operation a justifiable one, even though we benefit only a very small per cent. of our cases, and I should not hesitate to operate either immediately after the injury or as soon as the symptoms of active inflammation had subsided, but I am of the opinion that the earlier the operation is made the better will be the chances for the recovery of the patient and the success of the operation. The operation is a difficult one, and no surgeon should undertake it unless he has first made it on the cadaver. I may say that I have used in both cases the sulphate of atropia hypodermically and also the potassa bromide, and I think that by this mode of treatment I have prevented inflammation of the cord, as in neither case have we had any unfavorable symptoms after the operation."

Billroth's Clinic in 1882.

The *Med. Times and Gaz.*, April 14, 1883, says that Dr. Wölfler states (*Allg. Med. Woch.*, January 23,) that the statistical data of 1882 furnish the interesting fact that the percentage of mortality in Prof. Billroth's clinic presented an enormous difference to that of 1881; for while in the former year it was only 6.3, in 1881 it was 9.5; and he attributes this difference, in a great extent

to the far more frequent use of iodoform. Among the other unjustifiable objections which have been taken to the employment of this valuable medicinal agent is its liability to induce erysipelas; but how erroneous this statement is, is shown by the fact that there are under its use far fewer wound-diseases than formerly. In the year 1881 there were 822 patients treated in the clinic, of which number 82 (9.5) died; while of the 722 patients treated in 1882, only 45 (6.3) died. After operations only seven persons (0.9) died, and from accidental wound-diseases there died 1.42 per cent.

Rare Dislocations of the Arm.

The *Med. Record*, March 10, 1883, tells us that Dr. Leopold Meyer, of Copenhagen, reports three unusual cases of dislocation of the arm in the *Nordiskt Med. Arkiv.* vol. xiv, No. 23, 1882. The first two were cases of *luxatio humeri erecta*, so termed by Middeldorpf in 1859. The patients presented all the characteristic signs of subglenoidal dislocation, but with exaggerated abduction, the arm being elevated nearly to a vertical position, and the hand resting on the head. The third case was that of a woman who had fallen backward while carrying a pail of water in each hand. She had a subcoracoid dislocation on both sides. In all these cases reduction was easily effected.

Treatment of Carbuncle by Scraping.

In the *Brit. Med. Jour.*, March 3, 1883, Mr. H. B. Hewetson read notes of a case of carbuncle occurring in an elderly patient, in which, on the eleventh day of the disease, he had made incisions, and then freely scraped away the diseased tissue, removing also portions of the affected skin by means of scissors. Having washed out the cavity with strong carbolic lotion, he filled it with lint dipped in glycerine of carbolic acid, and applied an external dressing of salicylic silk. After three days, the carbolic dressing was discontinued, the silk alone being used. In fourteen days, the patient, a clergyman, was able to resume duty. Mr. Robson thought that the carbolic acid completed the cure by destroying the germs existing in the walls of the carbuncle.

A New Operation for Prolapsus Recti.

From *Il Morgagni* we learn that Dr. D'Antona has performed with success the following operation on a woman: Seizing the prolapse with four Billroth's pincettes, and forming thus two cylinders of the rectal canal, he introduced one catgut suture into both cylinders and then into the margin of the anus. Another suture is passed through the middle part of one cylinder, carried through the Douglas sac, and the perirectal tissue, returning to the other cylinder. The patient is discharged, cured in fifteen days.

Antagonism Between Syphilis and Vaccine.

The *Drug Cir. and Chem. Gaz.* for May, 1883, says that Dr. Polin inclines to the belief that there is an antagonism between the vaccine virus and that of syphilis. He was led to this view by the results of some vaccinations performed by him in Algeria. Of 471 children, the vaccination was successful in 410, all of whom were free from any syphilitic taint. Of the 61 children in whom the inoculation did not succeed, 48 presented indubitable evidences of syphilis.

Ether Spray in Facial Neuralgia.

Dr. A. M. Cartledge (*Med. Herald*, May, 1883,) protects the eye with a piece of oil silk, and directs a spray of ether upon the part affected until its temperature is down to the freezing point of water—say for eight minutes—which will generally suffice. To generate the spray he uses Richardson's atomizer, which is a simple addition to the ordinary perfume atomizer.

To Remove Fish-bones from the Throat.

To remove fish-bones from the throat, Prof. Voltolini, at Breslau, recommends a gargle composed of muriatic acid, 4 parts; nitric acid, 1 part; and water, 240 parts. The teeth have to be protected by lard or oil. The fish-bones become flexible, and they disappear entirely after a short time.

A Test for Iodine in the System.

Let the patient spit on a strip of white paper and then spread some calomel over it, or sprinkle calomel on any sore he may have. If there is any iodine in the system, the calomel turns bright yellow. In the *Med. Newigkeiten* Dr. Starke recommends this as a test of observance of directions, when you have ordered a patient to take iodine.

Nitrite of Amyl and Nitro-glycerine in Uræmic Asthma.

Dr. A. Sheen, of Cardiff, writes to the *Brit. Med. Jour.*, April 28, 1883, recommending these articles in the troublesome, though fortunately rare phase of Bright's disease, uræmic asthma. Nitrite of amyl is to be inhaled, and he uses nitro-glycerine in doses of $\frac{1}{100}$ of a minim thrice daily.

Correspondence.

Sanitation and Education.

Eds. Med. and Surg. Reporter:—

Having just re-read your editorial of February 11, 1882, on "Sanitation and Education," some thoughts growing out of my own experience and observation during a long period spent in and about schools, present themselves to my mind, and I give them for what they may be worth. I hope that the *subject*, at least, may not be allowed to rest till every school in the land may be conducted on such principles as shall secure the best physical, moral, and mental development of the children entrusted to them.

I am satisfied that there is *no good reason* why mental labor of the severest kind should be incompatible with health of body, and we all certainly know the uselessness of mental struggle or development, which shall not in the end be supported by the physical, so closely are they related.

I think you will not deny that many, if not most school officers and teachers are practically ignorant of the best means of aiding the physical well-being of a child, and I *know* that many of those who know care little, so that a good daily showing is made, such showing only as shall add to their own honor or power in a community.

"Prevention *is* better than cure," and if our medical men would or could reach the root of the evil, and tear it out, every fibre of it, well would it be.

School men ride popular hobbies, and children and teachers are the victims of experiment.

There is the "ventilation fiend," who will enter a school-room from a rapid walk, the air is, or should be, warmer than out of doors, for the children are engaged in a sedentary occupation, and need a higher temperature than if in action. The room may be well ventilated, air pure, but this "fiend" only judges by his own feelings, and rushes to windows, throws them open, lets a current of cold air strike the backs of these helpless victims, down over the spine rushes a tingling, chilly sensation, and a *cold* is the result, and its secondary result who can estimate? I have seen it end in pneumonia—death.

Just now, steam-heating of school-rooms is the rage. Pipes extend around the two sides of the room; from six to eight or more pupils sit with their backs near these pipes, and as many more with one side close to them. There is no screen, and the sickening heat-rays almost cook their tender brains—headache and faintness follow, and I have seen the eyes snddenly become hollow looking, and the cheek pale, as the steam went chasing through these pipes, and with crowded room have been unable to alternate pupils in these seats rapidly enough to prevent the evil results. Woe to that teacher who dares to express an opinion against this process of brain cooking!

Again, I have found that when the wind blows cold, and heat is most needed, it is least sure; and many times a class must be sent home, or kept shivering through the day, or with shawls about shoulders; the feet and limbs are stiff with cold. Not many years since I taught in the most beautiful building of a lovely young city "out west." Halls large enough for Congress, with spacious stairways, were the pride of the superintendent's heart, and visitors were charmed with this, and with the numbers who could walk abreast, with slow and measured tread, up and down, down and up, while opposite doors were open and the wind rushed through like a tornado, ready to grasp these children in a death-like embrace, just when they had emerged from their school-rooms, while teachers on guard showed purple lips and chattering teeth.

Day after day in these grand school-rooms, with all *modern* improvements, were children suffering with cold, not daring to remain at home lest they fail to "pass grade," the most abominable humbug among educational hobbies, about which every intelligent man and woman ought to know the "inwardness" and the evil results to bodies, minds and morals of the children.

The principal of said school had grown into her position with the town, loved her power, and a remonstrance from a teacher as to the temperature of her school-room was not met with the spirit of womanhood or humanity, but with hauteur. On one occasion, just after an epidemic of measles, when children had returned to their school duties, the highest temperature obtainable was 58°. Dismissal was not to be tolerated, and there they sat through the "long, long, weary day." One teacher who had paid severe penalties for these repeated exposures with her little ones, went to her physician at the close of school with congested lungs. She needed not to utter a word. He said, "Your school-room has been cold to-day." "Yes," she said, "and it is death to some of those children, but I cannot help it. I do the best I dare for them." This physician reported the case to the Humane Society, of which he was a member, but the teacher paid the penalty—was severely reprimanded by the superintendent the following day for saying anything to *outsiders* concerning wrongs within the circle which *he owned*. It was "nobody's business, and the teacher who would betray, was not fit to be in their employ." This is not an overdrawn or isolated case. All over the land such a spirit is prevalent. Each superintendent has his own reputation to maintain—must keep his popularity and position—even if children and teachers are sacrificed; and none know this better than the teachers who are shut up day after day with these children, working out the plans laid down by men who are too often not qualified for anything under the sun, but to domineer over their superiors, just because they have drifted into an office where they can.

I should like to say something about the causes and preventives, so far as school training goes, of eye, lung, and bone troubles, which are not always discovered by examining boards, for the reasons hinted at above; yes, of nerve difficulties, too, and all diseases arising from deficient circulation.

Education, in its fullest sense, should be the aim and accomplishment of our school system, and more care should be given to this, the rock upon which our national life must stand or fall.

The facts given above can be substantiated.

Mrs. Esther W. Matthews.

Gunnison, Colorado.

News and Miscellany.

The French Academy of Medicine.

The French Academy of Medicine was founded in the year 1820, by a decree of Louis XVIII., and one of its duties was to reply to questions of the Government on all subjects affecting the public health, and particularly in respect to new and secret remedies, and natural and artificial mineral waters. Originally, the Academy was divided into three sections, medicine, surgery and pharmacy, and the first nine nominations to the pharmacy section were Boullay, Deyoux, Fabre, Henri, Lavgier, Pelletier, Planche, Robiquet and Vauquelin. Among the earlier elections by the Academy itself were Boudet, Derome, Caventou, Guibourt, Labarraque, Bussy, Chevallier, Derosne, Fremy and Serullas. Since the year 1829 the Academy of Medicine has been divided into sections, of which that devoted to pharmacy is the eleventh, but pharmacists frequently figure in other sections.

The Bi-Chromate Battery.

M. Trouvé is stated to have considerably improved the bi-chromate battery in the matter of permanency, by super-saturating the liquid. He takes 150 grammes of bi-chromate of potash powder to a litre of water, and after shaking, adds, drop by drop, 450 grammes of sulphuric acid. The liquid warms and the salt dissolves, while no crystals are formed on cooling, nor are chrome alum crystals deposited in the cell. The elements are arranged with two carbons to each zinc, the latter being so placed that it can be withdrawn from the solution. With twelve elements and the solution above described, it is stated that ten incandescent lamps can be kept at work for five hours, each lamp going ten candles. The E. M. F. of the cell is stated to be 2 volts with fresh solution.

Idiosyncrasy in Food.

Dr. James Startin relates the following case in the *Lancet:*

A young lady was sitting at dinner, apparently in perfect health. She partook, amongst other things, of some rabbit, and in about ten minutes or so after she had eaten of it she was attacked with acute urticaria, showing large erythematous patches and weals very prominent on face and neck. She then was seized with violent attacks of spasmodic asthma, which obliged her to leave the table. I inquired if she had ever suffered this before, and she informed me she had after eating hare. I have seen several instances of urticaria, and one case in conjunction with spasmodic asthma, after eating hare, showing this peculiar idiosyncrasy in individuals to certain articles of food.

An Incident at a Vivisection Lecture.

M. Brown-Séquard was giving a lecture at the College of France on vivisection, and produced a young monkey on which he intended to perform experiments. He had not proceeded further than to tie up his patient—who, not liking the preliminary operation, uttered piercing cries,—when a lady, elegantly dressed, stepped forward and struck the professor across the face with her parasol. He was ungallant enough to call her "an old fool," and ordered her to be removed. At the police office she said she had only properly acted on the Gramont humanitarian law.

The Benefit of Sanitary Improvements.

The *Medical Times and Gazette*, June 2, 1883, says:

Dr. Robinson, Medical Officer of Health, Dover, England, in his report on the borough of Hythe, states that the average death rate at Hythe of the last nine years has equalled only 14.5; that of last year being down to 13.5. This low mortality, he adds, must prove a source of satisfaction to the Town Council, justifying, as it does, the action taken in providing a perfect system of drainage, wholesome water-supply, and the execution of other public improvement works.

A New Definition of Malaria.

The health officer of a city not famed for the general ignorance of its population considered it his duty to ask an individual who certified that a certain patient of his had died of malaria, what he meant by that term. The answer was as follows:

"Malaria was the cause, poisoning the blood, producing dormant, parlytic, Costive, Chronic conditions, and inert Tumors, which terminated in Acute inflammation of the Liver, from taking a sudden cold."

New Medical Journals.

Two new medical journals have been started in France. The first is the *Revue Mensuelle des Maladies de l'Enfance*, and is to include hygiene, medicine, surgery, and orthopædics. It is published under the direction of Doctors Cadet De Gassicourt, Physician to the Hôpital Trousseau and De Saint-Germain, Surgeon to the Hôpital des Enfants-maladies, with numerous collaborateurs. The second is the *Annales des Maladies des Organes Génito-Urinaires*, with the name of Professor Guyon at the head of its list of editors and collaborateurs.

A Monument for Fabricius de Acquapendente.

The city of Acquapendente, in Italy, has issued invitations to the other municipalities of Italy, and to the cultivators and friends of medical science, to subscribe to a fund now being collected in order to raise a monument to the great anatomist, Girolamo Fabrizio, in the place of his nativity, whence he has received his cognomen.

Interest in Hygiene.

The Ascham Society of England, at a recent meeting, unanimously resolved that the science of hygiene is one that might with advantage to the public be added to the list of subjects on which grants by the Science and Art Department are allowed; and that a copy of this resolution should be sent to the Vice President of the Council and to the Science and Art Department.

Items.

—The third International Otological Congress will be held at Basle during the first week of September, 1884.

—Dr. Wolberg reports a return of scarlatina immediately following the desquamation. The child died. No post mortem.

—Dr. Ellinger says scoliosis of scholars can be prevented by holding the book to the right, and by writing alternately with the left hand.

—The twelfth annual meeting of the French Association for the Advancement of Science will be held at Ronen from Augnst 16 to 23 of the present year.

—When a gentleman at a banquet was speaking of a friend of his who had the smallpox twice, and died of it, an Irishman who was present inquired whether the man died of the first or of the second attack.

—For removing the greasiness of toilet sponges that have been in use for some time, M. V. Valta recommends the following: The sponge is first washed with water as well as possible, then placed upon a plate, a little powdered calcium chloride being sprinkled over it and allowed to liquefy; after about thirty minutes it may be washed with water and dried, when it will have an appearance like a new sponge.

—The Meteorological Bureau of Ohio proposes to establish a system of weather signals to be displayed on railway trains, making use, of course, of the predictions furnished by the United States Signal Service. Arrangements have already been made with one road leading out of Columbus, and a system of signaling will be put in operation as soon as the best form of signals can be determined upon.

—The following powder is recommended by Dr. Könhorn in the night-sweats of phthisis: Acid salicyl. gr. xlv, starch ʒ iiss, chalk ʒ iiss. The entire body of the patient is dusted with this powder at bedtime. The author claims to have obtained great success by this treatment. The same powder is employed in the Austrian army in sweating of the feet.—*Memorabilien*, Nov. 15, 1882.

—In an autopsy on a patient dying in one of the Vienna hospitals, it was found that he had in his brain an iron nail covered with rust, which to all appearances must have been there since early childhood. The man was about forty-five years of age, a bookbinder, and always passed for intelligent. Negative popular evidence is of but little value. The man, at irregular intervals, had epileptic attacks, and post-epileptic mental phenomena, while in the hospital.

Personals.

—Dr. C. A. Voorhies, formerly of Easton, Pa., has removed to No. 224 N. Fifth street, Philadelphia.

—At a meeting of the Royal Medical and Chirurgical Society of London, held on June 12, Dr. Henry J. Bigelow, of Boston, was elected a Foreign Honorary Fellow, as were also Prof. Charcot, of Paris, Prof. DuBois Reymond, of Berlin, and M. L. Pasteur, of Paris.

OBITUARY NOTICES.

RICHARD M. BUELL, M. D.

Dr. Richard M. Buell, a well-known physician and surgeon, died in Brooklyn on June 30. He had been a sufferer from diabetes for about three months, and for the five weeks previous to his death had been confined to his room. He was born in Clinton, Conn., May 10, 1882, and studied medicine in the Yale College Medical School, from which he was graduated in 1842. After practicing his profession a short time in Killingworth, Conn., Dr. Buell went to Jamestown, in this State, and in 1853 he settled in Brooklyn. He made a specialty of obstetrics, and conducted a general practice up to the close of his life. He belonged to the Kings County Medical Society, and was for several years one of the censors of the Society. He was also a member of its Committee on Registration. He leaves a widow, but no children.

DR. BENJAMIN MUSSER.

Dr. Benjamin Musser, who died suddenly, July 14, of apoplexy at his home in Strasburg, Lancaster county, Pa., was a graduate of Jefferson Medical College, and had practiced medicine in that county for forty years, during which he secured the esteem of a large circle of friends and acquaintances. He was sixty-three years old. Dr. J. H. Musser, of West Philadelphia, is a son of the physician whose death is here chronicled.

JOHN A. LIDELL, M. D.

Dr. John A. Lidell died July 8 at his home, in New York. He was born at Schuyler Lake, Otsego county, N. Y., on November 10, 1823, and was graduated from the Albany Medical College in 1848. When the war broke out he went to the front, and, as a surgeon, distinguished himself by his skill. He served in the United States Stanton Hospital at Washington, and when he went to New York in 1866 he joined the medical staff of Bellevue Hospital, and was known as one of the best anatomists in that city. He was a member of the New York Academy of Medicine and the Pathological Society. He was a prolific contributor to medical publications of various sorts. In the later years of his life he practiced but little.

DR. THOMAS F. SCOTT.

Dr. Thomas F. Scott, the oldest and one of the most eminent physicians of Petersburg, Va., died July 11, aged eighty years. He was a nephew of Gen. Winfield Scott, and an uncle of Gen. P. B. Starke. He was a member of the Virginia Medical Association.

MARRIAGES.

COOPER—CURRIER.—In Croydon, N. H., June 25, by Rev. James Eastwood, Herman Cooper, M. D., Meriden, and Ellen F. Currrier, of Exeter.

MACDONALD—BARRETTE.—At the residence of the bride's mother, Portland, Me., on Tuesday, July 10, by the Rev. Prof. Ferguson, A. E. Macdonald, M. D., of New York city, to Elizabeth W., daughter of the late Charles W. Barrette, of Portland.

MURRELL—RANDOLPH.—June 27, 1883, in Iberville Parish, La., at Nottoway Plantation, Dr. D. G. Murrell, of Louisville, Ky., and Miss Cornelia Randolph, daughter of J. H. Randolph, esq.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PREGNANCY NEPHRITIS.

BY J. A. ELLEGOOD, M. D.,

Of Laurel, Del.

[Read before the State Medical Society of Delaware, June 12, 1883.]

Dr. Bright, in 1827, first showed the co-existence of albuminuria with certain morbid conditions of the kidneys. Later researches in reference to renal diseases have proven that the presence of albumen in the urine, while always to be regarded with suspicion, is not so invariably associated with renal disease as was formerly supposed. As occurring in the urine of persons with apparently healthy kidneys, it may be due to an excess of albumen in the blood. This may be the result of dietetic errors, or alimentary derangements. "Barreswill passed albuminous urine for twenty-four hours after eating ten eggs; and Beneke four times in as many weeks detected albumen in his urine while suffering from dyspepsia."

Exceptionally we find albuminuria in certain rare forms of hepatic disease, and it has been known to exist as a sequence to the rapid absorption of a pleuritic effusion.

Any interference with the renal circulation, whether caused by irritation of the renal nerves, or by pressure on the renal veins, produces albuminuria. The prolonged use of certain medicinal agents, which are eliminated chiefly by the kidneys, causes albuminuria, probably by irritation and over-stimulation of the renal epithelium and interference with its proper nutrition.

Bartholow has for a long time held the opinion that this is a frequent cause of chronic Bright's disease.

Lastly, the presence of albumen as a constituent of other fluids, as blood, pus, and semen occasionally mixed with the urine, must not be overlooked.

While most of the conditions just considered have little pathological significance, a knowledge of them is essential to a correct appreciation of albuminuria resulting from causes having a more serious import. Albuminuria of pregnancy is particularly deserving of attention on account of its frequent association with important puerperal diseases, notably, eclampsia.

When Lever, in 1843, found albumen in the urine of some patients suffering from puerperal eclampsia, the key-note of the latter disease was supposed to have been struck. He asserted that albuminuria always preceded the convulsions, and later, Sir James Y. Simpson insisted that the convusions were essentially uræmic in their nature. Braxton Hicks, however, has shown that in some instances albuminuria follows, and does not precede eclampsia. While it is not probable that puerperal convulsions ever occur without renal disturbance, albuminuria is often present during pregnancy without renal disease, and independent of the puerperal state. Abeille found albuminuria in one out of every ten pregnant women, and according to the researches of Blot and Litzman, the condition was present in twenty per cent. of pregnancy. "Dr. Roberts, from a consolidation of the statistics of several observers, infers the liability of pregnant women with albuminous urine to eclampsia to be about one in

four." Of these, about one-third prove fatal. The fact that not all the fatal cases of Bright's disease of pregnancy end in convulsions should not be overlooked. Convulsions are most liable to occur in the earlier stages of renal disease, and in those cases not characterized by the usual obvious symptoms. In the cases which have attained considerable degree of granular degeneration there is probably more liability to death by simple coma, although this may occasionally be preceded by convulsions. Since uræmia predisposes to serous inflammations, death may occur from one of these.

On account, probably, of the impoverished condition of the blood, and the consequent ill nourishment of the fœtus during pregnancy nephritis, there is a strong tendency to abortion, and the subjects of Bright's disease who are prematurely confined most probably escape the eclamptic complication. The earlier the abortion, the less likely in these cases is eclampsia to supervene. Dr. Tanner states that four out of seven women he attended, suffering from Bright's disease during pregnancy, aborted, one of them three times. Dr. Reginald Southey, in a lecture which we find in the *Lancet*, January 13, 1883, describes three forms of pregnancy nephritis:

1. Eclampsia parturientium, a series of epileptiform convulsions, concurring with the act of parturition, and coinciding with highly albuminous and scanty urine, and preceded by no well defined or obvious symptoms of renal disease. Usually, however, the subjects of this form have some rather subjective symptoms, such as dizziness, and a lachrymose condition, indicating renal changes. These retinal symptoms are often the only ones present. The subjects are apathetic, and often have a peculiar huskiness of voice. Sometimes slight paralysis occurs. These symptoms concomitant with pregnancy should always lead to an examination of the urine.

2. Chronic, insidious, parenchymatous nephritis, complicated by pregnancy, increasing *pari passu* with each succeeding week of pregnancy, and hastened and made more immediately dangerous by uræmic symptoms or local inflammatory complications. This form, chronic Bright's disease, renal fibrosis, or the so-called granular degeneration, is less common than the other forms and may have had its origin in a former pregnancy or from other causes.

3. Pregnancy nephritis proper, an acute change in the nutrition of the renal epithelium, beginning from the third to the sixth month of pregnancy. This form, which we find most common, is attended by albuminuria, general œdema, albuminuric retinitis, uræmic symptoms, eclampsia, and sometimes death. Often, however, the disease is suddenly terminated by premature labor, subsequent profuse diuresis, and complete recovery. A considerable proportion become chronic and prove fatal in subsequent pregnancies. The following case is reported as one of pregnancy nephritis proper, and on account of the unusual disease with which it was followed:

Mrs. M. P., æt. 30 years, came under my notice June 8, 1882, while in the seventh month of her sixth pregnancy. She presented a pallid countenance and general anasarca. There was anorexia and a slight inclination to diarrhœa. Ocular and cerebral disturbance indicated albuminuric retinitis. Pulse, 78; temperature normal; respiration 28. The urine was scanty, high colored, and contained a small quantity of albumen and a few granular casts. Specific gravity 1025. The following morning the patient was delivered of a still-born child. Labor proceeded and ended without any untoward symptom. The placenta was delivered naturally, no ergot having been used then or afterwards. After delivery marked diarrhœa set in and the swelling began rapidly to subside. The urine became more copious, and in six weeks contained neither albumen nor casts. About a week after her accouchment a painful swelling appeared about the centre of the left cheek. On the inside of the cheek, near the orifice of Steno's duct, was a hard, painless, dirty-grey spot, from all the surface of which soon issued a thin, sanious discharge, giving to the breath a most offensive odor. The sublingual and submaxillary glands on the affected side were enlarged. In a few hours the gangrenous portions were converted into a dark, fibrinous pulp, and within three days had extended through the cheek, forming a black circle, which rapidly spread in all its circumference until it became the size of a silver dollar. The destructive process involved the entire thickness of the cheek, and extended to the contiguous portions of gum, laying bare a part of the alveolar process. A few thorough applications of fuming nitric acid were made, and the mortification was soon arrested The internal medication consisted of pot. chlorat., acid. hydrochloric. and tinct. ferri chloridi. The patient slowly recovered on a generous diet of milk, eggs, and animal broths. The temperature ranged from 102° to 104° during the gangrenous condition, and the pulse was weak and correspondingly accelerated. The family history of the patient was good, and at no time

during her sickness was any preparation of mercury used. There were no other sore spots in the mouth. In three weeks the wound healed kindly, contractions of the cheek leaving a round hole the size of a twenty-five cent silver piece. This was subsequently closed by a plastic operation. Cancrum oris, or noma, is a disease peculiar to childhood, and I have never seen the record of a case happening in a patient so old as this. Gangrene of the mucous membrane occasionally follows the apthous stomatitis which frequently occurs as a complication of typhoid or puerperal fever. The case just described apparently did not have its origin in this apthous condition, and while the squalor and ill nourishment of the patient were remarkable, the disease is probably of that character which happens with septicæmia and typhoid fever.

Just what degree of degeneration of the kidneys is consistent with recovery is not known. Cases undoubtedly occur in which recovery is apparently complete even after considerable fibrosis. In these cases resolution does not probably occur, the pathological process being merely arrested. There is sufficient renal structure unimpaired to perform the adequate functions of secretion. The morbid action in all these forms is essentially the same, differing only in intensity or degree of progression.

Dr. Braun, from observations based on the results of twelve autopsies of women who had died of puerperal convulsions, describes the kidneys as being in one of three conditions:

First. That of intense congestion. The cortical substance is dark, soft and friable. The parenchyma is infiltrated with a tenacious, sanguinolent fluid, and hemorrhagic effusions are not uncommon.

Second. There is fatty degeneration of the Malpighian bodies, which gives to the kidneys a dull yellow color. The surface is sometimes smooth, but more often presents a granulated or partly granular appearance. In this form the kidney is larger than natural.

In the third stage the kidneys are reduced to their natural size, or below it. "The Malpighian capsule is thickened. The surface of the kidney is uneven, tuberculated, and often shows deep furrow-like indentations, dividing it into lobes. The cortical substance is wasted, and the organ is generally tough in texture."

Granular degeneration of the kidney resulting from heart disease has always a red appearance on section, while that arising from pregnancy almost invariably presents a dull yellowish color from fatty degeneration. While renal disease may exist during pregnancy, and independent of it, there is abundant clinical evidence proving that the puerperal state is a fruitful exciting cause of Bright's disease.

Dr. Wm. Roberts, in reference to the report of the Registrar-General of England in 1874, quotes the following: "In the five years between 1857 and 1861, 6,220 deaths were registered from Bright's disease. Of these, 3,699 were males and 2521 females—the relative proportions of the sexes at all ages being sixty-eight females to every hundred males; but during the child-bearing period (from twenty to forty-five) the proportions were eighty women to every hundred men, while after the age of forty-five the proportional mortality from Bright's disease fell to fifty-nine women for every hundred men.

The intimate nature of the pathogenic cause of Bright's disease, and what relation pregnancy bears to it is unknown. Many able writers attribute the changes in the kidneys to pressure of the enlarged uterus on the renal veins, while others account for the disease in the impaired condition of the blood. In favor of pressure we have the following well-established facts:

(1) That pregnancy nephritis proper does not usually begin until after the fifth month, and therefore not until the uterus has attained considerable size.

(2) That the disease originates mainly in primiparæ, in whom the resistance of the abdominal walls, and consequent pressure, are greater than in those who have already borne children.

(3) That it complicates twin rather than single pregnancy.

(4) That after parturition the anasarca and albuminuria rapidly subside.

"Bartels has shown that the renal veins occupy such a position as secures them against pressure," and as so many pregnant women escape the complication of albuminuria, and even greater pressure is often exerted in the same place by ovarian and other tumors without such consequences, it is evident that in many cases there is probably some special predisposition on the part of the patient to the disease in question. As auxiliary to mechanical pressure, we might look to the condition of the heart. It is well known that hypertrophy of the left ventricle is a natural condition of pregnancy. The addition of the placental to the systemic circulation involves a considerable addition to the work of the heart. In Bright's disease, also, the cardiac hypertrophy is often remarkable; "occurring, probably, in consequence

of increased arterial blood pressure, the result of some obstruction to the movement of the blood in the minute vessels." This obstruction is probably due, as Bright supposed, to an alteration in the quality of the blood, which causes it to pass with difficulty through the capillaries. Drs. Gull and Sutton consider that the renal changes are concomitant with "arterio-capillary fibrosis," but it is more than likely that this "hyalin-fibroid" condition is consequent upon rather than standing in a causal relation to the renal disease. Regarding the initial changes in Bright's disease there is a diversity of opinion. The most plausible theory, however, is, probably, that the morbid process begins in the epithelium of the glomeruli and of the uriniferous tubes.

Prof. Stricker, of Vienna, and his assistant, Dr. Spina, in some researches made on the cells of glands, have discovered that the cells lining the glandular vesicles, which are sometimes so small as merely to form a lining membrane for the relatively large lumen, may, under certain stimulation became so large as to entirely fill up the lumen. The cells retract if the stimulation be not too strong, but if too powerful or long continued, the cells swell up sufficiently to occlude the lumen and cease to functionate.

Now, if, as is asserted by Isaachs, Gerlach, Moleschott and Chrzonszczensky, the epithelial lining of the Malpighian capsule covers the whole of the Malpighian tuft, the capsule is virtually a glandular vesicle, having an excretory duct which doubtless has, besides acting as a duct, a special function of its own relative to secretion, (*vide* "Pathology of Inflam.," S. Stricker, "Encyclop. of Surg.," Ashhurst, vol. i, pp. 10 and 11). The functions of these are probably carried on after the manner suggested by Stricker and Spina, viz., by alternate swelling and retraction of the epithelium lining the acinus of the gland; the increase of volume necessitating absorption of fluid from the surrounding tissues. These cells, of course, secrete urine by their power of selective action. Might not the irritation of pressure or functional overstimulation, or both, occasion permanent enlargement of these cells, and consequent functional annihilation? After death, these cells undergo granular degeneration, and many crumble and disintegrate. Dr. Geo. Johnson has long held the opinion that the morbid process of desquamative nephritis always began in the renal epithelium, and that the epithelial cells crumbled and disintegrated.

The writer suggests that this granular degeneration is a fatty metamorphosis, and the cells which have undergone degeneration are identical in nature with the corpuscles which Gluge found in the commencement of pneumonic infiltration of the lungs, and which were afterwards proven to be fatty degenerated epithelium of the lungs. "These were displaced from their seat by the œdema preceding the inflammation and then degenerated." The granular matter often found filling the tubes and studding the casts, results from the degeneration of cellular elements, and, as suggested by Green in reference to Gluge corpuscles, many of the granules are probably myalin, and not fat. It is doubtless a disturbance of nutrition which brings about the changes in the epithelium, and this latter change causes the alterations of the parenchyma. Dr. Aufrecht, in Magdeburg, in a series of experiments made for the purpose of determining the starting point of the inflammatory process of Bright's disease, was able to demonstrate on kidneys, the ureters of which had for a long time been tied, that in the beginning the epithelium alone was affected by becoming granularly opaque and by throwing off fibrinous casts. "During the first few days the interstitial tissue continued intact. On the fourth day the capsules of Malpighi were commencing to enlarge, which the interstitial spaces began to do at the same time, nuclear swelling of the local cellular tissue being in either case the cause of enlargement. The walls of the vessels became thicker and mainly in consequence of the swelling of the cells of the adventitia and of the muscular fibre. The epithelium of the uriniferous tubes shows synchronously another alteration: it changes to small, pale cells with plainly visible nucleus, but it is not destroyed. While the lumina of the tubules becomes narrower, the interstitial spaces enlarge continuously in consequence of nuclear swelling and augmentation of cells." Dr. A., by the injection of small quantities of cantharidin suspended in oil, succeeded in bringing about all the forms of nephritis progressively, viz., acute parenchymatous, diffuse parenchymatous, interstitial, and the cirrhotic or granular kidney. "All these forms had the same pathogenic cause, the most progressed stage —cirrhotic kidney—being in direct relation to the most frequent applications of the drug employed. First the capsular epithelium began to swell and the glomerulus was thereby pushed away from the wall. The epithelium of the tubes becomes turbid, swells and contains brilliant formations all over the cell. Of these brilliant formations the tube-casts are formed—the same condition as noted after ligation of the ureter

of one kidney" (*vide* MEDICAL AND SURGICAL REPORTER, vol. xlviii., May 5, 1883). Fibroid degeneration results from long-continued hyperæmia, which causes disturbances of nutrition.

Treatment of Nephritis of Pregnancy.—Eclampsia parturientium with albuminous urine may be relieved by such remedies as allay spasm. Chloroform, when there are no symptoms of cerebral hemorrhage. Full doses of chloral and bromide of potassium may arrest the convulsive seizures. Inhalations of amyl nit. are often beneficial. The hypodermic injection of morphia, originally practiced by Scanzoni, is the most important agent for the cure of uræmic convulsions, puerperal or non-puerperal. Venesection, properly performed on proper subjects, is doubtless of great utility. Cases requiring blood-letting are those characterized by intense cerebral congestion. Opinions differ as regards the propriety of hastening labor. Some recommend immediate emptying of the uterus even when labor has begun. Others prefer to leave the labor entirely to nature. If convulsions always ceased with the completion of labor this would indicate the necessity of hastening delivery. "Von Weiger, who tabulated 455 cases showed that the convulsions preceded the commencement of labor in 109 instances, attended the act of parturition in 236, and followed its completion in 110. Chronic Bright's disease demands the ordinary treatment for this affection. The patient should be confined in bed, and between blankets. The skin and bowels should be made to act vicariously by promotion of their functions. The labia if much swollen should be punctured with a fine needle, or perhaps better, by fine canulas. In pregnancy nephritis proper, the induction of premature labor is unquestionably indicated. The earlier the operation is performed the better. Prof Schroeder, of Berlin, urgently advises the termination of labor at once when albuminuria makes its appearance during pregnancy (*Amer. Jour. of Obstet.*, 1881). The risks of the operation are small as compared with the dangers of convulsions or of chronic Bright's disease.

A NEW TREATMENT FOR INTESTINAL OBSTRUCTION.

Synopsis of a paper read by C. W. Spicer, M. D., before the District Medical Society of Northwest Mo., at its quarterly meeting held at St. Joseph, April 12, 1883.

MR. PRESIDENT AND GENTLEMEN: A year or more ago the subject of intestinal obstruction being under discussion by the members of this society, I reported a case of intestinal obstruction, probably from intussusception, which had recovered by the use of large enemas of warm water retained by force applied externally to anus. That case had progressed from bad to worse in the hands of other practitioners for three or four days before I was called, and had had the usual treatment of enemas, mild and drastic purgatives, opium, etc. I, in the case of that four-year-old child, injected per anum about three pints of water at 100° F. and removing the syringe tube, applied pressure to anal orifice sufficient to compel retention of the enema. At the end of forty-five minutes all peristaltic and other efforts to expel the injected matter ceased, and in about another half hour the child had a large natural fæcal evacuation and was well, and so continues.

The case I wish now to report is that of H. G., male, aged 9 months, a well nourished infant weighing twenty-five pounds; living only upon its mother's milk; had had a slight diarrhœa for two or three days, for which it had been given a little syrup rhei aromatic.

At 11 a. m., March 22, 1883, while the child was amusing itself upon a rug, it turned suddenly very pale and commenced vomiting and gasping for breath, and seemed almost in a condition of collapse. I was called at 4 p. m., same day; was told by the father, who was the messenger, that the child had not urinated during the day, and that he supposed that its kidneys were the only organs at fault. Upon arriving at residence of patient, found him as before stated, almost in a condition of collapse. Made a thorough examination, and found no hernia or anything else to account for his condition, except a slight dullness of upper left chest with harsh respiration. Made a diagnosis of pulmonary congestion to end in probable capillary bronchitis, as that was at the time prevalent in the vicinity. Ordered a hot bath, also

℞.	Ol. ricini,	℥ j.
	Ol. terebinth.,	gtt. vii.
	Syr. gum. acacia,	q. s. ad ℥ iij.

M. A teaspoonful every three hours until its bowels act well, and when reaction should take place:

℞.	Tinc. aconite,	gtt. ½.
	Spts. nitr. dulc.,	gtt. x.
	Aqua.	A teaspoonful,

every two hours if the reaction was too great. At 5 p. m., patient considerably revived; had a large discharge from his bowels, consisting of bloody serum with a small amount of blood and mucus, no fæcal matter; still vomiting; could

retain nothing; seemingly in great pain; my previous diagnosis considerably shattered; concluded that intestinal obstruction was the trouble, and probably from intussusception.

March 23, 8 a. m. Patient did not rest last night; in great pain; had had several passages from its bowels of bloody serum, with some mucus, no fæcal matter; reaction fully established; pulse 140; vomiting whenever it swallows anything. Ordered small quantities of pounded ice for it to swallow. 6 p. m. Patient about the same as in the morning; ordered a mild alkaline aloetic mixture hourly until bowels commence rumbling, then a large injection of soapy water to be used.

March 24, 3 a. m. Has retained the aloetic mixture; has had several injections, which were returned unchanged, except by the addition of a little mucus; patient much worse; had not slept any during the night; pain severe and bowels tender upon pressure. Injected thirty ounces of water at a temperature of 99° F., compelled its retention by a pad over the anus, held in place with my hands against the efforts of the child to discharge the enema, by a force sometimes of as much as twenty pounds or more to the anal orifice. At the end of fifty minutes all peristaltic and abdominal action ceased, and child went into a quiet sleep, which continued for five hours; awoke, looking much better; had two fair-looking discharges from bowels, fæcal matters with much mucus and a few shreds of blood-stained mucous membrane, but none of the water injected; during the day vomited fifteen to twenty ounces of clear water, which had a sour, putrid smell of fæcal matter.

March 25, 2 a. m. Patient again restless; has slept but little since yesterday forenoon; has had no discharge from bowels since yesterday morning; has vomited everything taken; is not so greedy for the ice; pulse, 140; bowels tender, not much swollen. Now inverted the child; had him held in that position, of head down and heels up, and injected thirty-two ounces of water at 99° F.; compelled its retention as before, and kept the child inverted until expulsive movements ceased, in forty-five minutes; child asleep in fifteen minutes; had a good quiet sleep of six and a half hours; awoke looking much better; had no discharge from its bowels to-day; did not vomit as much as usual. 6 p. m. Ordered ol. ricini, ʒ ij. every two hours until bowels rumble, then injections of soap-suds, which was done with no effect; oil vomited and enemas discharged unchanged.

March 26, 2 a. m. Again sent for; child restless; has slept none during the night; pulse, 120; pain paroxysmal; inverted the patient and injected thirty ounces of water at 101° F.; tr. opii., gtt. v.; child asleep in five minutes; expulsive efforts contined for forty-five minutes, requiring more force than at any previous time to retain enema; child slept eight hours; had two bad-smelling fæcal discharges; seems very hungry; beside the mother's breast, which is ordered to be kept well drained before letting the child to it, he takes with great relish a tablespoonful of good sour buttermilk hourly; does not vomit any more; appears a little sore over its bowels and quite weak, otherwise in good condition, and at the present writing, April 12, 1883, is in good health.

Please note the points: First, the great relief afforded by the forcible detention of the enemas until the complete cessation of all immediate expulsive efforts. Second, the great force or power required to prevent the immediate expulsion of the matters injected.

Intestinal obstruction, authorities tell us, may be from many causes, as strangulation by membranous bands the result of inflammation, twist of the bowel caused by its rotating upon its own axis, mesenteric or omental hernia, intussusception or invagination, and it might arise from a large collection of intestinal worms or foreign bodies within or pressing upon the tube, such as tumors, etc.

This particular case, from the suddenness of the attack, from its age and surroundings, I am of the opinion was caused by invagination or the slipping of one portion of the intestine into another. Statistics also show this to be the most frequent cause of intestinal obstruction.

The treatment followed is original with me so far as I know. Most authors speak of injections of water, air, etc., but the forcible retention of the matters injected I have not seen recommended. I think it is proper and really the only treatment, except by the knife, calculated to do good, and why it is so is this: by applying outside support to the anus you furnish a fulcrom, from which, when the lower portion of the bowel is filled with a material so divisible and yet so inelastic as water, you get a fixed base, and as the peristaltic action of the bowel, aided by contractions of the abdominal muscles, constricts portions of the tube, its contents (the water) not being allowed to be ejected, and pressing upon all sides alike less its weight, in accordance with natural laws, the point of least resistance is the first to yield. So by furnishing an unyielding plug, as it were, to the anal orifice, it must yield at

some other point; and in these two cases, I am glad to say, has been, by pushing back the invaginated bowel and the consequent relief from the obstruction of the bowel, assuming its normal relation.

I will say, in conclusion, that the two cases reported are the only ones in which I have tried this method of treating intestinal obstructions; but with these successes before me, I have no desire for that dangerous, often unnecessary, and uncertain operation, abdominal section, which of itself often causes fatal results, where, at least, the harmless method, which I have tried to explain, might produce a cure, and it certainly will not of itself kill.

Hospital Reports.

CLINICAL LECTURE ON DISEASES OF WOMEN, DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

BY PROF. T. GAILLARD THOMAS.

Reported for the Medical and Surgical Reporter.

Battey's Operation for the Relief of Excessive Dysmenorrhœa Caused by Fibroid of the Uterus.

Gentlemen: Some of you will have the opportunity to-morrow of seeing me perform Battey's operation at the Woman's Hospital; but as the number of those of you who can be present is necessarily very limited, I will say a few words before commencing our regular clinic in regard to the case, which is one of great interest. It is one of uterine fibroid, which is not now increasing in size, and which does not give rise to hemorrhage, and yet which occasions such frightful suffering that the extreme measure of performing Battey's operation is to be resorted to. For a considerable portion of every month the patient has no trouble, but about five days before the return of the menstrual period she begins to suffer the most dreadful agony, which continues through the flow (which lasts five or six days) and for two or three days afterward. In consequence of this she has to be kept in a semi-narcotized condition with morphia for fully twelve days, and often a longer period, of each month. As a result of this, the lady is becoming a confirmed opium-eater, and in addition, has gotten into such an extreme nervous state that nothing can be done for her until the cause of her sufferings is removed. This is what we propose to do, if possible, by putting an end to ovulation, the monthly recurrence of which is apparently accompanied by such intense distress. This, you must understand, is an exceptional and very peculiar case, and it is on this account that I have thought it worth while to take up a few moments of your time to refer to it. The fibroid of the uterus, I may say in passing, is about the size of a man's fist.

Rupture of the Perineum, Followed by Prolapsus Uteri, Cystocele and Rectocele.

Our first patient to-day is Mrs. Elizabeth M——, 36 years of age, and a native of the United States. She has been married sixteen years, and has had seven children and four miscarriages. In reply to my inquiries, she says that she has been complaining for the last five years, and that it is her head that has given her the most trouble during that time. In addition, she has had more or less nausea and vomiting, and weakness and trembling about the anus. Her back troubles her a good deal, so that she cannot stand erect without considerable pain in it; and she is growing worse all the time instead of better. Her limbs are in good condition, she says, but she cannot retain her urine. At the same time she is able to pass it voluntarily when she wishes to. Her monthly sickness comes sometimes every three weeks, and sometimes every five weeks. She loses a large quantity of blood, but does not suffer especially at that time. Finally, she is troubled with leucorrhœa.

You will notice that almost all the symptoms of which this patient complains are of a very general character, rather than local. Amongst them the weakness in the head and back seem to give her the most trouble. Suppose, now, that she had consulted a specialist in diseases of the stomach. He would probably have supposed that the difficulty was primarily in this organ, on account of the gastric irritability present, and would have directed his treatment especially to this. He might, indeed, have afforded her a considerable amount of relief by pursuing such a course as this, but he certainly could not have cured her.

Then, again, she might have gone to a specialist in neurology, who would, no doubt, have noticed particularly the spinal weakness and the difficulty of locomotion, the incontinence of urine, the head symptoms, etc., and would perhaps have made an ophthalmoscopic examination. Then he would have arrived at some diagnosis or other which we need not take time to discuss here, and would have found abundant support for it in the symptoms of the patient. But instead of going to any such specialists, she has come here to a clinic for diseases of women, and we naturally instituted an examination of the pelvic organs, when the apparently obscure case at once became perfectly clear. I think it altogether probable, however, that if this patient had presented herself at a general clinic, a correct diagnosis would not have been made. This would certainly not have reflected on the gentlemen examining her case, because the symptoms do not point at all strongly towards trouble with the pelvic organs. The only ones that point in this direction are the pain and distress in the back and pelvic region, the excessive flow of blood at the menstrual period, and the leucorrhœa.

When a vaginal examination was made, it was found that a clean sweep had been made of the parts within the vulva and the rectum; there being a complete loss of the perineal body.

I will now show you by a rough diagram on the blackboard the condition of affairs discovered; and you will notice that, contrary to the representations of the vagina found in the plates of all the standard works, such as Gray's Anatomy, for

instance, I draw the anterior and posterior walls directly in apposition with each other. This is just as the vagina actually is in life, the anterior wall resting upon the posterior when the woman is in the erect posture; and the sooner that you can disabuse your minds of the idea (which one would derive from such plates as I have referred to) that the canal is kept distended by a sort of spiral spring, the better it will be for you.

In one of the labors of this patient the head of the child has torn away the perineum, and all the symptoms of which she to-day complains have resulted from this unfortunate accident. The gap thus made did not heal, but the torn surfaces became covered with mucous membrane, and there was nothing very bad about the appearance of the parts. Still there was mischief going on steadily all the time; for, whereas there had formerly been a buttress of support in the perineal body, so that as the patient walked about, the posterior wall of the vagina rested securely upon it, now this support was completely done away with. Before the injury, the perineum had been like the "C" spring sometimes run in old-fashioned coaches; but now the parts, instead of being of a C shape, are like that of the letter S. Consequently, the posterior wall of the vagina, deprived of its natural support, began to fall, and the anterior wall resting upon it and borne down by the weight of the bladder, commenced to descend also. The result was that the uterus, too, by the traction of the two vaginal walls, was dragged down with them. The rupture of the perineum has thus caused all the trouble. Five years ago the accident occurred, and matters have been growing steadily worse ever since. The uterus, sinking lower and lower, is now in the first stage of prolapsus; but as the patient grows older, it will gradually come to the second stage, and finally the third stage, or complete procidentia, as it is called, will be reached. The whole uterus will then be outside of the body, and when this occurs the woman will really feel better. All the time the organ is in process of descent intense suffering is experienced from the reflex symptoms resulting from the strain on the ligaments and other pathological factors; but when nature once gives up the long struggle, there follows a time of comparative repose. Although the woman may not suffer so much actual pain, however, the amount of inconvenience, from locomotion, etc., is usually greater than before the third stage of the prolapsus was reached.

At the present time the descending anterior and posterior vaginal walls are carrying the bladder and rectum down with them, and a point has now been reached when the most dependent portions of both of these are entirely outside the vagina. As to the general symptoms, the headache, the gastric derangement, the weakness in the knees, the pain in the back, and the general feeling of discomfort about the pelvis, all result from this prolapsus uteri. The remedy required here is to repair the damage done at the confinement, when the child's head tore through the perineum, and at the same time direct our attention to the removal of the indirect effects of the injury.

Such a patient as this should enter the hospital, as she could be treated with much greater facility in such an institution than in her own home.

Once every day the uterus should be pushed up quite to its normal position, and then retained there by means of a tampon saturated with glycerine, which, by its well-known hydragogue action, would have an excellent effect in relieving the congested state of the parts with which it came in contact. In a short time the operation of perineorraphy would then be performed. Whether the patient would have to wear an abdominal bandage afterward, would depend on whether the abdominal walls are protuberant or not. If they are not protuberant, the bandage would be of no service whatever; but in case they are, the amount of benefit to be derived from such a bandage would correspond with the degree of protuberance. In addition to the local treatment, she should be given suitable tonics, and her general health carefully looked to; and in six months I should expect to find our patient very greatly improved in every way, and to have gained ten or fifteen pounds in weight.

I presume that scarcely any of you will have been in practice a year without meeting with one or two such cases as the one now before you, prolapsus uteri with inversion of the walls of the vagina. The symptoms, however, will vary very greatly in different instances. Thus, it is not at all uncommon to find in the condition here present that chronic cystitis has resulted. This is because, on account of the sinking down of the bladder, it is impossible for the patient to completely evacuate it, and the ammoniacal degeneration of the residual urine sets up cystitis. In other cases the backache is a more distressing symptom than in the present instance, and if the patient is a lady of wealth she will probably remain confined to bed the greater part of the time.

Multiple Uterine Fibroids.

Our next patient is Mrs. Sarah B——, born in the United States, and forty-five years of age. She has been married for twenty-five years, and has never been pregnant. She states that she has been really sick only for the last five or six months, but has been ailing for something like twenty years before that. What she has complained of is pain, and what she calls a "fluttering" in the right side, and these have grown worse during the last few months. She says that her monthly sickness disappeared five months ago, and that ever since then she has been suffering more. In regard to her menses, when she was young, she states that she never flowed too much. As to the sterility, she tells me that so far from doing anything to prevent conception, she was always anxious to have children. There is nothing else that she complains of except the pain and fluttering in the side; but of late she is not able to walk about much, on account of the distress which the exercise occasions her.

It is altogether probable that this patient's ailment commenced twenty years ago, as she says, or even at a still earlier period. Still, her general condition is not very bad, and the cause of the few symptoms of which she complains became at once apparent when a physical exploration was made. The woman lying on her back, I passed my finger up into the vagina and found the

uterus quite high up. By means of conjoined manipulation I ascertained that it was about the size which we could expect to find at the patient's time of life; but to the left of the uterus there was a large hard mass in the position where she feels the fluttering sensation of which she has spoken, and which annoys her so greatly. This I made out to be about the size of a cocoanut, and then on the right side of the uterus I found another similar mass, though of smaller size; while peeping up from behind the body of the uterus there was still another one. Here, then, was undoubtedly the diagnosis, uterine fibroids, and I now represent for you on the blackboard the relative size and positions of the three tumors.

Originally, these fibroids were, perhaps, situated in the structure of the uterine walls; and if this was the case, they no doubt set up an endometritis, the ichorous discharge resulting from which may possibly have destroyed the vitality of the spermatozoa with which it came in contact, and so prevented the occurrence of pregnancy.

Why should this patient experience shortness of breath? Simply because the condition present in her case is almost invariably accompanied by a depreciated state of blood. After the menopause, uterine fibroids never increase in size. On the contrary, they gradually become more and more atrophied, and during the last five months these tumors have, no doubt, been diminishing in size. The reason that she has felt worse of late is, probably, due to the fact that she is suffering from the results of a prolonged impoverished condition of the system, which has become more serious as time went on. But, it may be asked, may not these tumors possibly grow still? Yes, it is altogether possible, although it would render the case an exceptional one. For instance, the growth on the left of the uterus might become sarcomatous, the one on the right might become cystic, and so change to a fibro-cystic tumor, while the one behind might become carcinomatous. Under these circumstances they would probably increase in size, but they would have changed their character completely, and would no longer be simple fibroids. In the earlier part of the course you will, perhaps, remember that I told you of a large tumor which I removed at the Woman's Hospital from a patient who was long past the menopause, and which was pronounced by one of the most accomplished microscopists in the city to be of a fibroid character. I am thoroughly convinced in my own mind, however, that the microscopist is mistaken, and for the reason that in all my experience I have never known or heard of a fibroid tumor existing in a state of vitality after the final cessation of the menses. I believe that the growth was really of a sarcomatous nature at the time that it was removed, whatever may have been its character at an earlier period of the patient's life. In the present case, the time for local treatment (should any have been desirable previously) is now passed. The woman is simply a candidate for general treatment, and what she needs is tonics, good food, and plenty of fresh air.

—The Illinois Training-school for Nurses is having built, near Cook County Hospital, a Home for a residence for its nurses. The necessary funds have been contributed by the public.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Does Excision of the Larynx Tend to the Prolongation of Life?

BY J. SOLIS COHEN, M. D.,

Honorary Professor of Laryngology in Jefferson Medical College.

[Read April 4, 1883.]

That complete laryngectomy can be performed without sacrifice of life, there is now accumulative evidence.

That every operation involving the removal of the larynx imperils the immediate existence of the patient, the records of the procedure abundantly attest.

That a very large proportion of the subjects operated upon, say nearly fifty per cent. of them, succumb within so brief a period that their deaths may be justly attributed to the operation, an examination into its statistics renders only too obvious.

The writer owns to a prejudice against the operation; he has never witnessed a laryngectomy, nor seen a patient upon whom it had been performed. It may seem rather an assumption on his part, therefore, to criticize an operation, of the technical procedure and after management of which he is practically ignorant.

Let us consult the statistics of the operation, and contrast the average life of those who have been subjected to it, with the average life of patients in similar condition, entrusted to palliative treatment.

I have before me, as I write, more or less detailed records of sixty-five operations of complete "extirpation of the larynx," as it is termed.

There are a number of partial excisions, which have not been brought into the subjoined table because the partial operation is not included in the scope of this paper.

Of the above sixty-five complete operations, four were performed in non-malignant cases; one for cicatricial syphilitic stenosis, with death "some weeks after from pneumonia" (Case 1) [Watson]; one for necrosis, the case terminating fatally by marasmus five days after the operation (Case 22) [Rubio]; one for polypi of the larynx (Case 64) [Ruggi]; and one for papilloma of the larynx (Case 65) [McLeod].

Of the sixty-one operations remaining in this list, five were performed for sarcoma; in two of which the results were so remarkably exceptional, that attention should be especially directed to them.

I. Bottini, of Turin, on February 6, 1875, removed the entire larynx from a male subject twenty-four years of age, with a laryngeal sarcoma, partly round-celled, partly spindle-celled. Notwithstanding copious hemorrhage and severe erysipelas, the patient recovered. He was reported well in August, 1881, or more than six years after the operation, and I have seen no notice of his death. He had been performing the duties of a postman, and walking eight miles a day. This is the most successful case on record.

II. Caselli, of Reggio-Emilia, on September 20, 1879, removed the larynx, pharynx, base of the

TABLE I.—LIST OF COMPLETE LARYNGECTOMIES, INCLUDING AND SUPPLEMENTING THE TABLES OF MACKENZIE, FOULIS, BLUM, AND BUROW.

No.	Operator.	Date.	Age	Sex	Disease.	Parts Removed.	Result.	Reference.	Remarks.
1	Watson, Patrick Heron (of Edinburgh).	1866	36	M.	Stenosis from syphilis.	Larynx and one ring of trachea.	Death in 3 weeks from pneumonia.	Foulis; Transactions International Medical Congress, Aug., 1881, vol. iii. p. 255.	Pneumonia was suspected before the operation.
2	Billroth (Vienna).	1873 Dec. 31	36	M.	Carcinoma of the larynx.	Larynx, lower third of epiglottis, part of the upper two rings of the trachea.	Death from recurrence 7 mos. after the operation.	Archiv. f. klin. Chirurgie, Bd. xvii., H. ii., p. 343.	Recurrence noted at end of four months.
3	Heine (Prague).	1874 Apl. 28	50	M.	Carcinoma of the larynx.	Entire larynx.	Death from recurrence 6 mos. after operation.	Arch. f. klin. Chir., Bd. xix., p. 584; Böhn. Corresp. Bl., 1874.	
4	Schmidt, M. (Frankfort).	1874 Aug. 12	56	M.	Epithelioma of the larynx.	Thyroid, cricoid, and both arytenoid cartilages.	Death on fourth day from collapse.	Arch. f. klin. Chir., Bd. xviii. H. i., p. 189.	
5	Maas (Breslau).	1874 June 1	57	M.	"Adeno-fibroma carcinomatosum."	Entire larynx.	Death from pneumonia 2 weeks after operation. "On fourth day," *Blum*.	Arch. f. klin. Chir., Bd. xix., p. 507.	
6	Watson, P. H. (Edinburgh).	1874	60	M.	Epithelioma of larynx extending to the left vocal band.	Larynx.	Death from pneumonia in 2 weeks.	Foulis, Trans. Int. Medical Congress, 1881.	
7	Schönborn (Königsberg.)	1875 Jan. 22	72	M.	Carcinoma of the larynx.	Entire larynx.	Death on the fourth day.	Berliner klin. Woch., Sept. 20, 1875, p. 525.	
8	Bottini (Turin).	1875 Feb. 6	24	M.	Sarcoma (partly round-celled, partly spindle-celled) of the larynx.	Entire larynx.	WELL APRIL 19, 1881, probably still alive.	Communicazione letta Junanzi. la R. Academia di Medicina di Torino, April 30, 1875. Letter from Prof. Bottini to Dr. Foulis.	The operation entailed copious hemorrhage, and was followed by severe erysipelas.
9	Langenbeck (Berlin).	1875 July 21	57	M.	Carcinoma of upper part of larynx, of the epiglottis, and of the hyoid bone.	Entire larynx, hyoid bone, part of the tongue, pharynx, and œsophagus.	Death from recurrence in cervical lymphatic glands 4 months after.	Berlin klin. Woch., 1875, No. 33, p. 453; Arch. f. klin. Chir., Bd. xxi., Supplem., p. 136.	
10	Multanowski (St. Petersburgh).	1875 July 27	59	M.	Carcinoma.	Entire larynx.	Death from croupous pneumonia 3 months after operation.	Centbl. f. Chir., 1882, No. 35, and letter from Dr. A. Schmidt to Prof. Burow (Arch. Laryng., N. Y., April, 1883).	
11	Multanowski (St. Petersburgh).	1875 Aug. 9	47	M.	Carcinoma.	Entire larynx.	Death from recurrence 2 mos. after operation.	As above.	
12	Billroth (Vienna).	1875 Nov. 11	54	M.	Diffuse carcinoma of the larynx.	Entire larynx.	Death on the fourth day from extensive broncho-pneumonia.	Billroth's Clinical Surgery, London, 1881, p. 133.	Had not been preceded by tracheotomy; wound did well, with but little febrile reaction.
13	Maas (Freiburg).	1876 Feb. 5	50	M.	Epithelioma of the larynx	Entire larynx, with exception of the epiglottis and of a small piece of cricoid cartilage.	Death from recurrence 6 mos. after the operation.	Arch. f. klin. Chir., Bd. xx., p. 535. Private communication from operator to Dr. Foulis, Trans. Int. Med. C., London, 1881.	Recurrence in posterior portion of tongue about 3 months after operation. Death by hemorrhage from the ulcerated mass.
14	Gerdes (Jever)	1876 Mar. 30	76	M.	Carcinoma.	Entire larynx.	Death on the fourth day from collapse.	Arch. f. klin. Chir., Bd. xxi., H. ii., p. 473.	
15	Reyher (Dorpat).	1876 May	60	M.	Carcinoma of the vocal bands.	Entire larynx, with exception of epiglottis.	Death on the eleventh day from hypostatic pneumonia	St. Petersburgher Med. Woch., 1877, Nos. 17 and 18.	
16	Watson, P. H. (Edinburgh).	1876	60	F.	Epithelioma of larynx, with enlargement of some adjacent glands.	Larynx and enlarged glands.	Death in one week from pulmonary embolism.	Letter from operator to Dr. Foulis.	The lingual and facial veins were cut in the operation.
17	Kosiuski (Warsaw).	1877 Mar. 31	36	F.	Epithelioma of the larynx, with perforation of the skin.	Entire larynx.	Death from recurrence 9 mos. after operation.	Centbl. f. Chir., 1877, No. xxvi., p. 401. Private communication from operator to Dr. Foulis.	

TABLE I.—*Continued.*

No.	Operator.	Date.	Age	Sex.	Disease.	Parts removed.	Result.	Reference.	Remarks.
18	Foulis (Glasgow).	1877 Sept. 10	28	M.	Sarcoma, "partly papilloma, partly spindle-celled carcinoma."	Entire larynx, with exception of superior cornua of thyroid cartilage and half the arytenoid cartilages.	Death from tracheal and pulmonary phthisis, March 1, 1879.	Lancet, Oct. 13, 1877, and Mar. 29, 1879.	
19	Wegner (Berlin).	1877 Sept. 16	52	F.	Carcinoma of the larynx, size of walnut, originating from right ventricle	Entire larynx, with epiglottis, but leaving lower half of the cricoid cartilage.	Well April 12, 1878.	Verh. der Deutschen Gesellsch. f. Chir., 1878. Private communication from operator to Dr. Foulis.	
20	Bottini (Turin).	1877 Aug. 29	48	M.	Epithelioma of the larynx.	Entire larynx and portion of œsophagus.	Death on the third day from double pneumonia.	Annales des maladies de l'oreille et du larynx, July 1, 1878; Centbl. f. Chir., 1878.	Performed "bloodlessly," with galvano-cautery blade.
21	Bruns, Victor von (Tübingen).	1878 Jan. 29	54	M.	Epithelioma of the larynx (of 5 years' duration).	Entire larynx.	Death from recurrence 9 mos. after operation.	Wien. Med. Presse, Nov. 17, 1878. Communication from Prof. Paul Bruns to Dr. Foulis.	Preliminary tracheotomy not performed. Collapse after operation, and hyperpyrexia for a week. Voice tube employed in five weeks.
22	Rubio (Madrid).	1878 May 11	41	M.	Perichondritis of the thyroid cartilage, with necrosis.	Entire larynx.	Death on the fifth day from marasmus.	Observacion clinica, etc. Real Academia de Med., Madrid, 1878.	
23	Czerny (Heidelberg).	1878 Aug. 24	46	M.	Sarcoma in and under vocal bands, and perforating the thyroid cartilage; also involving the neighboring glands.	Entire larynx and the diseased glands.	Death 15 months after operation (as the result of a new operation?).	Letter from operator to Dr. Foulis, Schüller, die Tracheotomie, Billroth and Lücke's Deutsche Chirurgie 1880, p. 200.	Repeated removals of recurring masses.
24	Billroth (Vienna).	1879 Feb. 27	43	F.	Epithelioma of pharynx, larynx, and thyroid gland.	Entire larynx, with part of pharynx and œsophagus.	Death during seventh week from passage of bougie into mediastinum.	Private communication from operator to Dr. Foulis.	
25	Gussenbauer (Prague)	1879 May 24	24	M.	Carcinoma.	Entire larynx.	Death 2 months after operation from tuberculosis pulmonum.	Letter from operator to Prof. Burow, Arch. Lar., April, 1883.	
26	Macewen, Wm. (Glasgow).	1879 July 31	56	M.	Carcinoma of larynx and upper end of gullet; also a glandular mass at left side of neck.	Larynx, part of gullet, and glandular mass.	Death in 3 days from pneumonia.	Foulis, Trans Int. Med. Con., London, 1881.	
27	Caseli Azzio (Reggio-Emilia).	1879 Sept. 20	19	F.	Sarcoma of larynx, pharynx, palate, and base of tongue.	Entire larynx, pharynx, base of tongue, soft palate and tonsils.	WELL AUGUST, 1881 (probably still living).	Bul. del Scien. Med., Bologna, 1880, vol. v; Centbl. f. Chir., 1880; Caselli's Reprint, Bologna, 1880. Caselli's statement at meeting Int. Med. Con., London, 1881.	Operation occupied more than 3 hours, was largely done with the galvano caustic blade, and was attended with but little hemorrhage.
28	Lange, F. (New York)	1879 Oct. 12	74	M.	Sarcoma of larynx involving the gullet.	Larynx, right cornua of hyoid bone, part of gullet.	Death from asthenia nearly 7 months after operation. Recurrence.	Archives of Laryngology, N. Y., 1879, p. 36.	
29	Multanowski (St. Petersburgh).	1879 Dec. 4	60	M.	Carcinoma.	Entire larynx.	Death on fifth day from pneumonia.	Centralbl. f. Chir., 1882, No. 25. Letter from Dr. A. Schmidt to Prof. Burow, Arch. Lar., April, 1883.	
30	Langenbuch.	1879	An aged female.		. . . . .	. . . . .	Death on third day from collapse.	Verh. der Deutschen Ges. f. Chir., Bd. x.	Only met by compiler in Blum's list, Arch. Gén. de Méd., 1882, ii., p. 79.
31	Reyher, Carl (St. Petersburgh).	1880	48	M.	Carcinoma.	Larynx.	Death on seventh day from septic broncho-pneumonia.	Wolner's Med. Jour., 1880, II. i. Letter from operator to Dr. Foulis.	

TABLE I.—*Continued.*

No.	Operator.	Date.	Age	Sex.	Disease.	Parts removed.	Result.	Reference.	Remarks.
32	Thiersch (Leipsic).	1880 Feb. 26	36	M.	Carcinoma.	Entire larynx and two rings of trachea.	WELL 18 MONTHS AFTER OPERATION.	Deutsch. Ztschr. f. Chir., 1881, p. 149. Centbl. f. med. Wiss., Sept. 23, 1882. Revue mens. de Larynx., No. 82, p. 350, but accredited to Landerer.	Tracheotomy, Sept. 27, 1879. Laryngotomy for access to growths, Feb. 3, 1880.
33	Thiersch (Leipsic).	1880 Apr. 15	52	M.	Carcinoma.	Entire larynx.	WELL 27 MONTHS AFTER OPERATION.	As above.	Tracheotomy, Mar. 2, 1880.
34	Czerny (Heidelberg).	1880 Oct. 11	47	M.	Epithelioma of larynx and superjacent soft parts.	Larynx and soft tissues in front of it.	Death from exhaustion and hemorrhage (March 25, 1881) after.	Letter from operator to Dr. Foulis.	
35	Hahn (Berlin).	1880 Oct. 23	67	M.	Carcinoma.	Larynx, all except a portion of the thyroid cartilage.	FREE FROM RECURRENCE 2 YEARS AFTER OPERATION.	Letter from operator to Prof. Burow. Archives of Laryngology, April, 1883.	
36	Thiersch (Leipsic).	1880 Nov. 10	45	F.	Carcinoma of pharynx and larynx.	Larynx and part of pharynx.	Death from recurrence in 4 months (March 16, 1881).	Deutsch. Ztsch. f. Chir., 1881, xvi., p. 149.	Tracheotomy, Oct. 17, 1880. Recurrence noted within 6 weeks after operation.
37	Bircher, H. (Aarau).	1880 Dec. 3	49	F.	Scirrhus of the thyroid gland, involving the larynx.	Thyroid gland excised; 6 months later the cancer recurred, and the larynx was excised with part of the gullet.	Death in 16 days from pneumonia and gangrene of the lung.	Letter from operator to Dr. Foulis. Trans. Int. Med. Congress, 1881.	
38	Pick (London).	1881 Jan. 16	39	M.	Epithelioma of larynx (preceded by papillomata).	Larynx and epiglottis.	Death in 5 days from pleurisy and pericarditis.	Lancet, April 2, 1881, p. 541; Brit. Med. Jour., April 9, 1881, p. 562.	
39	Thiersch (Leipsic).	1881 Jan. 17	57	F.	Carcinoma of pharynx and larynx.	Entire larynx and part of pharynx.	Death on seventh day from secondary infectious pneumonia.	Deutsch. Ztsch. f. Chir., 1881, Bd. xvi., p. 149.	Tracheotomy, Dec. 9, 1880.
40	Toro (Cadiz).	1881 March 9			Epithelioma of larynx.	Hyoid bone, base of tongue, and larynx.	Death on fourth day from pulmonary emphysema.	Med Record, N. Y., August 6, 1881, p. 167.	
41	Winiwarter (Liege).	1881 April	55	F.	Carcinoma.	Entire larynx.	NO RECURRENCE 11 MONTHS AFTER OPERATION.	Clinique Chir. Univ. Liege; Monatschr. f. Ohrenheilk., 1882, No. 9. Burow's list.	
42	Foulis (Glasgow).	1881 April 30	50	M.	Epithelioma of larynx (preceded by papillomata).	Larynx.	Well and strong, August, 1881.	Brit. Med. Jour., May 7, June 11, 1881; Trans. Int. Med. Congress, London, 1881.	
43	Czerny (Heidelberg).	1881 May 12	47	M.	Epithelioma.	Larynx and upper two rings of trachea.	Well and strong, August, 1881	Letter from operator to Dr. Foulis. Verbal report to Int. Med. Cong., London, 1881.	
44	Reyher, Carl (St. Petersburgh).	1881 May 14	57	M.	Carcinoma.	Larynx.	Death on fifth day from septic broncho-pneumonia.	Letter from operator to Dr. Foulis. Trans. Inter. Med. Congress, 1881.	
45	Kocher (Berne).	1881 May 16	59	M.	Carcinoma.	Entire larynx, except a piece of the cricoid cartilage.	NO RECURRENCE 16 MONTHS AFTER OPERATION.	Letter from operator to Prof. Burow, Arch. Laryn., N. Y., April, 1883.	Patient wears a self-made artificial epiglottis to overcome choking in deglutition, result of excision of epiglottis.
46	Tilanus (Amsterdam).	1881 May	51	M.	Epithelioma.	Entire larynx.	Death in 36 hours from collapse.	Centbl. f. Chir., 1882, No. 34.	
47	Gussenbauer (Prague)	1881 May 19	48	M.	Carcinoma.	Entire larynx.	WELL 19 MONTHS AFTER OPERATION; doing duty as a riding master.	Letter from operator to Prof. Burow. Arch. Laryn., N. Y., April, 1883.	
48	Volker (Brunswick).	1881 May 28	44	F.	Carcinoma epithelioides.	Entire larynx.	Death from suffocation five months after operation.	Academisch Proefschrift, Amsterdam, 1882, pp. 84 and 112.	Suffocated while patient had withdrawn canula to cleanse it.

TABLE I.—*Continued.*

No.	Operator.	Date.	Age	Sex.	Disease.	Parts removed.	Result.	Reference.	Remarks.
49	Albert (Vienna).	1881 July 6	45	M	Carcinoma almost filling right half of larynx.	Entire larynx, except epiglottis; also small section of adjacent œsophagus.	Death on eighth day from diffuse bronchitis and lobular pneumonia.	Wien. med. Presse, 1881, xxii., p. 1373.	On 13th, hemorrhage from internal carotid, arrested by ligature above and below point of erosion. Collapse same evening; death next day.
50	Hahn (Berlin).	1881 Aug 13	46	M.	Carcinoma.	Entire larynx.	Death in 25 days from putrid bronchitis.	Letter from operator to Prof. Burow.	
51	Margary (Turin).	1881 Sept. 29	36	F.	Epithelioma of œsophagus and larynx.	Larynx, first ring of trachea, thyroid body, part of pharynx, and œsophagus.		Arch. Ital. di Lar., Jan. 15, 1882.	Recurrence at end of 3 months.
52	Gussenbauer (Prague)	1881 Oct.	62	M.	Carcinoma.	Entire larynx.	STRONG AND WELL 14 MOS. AFTER OPERATION.	Letter from operator to Prof. Burow.	
53	Reyher, Carl (St. Petersburgh).	1881 Oct. 10	73	M.	Carcinoma.	Larynx and upper three rings of trachea.	Death from recurrence 9 mos. after operation.	St. Petersburgh med. Ztschr., 1882, No. 28. Letter from operator to Prof. Burow.	
54	Reyher, Carl, (St. Petersburgh).	1881 Oct. 10	65	M.	Carcinoma.	Larynx.	Death on seventh day from septic pneumonia.	As above.	
55	Novaro.	1881	63	M.	Carcinoma.	Entire larynx.	Recurrence in four months. Excision of right lobe of thyroid gland and part of pharynx. Death from hemorrhage on 11th day.	Giorn. di R. Acad. di Med. di Torino, vol. xxix., 1881, p. 39; Arch. Ital. di Lar., July 15, 1882.	
56	Schede.	1881	54	M.	Cancroid.	Larynx, hyoid bone, and thyroid gland.	Two months later the patient was fitted with an artificial larynx.	Deutsche Med. Woch., 1882, No. 33, p. 45.	
57	Reyher, Carl (St. Petersburgh).	1882 April 7	55	M.	Carcinoma epithelioides.	Entire larynx, pharynx, and parts of œsophagus.	Death 14 days after operation from exhaustion.	Letter from operator to Prof Burow.	
58	Kocher (Berne).	1882 May 13	54	M.	Carcinoma.	Entire larynx and carcinomatous glands.		Letter from operator to Prof. Burow.	Recurrence seven months after operation.
59	Whitehead, Wm. (Manchester).	1882 May 27	46	M.	Epithelioma of right vocal band and parts subjacent (as far down as upper portion of trachea).	Thyroid and cricoid cartilages and two rings of trachea, leaving epiglottis intact.	WELL JANUARY 31, 1883. Probably still alive.	Lancet, Nov. 4, 1882, p. 741. Letter from operator to compiler, dated Jan. 31, 1883	
60	Bergmann (Würzburg).	1882 June 12	54	M.	Carcinoma (Adeno sarcoma?).	Entire larynx.	SPEAKS WELL WITH ARTIFICIAL (BRUNS) LARYNX SOME MOS. AFTER OPERATION.	Sitzungsb. Würzburg Phys. Gesell., 1882, 47-56. Deutsche med. Woch., 1882, No. 35; Centbl. f. Chir., Aug. 19, 1882	
61	Burow (Königsberg).	1882 July 7	44	M.	Carcinoma.	Entire larynx without epiglottis.	Death from sudden suffocation 4½ mos. after operation.	Archives of Laryngology, April, 1883.	
62	Kocher (Berne).	1882 Sept. 28	43	M.	Carcinoma.	Entire larynx and a portion of œsophagus.		Sammlung klin. Vorträge v. Volkmann, No. 224, p. 1944.	
63	Maydi (Vienna).	1882	50	M.	Carcinoma.	Larynx, except cricoid cartilage. Excision of a gland, size of a dove's egg.	No recurrence 3 mos. after operation.	Wien. med. Presse, 1882, xxiii., 1672; Wien med. Woch., 1882, No. 44. Letter from operator to Prof. Burow.	
64	Ruggi.	1882	10	M.	Polypi of the larynx.	Entire larynx.		Centbl. f. Chir., 1882, No. 45; Raccoglitore med., 1882, xviii., p. 36.	"Recovery in 28 days." Burow's list.
65	McLeod (Calcutta).	1882	35	M.	Papilloma of larynx.	Entire larynx and thyroid gland.	In good condition one month later.	Ind. Med. Gaz., 1883, xviii., 24-26.	

tongue, soft palate and tonsils, from a female subject nineteen years of age, for a sarcoma of the larynx, pharynx, palate and base of tongue. The patient was reported well in August, 1881, practically two years after the operation, and I have seen no notice of her death. This is the second best case on record.

The remaining three patients operated upon for sarcoma, died at the periods of seven, fifteen, and seventeen-and-a-half months, respectively.

(*To be Continued.*)

EDITORIAL DEPARTMENT.

PERISCOPE.

A New Theory of Diphtheria.

The *London Med. Record*, April 15, 1883, says: "There is no creed in medicine. The freshest confirmation of this doctrine is to be found in certain recent original observations on diphtheria, which have led Dr. Woakes to describe this disease as a simple neurosis arising in persons deficient in tone, especially in vascular tone. It is by him considered to be in fact an atonic inflammation, and akin to a common cold in its theory of causation. The history of its production is thus to be read. The patient is in an exhausted nervous state (extremes of climate are particularly noted as accountable for this), and the vaso-motor control is consequently lowered. He is then exposed to some strong peripheral irritation or shock, *e. g.*, cold. The impression so produced is conveyed by the afferent fibres of the sympathetic in the pharyngeal mucous membrane to their central cells in the superior sympathetic ganglion, and through these exhausted centres produces a vaso-inhibitory action by means of the efferent sympathetic fibres going to the pharyngeal vessels, which under the circumstances is not soon replaced by a healthy tonic reaction. There is persistent local inflammation of low type.

The paretic muscular condition is similarly explained. The vaso-inhibitory action extends to those vessels which supply nerves, as the vagus (vasa nervorum), and receive their vaso-motor fibres from the centre originally impressed by the peripheral irritation. Hence pharyngeal muscular paralysis, and a heart soon exhausted by rapid action unqualified by vagal control.

The contagiousness of diphtheria is treated on a different hypothesis. The infective element is supposed to be a modified constituent of normal tissue—namely, a lymphoid cell. A layer of these has been described by Luschka as found in the mucous tissue of the pharynx. According to the new theory of diphtheria, these undergo abnormally rapid development in the inflammatory process, and, on being shed at the mucous surface, many—probably almost as soon as formed—become the infective particles of the diphtheritic membrane, and are capable of exciting in any suitable—*i. e.*, atonic raw or mucous surface—the train of changes to which they owe their morbid characters. There is a good deal in the history of diphtheria which gives support to the vaso-dilator view of its causation. Thus, it has been frequently observed that persons from some cause enfeebled are readily affected by it; and common experience has shown that vaso-motor changes are particularly associated with a physique impaired by over-exertion or under-feeding—witness the drained constitutions which are the subjects of hysteria. Moreover, the occurrence of the disease sporadically, it would appear—in high and dry localities exposed to winds, and presumably well ventilated—suggests a climatic agency.

Moreover, the view of lymphoid cell contagion is in certain points allied to that which recognizes the action of specific disease-germs, to which the communicability of diphtheria is now commonly ascribed. All these organisms alike belong to that low grade of vegeto-animal life which is characterized by the mutability of its forms, and no less by their apparently unlimited powers of self-propagation. Buchner held, with some reason, that the harmless hay-bacillus became, when bred in animal substances, identical with the highly infective bacillus of anthrax. The small-pox germ, conversely, has been found, on successive propagation through the cow, to become innocuous. The question may naturally suggest itself, Is it not possible for a lymphoid cell in a state of abnormal activity of growth to become a morbid excitant of over-sensitive tissues? Perhaps the strongest argument in support of this view is to be found in the phenomenon of "malignancy." No bacterial clue to this condition has been demonstrated; but, instead, the rapidly growing cell-elements of the parent tumor reproduce its like in distant parts, and even, according to Dr. Creighton, infect normal gland-cells so as to make them take on a morbid action.

But it must be remembered that the only part of the new diphtheritic theory which rests upon proof, is that which describes the process of local congestion, the method of the disease. This is simply a history of inflammation, and is characteristic of that change in other than the diphtheritic state. We do not deny that apparently simple sore-throats found in the same house with diphtheria are suggestive of a common origin; but the concurrence is explicable on other theories than the purely vaso-motor, and we require to have it shown why, if atony and exposure constitute the causes of diphtheria, most feeble persons who have tonsillitic throats from exposure do not exhibit the other symptoms and characteristic sequelæ of that disease.

With regard to the lymphoid element of contagion and its effects on tissues favorable to its development, proof is wanting. No doubt the mucous tissue abounds in such elements, but the

presence of bacilli and spores, especially in diseased states, has also been often demonstrated. By which of these means is the disease propagated? Which is the essential irritant of afferent nerve-fibres? In other infective diseases, as tubercle and anthrax, recent observation has shown beyond doubt that this power resides in the bacilli; and though investigation has not proceeded so far in regard to the exanthemata of diphtheria, still the persistence of specific peculiarities in each of these disorders, the transference of these unchanged from subject to subject, and the want of clear proof of the existence of hybrid diseases, support the view that in every such infective morbid state the essential agent is a special foreign germ, able to bring about in the animal body its own peculiar pathological state. How far this germ owes its characters to its habitat, and communicates a condition of which it is itself the subject rather than the primary cause, remains still open to question.

The means of contagion is therefore the point which has still to be settled in regard to diphtheria; and so far, we must admit that the bulk of evidence goes to show that this consists in some form of bacterium. Neurotic influence is the admitted method by which any form of germ can produce its local manifestations; but it has not yet been shown to be in diphtheria more than the mode of action of an undetermined cause.

Sub-Periosteal Hemorrhage of Long Bones in a Rickety Infant.

In the *Medical Times and Gazette*, April 7, 1883, Dr. Herbert W. Page records the case of an infant, aged nine months, extremely wasted, pale and ill, who was sent to him by Dr. Taylor, of Willesden, and who presented enormous enlargement of the shafts of the left femur and tibia, and of the upper third of the right tibia also. The swelling had been coming on and gradually increasing for about a month. The neighboring joints were not affected, and there was no superficial sign of inflammation. Beading of the ribs and rickety enlargement of one radius led to the belief that the condition was in some way due to rickets, and this supposition was also based on the fact that the child had from birth been fed for three weeks on Swiss milk, and after that almost entirely on Nestlé's and Savory's foods. There was no history of syphilis, and in the absence of general fluctuation no certain diagnosis was made. A trocar and canula passsd at one point in the thigh, where there was doubtful fluctuation, gave exit to a few drops of sanguineous fluid, the bone being found bare. Incisions were therefore made through the periosteum of both thigh and leg, and large blood-clots, which had to be broken up with the finger before any part of them could be removed, were found lying around the shafts, the periosteum being stripped up therefrom throughout their entire length. Being now properly fed, the child, whose recovery had seemed well-nigh hopeless, began at once to improve; the blood-clots were gradually expelled, there was little or no suppuration, the wounds healed; and when seen three months afterwards, the affected bones had resumed their normal size, and the periosteum its natural position in contact with the shafts. There is no hemorrhagic diathesis in the family. The author refers to the difficulties in diagnosis presented by this case, especially in the absence of fluctuation, which was doubtless due to blood-clot being tightly packed between periosteum and bone. He is now inclined to regard the disease as scorbutic rather than rickety, and the hæmorrhage as the more essential element of the pathological condition than inflammation of the periosteum. The child had been reared on scurvy diet. Periostitis is almost unknown, even in the worst cases of rickets. There was no sign of inflammation either in the neighboring joints or in the skin, and it is, moreover, noteworthy that both periosteum and bones have survived the attack. Such could hardly have been the issue of an acute hæmorrhagic periostitis, even though the hæmorrhage, as a local blood-letting, might have conduced to the safety of the periosteum. He refers to other cases, of which, indeed, there is only one definite example on record, in support of this doctrine. A case was recorded by Mr. Thomas Smith in vol. xxvii. of the *Pathological Society's Transactions* as "Hæmorrhagic Periostitis of the Shafts of Several Long Bones, with Separation of Epiphyses," where after death the shafts were found surrounded by blood-clots underneath the periosteum, and in which there were numerous hæmorrhages in the muscles also, with a large hæmorrhage in one lung—hæmorrhages, in fact, like those ordinarily seen in scurvy. In one of three cases recorded by Dr. Cheadle of "Scurvy Supervening on Rickets in Young Children," in addition to bleeding gums, and other usual signs of scurvy, there were "hard swellings deeply seated in the flesh of each thigh, and the shafts of the long bones felt enlarged and swollen." The author has little doubt that in that case also the enlargement was due to subperiosteal hæmorrhage. The child had been fed on a scurvy diet, and the state of the gums very clearly told what unnatural agents had been at work. In his own case the diet was a distinctly scurvy diet, lacking every kind of fresh food, and he trusts that the record of it may lead to a surer diagnosis and better treatment in other cases, where the absence of swollen and bleeding gums deprives us of an all-important clue to the nature of the malady.

Snake Poisoning.

We note the following from the *Lancet*, April 21, 1883:

A paper by Dr. Baddaloni, on "Permanganate of Potash as an Antidote to Viper Poison," was read at the Medical Society of London on Monday last. It related experiments conducted to test the truth of Lacerda's assertion that permanganate of potash is both a chemical and a physiological antidote to viperine, the active principle of viper poison. He has failed to obtain any evidence in support of the latter part of this assertion. Prince Lucien Buonaparte—whose chemical investigations into viper poison first established the fact of the existence of a special active principle, which he named "viperine"—was present and spoke, referring to the great need there is of investigation into the chemical change produced in the blood by viperine, a change which destroys its power of coagulability. Sir Joseph Fayrer fully admitted that permanganate of potash is a chemical antidote to viperine, though not a physiological one;

but he thought it might be of use as a local application to snake bites, after means had been taken to prevent absorption of the poison into the general system; in fact, as a substitute for excision and cauterization of the part. He referred to the marked difference in the physiological effects of the poison of the viperine and colubrine snakes—the former being less intense and preventing coagulation of the blood, the latter more rapid and intense, and not interfering with the coagulability of the blood. He doubted the possibility of ever finding a true physiological antidote to snake poison that would be effectual if introduced into the body after the poison had once passed into the general circulation. Sir Joseph Fayrer was able to add many interesting and valuable facts from his own experience, and in reply to a question from Dr. John Ogle gave a caution about the popular belief in the safety and efficacy of sucking a snake bite. He stated that the poison is absorbed even through an entire unabraded mucous membrane, and he doubted whether it is possible to extract by suction anything more than a very minute proportion of the poison introduced in the tiny puncture made by the poison fang of a snake.

Imperforate Anus.

Dr. B. W. Hinds reports this case in the *Southern Practitioner*, June, 1883:

The child had been born 56 hours, and in consequence of the long time which had elapsed, was in great pain. I made a careful examination, exploring the parts carefully, satisfying myself that I could discover vestiges of an opening through the expanded sphincter, circular in form, and about the proper distance between the scrotum and coccyx for the anus. I proceeded at once to operate, and selecting from my pocket case such instruments as I thought necessary: placing the child in the lithotomy position, an assistant holding it firmly, I made an incision five-eighths of an inch long, with an ordinary bistoury, along the raphéal line. I then took a probe-pointed bistoury, with which I made a cross incision of about the same length as the one first made, completing the operation. To my great satisfaction the meconium passed immediately, giving me full assurance of the fact that my operation was thus far successful. After the bowels had acted sufficiently, I applied a pledget of lint with compress and bandage, and retired for the night, giving instructions to the nurse to watch for hemorrhage; but she got careless during the night, let the bandage get off, the compress fell away, and hemorrhage took place to an alarming extent; which, when I awoke, I stopped immediately by the application of a new bandage and compress, saturated with alum. There being only a tegumentary covering, reducing the malformation to the simplest variety, the treatment was necessarily simple. Every day for three consecutive days, I opened the orifice with a large silver catheter, following it in a short while with a slippery-elm bougie made from the bark fresh cut from the tree, letting it remain *in situ* for 20 or 30 minutes each time. This constituted the entire treatment. The child recovered with a perfect anus, the sphincters contracting naturally. There is nothing peculiar about this case of which I am aware, except that the raphéal line extended all the way from the scrotum to the os coccyx. There was one artery, a branch of the perineal, running longitudinally with the raphé, that I think was inordinately large.

Apomorphia a Safe, Certain, and Quick Emetic.

In the *Brit. Med. Jour.*, May 5, 1883, Mr. Brown, L. R. C. P., of Bacup, writes:

It has occurred to me, in several cases, to have patients who have been obnoxious to ordinary emetics. The emetic has caused nausea and depression, but no emesis. A few weeks ago two cases of this kind occurred in my practice. One was a man who had been drinking and eating indigestible food. Domestic emetics were given, which had produced nausea and ineffectual attempts at vomiting. It occurred to me that apomorphia, used hypodermically, might succeed. I prepared a solution containing a grain of chloride of apomorphia, twenty minims of rectified spirit, and water to two drachms, of which I administered ten minims hypodermically, which equals one-twelfth of a grain. In seven minutes, it produced free and copious vomiting. There was no nausea, nor depression, nor intolerance of food. The other case was a man who was a total abstainer. Patient had loaded his stomach with a mass of indigestible food, which had caused acute pain in his stomach. He had tried domestic remedies without success. Pain was so severe that I was called up at night. The other case having been so successful, I at once administered ten minims of the solution. In two minutes, without any previous nausea or warning, the contents of the stomach were violently ejected on the floor, the patient not having time to get a vessel to vomit into. This was repeated two or three times at short intervals, and the patient had speedy relief. In this case there was no nausea or bad after-effect.

From inquiries which I have made, I am convinced that the value of apomorphia as a safe, certain, and quick emetic is not appreciated, because not known. In cases of alcoholic and narcotic poisoning, it is a most valuable remedy; and, judging from my experience in one case, the emesis is delayed but a few minutes. In cases of acute gastralgia and convulsions in children, due to overloaded stomach, apomorphia will prove a speedy cure. I have given one-sixth of a grain of the drug to children by the mouth without producing any effect whatever.

Transient Paralyses in Association with Partial Epilepsy.

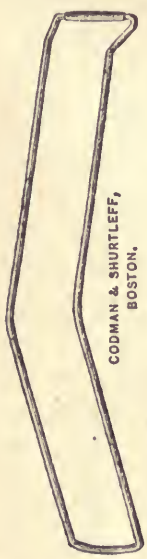
From the *Medical Times and Gazette*, April 21, 1883, we learn that some very carefully investigated cases of this association are to be found in the *Revue de Médecine* for March, recorded by M. Dutil. The class of cases referred to are those which are familiar to us in this country from the writings of Dr. Hughlings-Jackson, where a person has a convulsive seizure localized to one side of the face, or one or both limbs on the same side of the body, followed by a transitory loss of power in the part convulsed, the loss of power lasting from a few minutes to a day or two. It is important not to confound this class of cases with those where a permanent hemiplegia is associated

with attacks of partial epilepsy, such being always cases of destructive brain-lesion within the motor area. The group of cases under consideration do not result from a lesion in the motor area; they may be due to lesion somewhere in the neighborhood of the motor area, or even to a peripheral lesion. M. Dutil accepts Dr. Hughlings-Jackson's view that the paralysis in these cases is due to temporary local exhaustion of that portion of the brain which has been the seat of the discharging lesion; but, curiously enough, he does not see his way to applying the same reasoning to ordinary cases of epilepsy, and refuses to consider the state of complete resolution which supervenes on an epileptic seizure as a total paralysis. The practical point to be gathered from this study—and it is a very important one—is, that if a person dies with some paralysis not long after a convulsion, and no gross lesion of the brain is found, we are not to conclude that there is no truth in the doctrine of cerebral localization, as the case may be one of partial epilepsy. We cannot help thinking that a good many of the cases recorded by the older writers, which have been quoted as proof of the non-existence of any special motor regions in the brain, would probably receive a correct interpretation by being classed as cases of partial epilepsy associated with transient paralysis.

A New Tongue-Depressor.

Dr. N. Thornton Parker, Acting Assistant Surgeon, U. S. A. describes this instrument in the *Boston M. and S. Jour.*, May 10, 1883:

It is a matter of very general complaint that most of the tongue-depressors now in use are clumsy and heavy for the operator, and needlessly disagreeable for the patient. Their form is also an obstacle to their cleanliness. Many of them are even dangerous, and capable of conveying disease. I would therefore recommend the new tongue-depressor made for me by Messrs. Codman & Shurtleff, of Boston, Mass., which I think is very much more desirable than those already in use. It is made of wire, nickel plated, the size used in Sims' (wire) speculum for general use, and of smaller wire for use with children. It is light and capable of being readily cleansed, is convenient for the operator, and not disagreeable to the patient. It is held in the right hand between the thumb and forefinger, the second finger between the wires, and the last two fingers to the right of the instrument. The motion is made by the closing of the fingers, and no force is required, only gentle pressure with a slight drawing forwards.



Diseases of Pre-historic Men.

Gaillard's Medical Journal, April 21, 1883, says that this subject has received some attention in a paper read by M. Le Baron (*Thèse de Paris*, 1881), before the Anthropological Society of Paris. Dr. Knapp, of New York, has also (*Archives of Otology*) studied the mound-builders from the standpoint of otology. As the result of an examination of two hundred and fifty skulls of the mound-builders, he found exostosis in forty-four cases. The condition was due to the habit of carrying foreign bodies in the meatus auditorius. Neither of these papers, however, compared in scope with that of W. H. Jackson, M. R. C. S., read before the West Kent (England) Medico-Chirurgical Society. He (*Athenæum*) cited a case of exostosis in a femur found at Lozère; evidence of toothache and abscesses in the jaw found there and in the Belgian bone caves; of rheumatic ulceration of the joint in a jaw-bone and an astragalus from Furfooz, Belgium, and in other instances; a case of very extensive inflammation from the Caverne de l'Homme Mort, Lozère; a case of hydrocephaly from the Trou Rosette, Belgium, and one from the Canary Isles, observed by M. Verneau; hemiplegia in the skeleton found at Cissbury, Sussex; hip-joint disease in four cases recorded by M. Le Baron; synostosis of the sutures in the Neanderthal skull; and numerous cases of surgical and posthumous trepanation. He also expressed the opinion that syphilis is a pre-historic disease, citing examples of it from Bray-sur-Seine, in France, from Patagonia, and from Peru, and hazarded the suggestion that circumcision, which prevails in every division of the globe, and is almost universally performed with a stone implement, is a practice which has descended from pre-historic times. Flattening of the skull is known to have been practiced, and fractures of bones and wounds of the skull are, of course, very frequent. Upon the whole, it may be concluded that the diseases of neolithic pre-historic man did not differ much from those of the present day.

The Brand Treatment of Typhoid Fever.

From the *Medical Press*, April 11, 1883, we learn that at the Académie de Médecine M. Peter made a vigorous attack on the Brand treatment of typhoid fever, which he styled as brutal and dangerous. The cold bath not only affected the temperature, but had a well-recognized deleterious action on the whole organism. So much was refrigeration coming into fashion, that he would not be surprised if some fine day a machine was made with a thermometer at one end and a pair of clamps at the other, which, when the thermometer should attain a certain degree, would, by automatic action, seize the patient and place him in a bath ready prepared! As to the statistics given by his German *confrère*, he considered they were not exact; for the Lyons medical staff, who had adopted the Brand treatment, very generally reported that, under the cold bath treatment, the mortality rose two per cent. above the average. Referring to M. Pasteur and his recent discovery of the mode of propagation of contagious diseases, that is to say, by a microbe peculiar to each disease, M. Peter considered it to be an entirely new doctrine for him; yet he was inclined to believe it. But the next thing in his opinion was to find a parasiticide for each microbe, and as such he would suggest camphor, as having a less disagreeable odor than phenic acid.

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CHLOROFORM-NARCOSIS.

Surgeons seem to abstain more and more from the administration of chloroform as an anæsthetic during operations. So many fatal accidents have occurred under its use, so frequently has death taken place suddenly and under circumstances which it took all the ingenuity of the best medical minds to explain, so various and almost incalculable are the conditions, under which chloroform suddenly extinguishes life: sometimes at the very beginning of narcosis, before one hardly can speak of overdosing of the nervous centres—then, again, under deep narcosis, the individual either suffering from organic disease of heart or lung, or having no such lesion—occasionally, long after the withdrawal of the drug—that we cannot wonder at one eminent surgeon after another turning his attention to some other less dangerous anæsthetic. At the same time, the fact cannot be denied that some of the most experienced surgeons of this country and Europe have for a very long period of years never employed any other anæsthetic than chloroform, and have never met with a fatal case, where death could have been ascribed to this remedy. This would seem to prove, that if the chloroform is pure, if it is correctly administerd, and if given to selected cases, or, with fewer words, if the necessary precautions are taken, the drug, by itself, will never cause death. We must remember, also, that some of the greatest achievements of modern surgery are due to chloroform, and that we in reality do not possess as yet a substitute for the latter, always as reliable, always as effective.

The whole question is undoubtedly a very interesting one, and any information tending to throw light upon it, should be welcome.

France is to-day, perhaps, the only country where chloroform is still generally employed by the majority of surgeons, but that there a similar agitation against the use of this anæsthetic is now taking place, can be seen from a very animated discussion which, during the month of December of last year, was held in l'Académie de Méd. in Paris.* The subject of the debate was,

* Bullétin de l'Académie de Méd., 7-16, 1282.

"Chloroform-Narcosis," and Gosselin, Labbé, Rochard, Perrin, Trélat, Verneuil, Vulpian, and other well-known authorities participated in the same. The eminent surgeons mentioned all gave their individual experience, their own peculiar mode of administering chloroform, and their opinions regarding the latter. As the whole discussion might be said to have been a resumé of the views held at present by most surgeons concerning the administration of chloroform, we bring our readers in the following, an extract of the interesting debate, and while reporting the opinions of the experienced surgeons mentioned, give the principles which should to-day govern a physician in the administration of this powerful anæsthetic.

Gosselin recognizes three methods of narcotization by chloroform;

1. Small doses are administered; five to six drops at one time, which are permitted to evaporate before more chloroform is added.

2. Large uninterrupted doses. At the very beginning two or three fluid drachms are poured upon the napkin, towel, sponge or apparatus, and the latter is then kept moist with the drug during the whole narcosis.

This method should never be employed in men, as experiments on animals have proven its great danger. Undoubtedly too much chloroform is here at once carried to the blood and in this manner to the brain and medulla oblongata.

3. Progressively increased doses with interruptions. This is the method which Gosselin practices to the exclusion of all others. About one fluid drachm is poured upon the napkin, which is kept about five inches away from the mouth of the patient, so as to allow a continuous ingress of the atmospheric air. After six to seven respirations, which are exactly counted, he permits the patient to take twice a deep breath of pure air. Chloroform is then again inhaled in the manner described for eight, nine, ten, or more times, but after each eighth, ninth, tenth, or more (always counted) act of inspiration (with the chloroform) the patient is invariably allowed to breathe twice pure air. The quantity of the chloroform poured upon the towel is gradually increased in this way up to one and a half, two, and two and a half fluid drachms. Generally by this method within from six to twelve minutes perfect narcosis results, the patient having made about one hundred and fifty inhalations, with twenty-eight free respirations. The narcosis under these circumstances takes, according to Gosselin's own words, the following course:

1. Half sleep with preservation of consciousness.
2. Period of agitation and mild delirium.
3. Loss of consciousness, muscular contractions.
4. Deep sleep, muscular relaxation, contraction of pupils, cessation of reflex excitability.

The advantages this method offers and insures, consist in the fact that blood and nervous centres never receive too much chloroform at any one time, as in consequence of the interruptions of the narcosis a part of the chloroform is always exhaled again. Besides, it is the intention to get the nervous centres used, as it were, by the slow and interrupted supply of the drug, to the chloroform. Gosselin believes that by his method the fatal accidents due to chloroform-narcosis (according to his report in France, one death to every five thousand two hundred narcoses) are not only avoided with certainty, but that also all other dangerous accidents may be eliminated, as they are invariably based upon momentary "hypersaturation" of the nervous centres by chloroform. He not only accepts in its full meaning the sentence of Sédillot: "Le chloroforme pur et bien employé ne tue jamais,"* but he generalizes the same still more: "Le chloroforme même légèrement impur ne donne pas la mort s'il est bien administré."† He prides himself upon the fact that his method not alone has never caused a fatal, but neither any other dangerous accident.

Labbé is opposed to the method of Gosselin, as in consequence of the frequent interruptions narcosis is retarded, and therefor *in toto* more chloroform is used by this than by any other method. He, himself, prefers very small doses, but administered uninterruptedly, and at the same time he

*Chloroform, if pure and well administered, never kills.

†Chloroform, even if in the usual manner impure, will never cause death, if well administered.

prevents its rapid evaporation by covering the napkin with some impermeable material.

Verneuil reports a fatal case by chloroform-narcosis, which happened to him in his own practice, after he had been in the habit, for almost thirty years, of administering the anæsthetic in the usual manner without any accident. The impurity of the chloroform is, according to him, by no means so unimportant as Gosselin thinks. Not every chloroform-death can be avoided with anything like certainty, and simply for the reason that some affections, as, for instance, fatty heart, one of the most frequent causes of death by chloroform, could not always be diagnosticated with certainty. Besides sudden death, especially in the beginning of an operation, had often taken place long before chloroform was known, and he cannot see how such cases may be prevented by any change in the administration of the anæsthetic. But Verneuil finds especially fault with Gosselin, because he conducts the narcosis with all the many different patients in one and the same manner, not suiting the administration of the chloroform to the ever-varying case, but suiting any case to his peculiar method of employing the drug.

Rochard, who has had great experience with chloroform, considers it still the best narcotic, and cautions his professional brethren not to bring it into discredit. But he insists on the administration of the anæsthetic by a special apparatus, which permits the addition of the atmospheric air in a certain proportion.

How their individual experience influences the views of persons can be seen from Perrin, who with an experience similar to that of Rochard, totally discards any apparatus, and thinks the simple towel or napkin-compress to be the best and most secure. He also prefers the administration of chloroform in small but continuous doses, and insists upon the instantaneous withdrawal of the drug as soon as any accident takes place.

The greatest opponent, however, of Gosselin's view, is Trélat, who, while strictly following the method recommended so highly by the latter, lost on the very day on which Gosselin first publicly demonstrated his peculiar manner of administering chloroform, a patient by chloroform-narcosis. Trélat draws our attention to those cases in whom death takes place some time after the withdrawal of the drug, and is of the opinion that in such cases we are perfectly powerless. At the same time he too is convinced of the great advantages chloroform has before all other anæsthetics, and he cites numerous cases belonging especially to modern surgery, where chloroform alone saved the life of persons.

Vulpian's experiments on animals seem to give a physiological explanation for the accidents by chloroform-narcosis. The dangerous symptoms at the beginning of the latter are of reflex nature, caused by the action of the drug upon the nervous centres of the respiratory organs. During the further progress of the narcosis in animals, it is possible to produce by strong mechanical irritation of the central and of the peripheral end of the vagus, stoppage of respiration and of heart's action. This cessation, which may artificially also be induced in other animals, can be caused much easier and more perfectly in animals under chloroform-narcosis. This fact proves that under the influence of chloroform the centres for respiration and circulation become altered and later paralyzed. These phenomena are not alike in all animals; in young animals of certain species of mammalia they are especially apparent. Vulpian observed in narcotized dogs that by weak faradization of the central end of the sciatic nerve, respiration is made slower, and by strong currents it totally ceases. The heart continues to beat for about one minute longer. This shows that the power of conduction of the spinal cord is not interfered with by the narcosis, surely not extinguished. By artificial respiration, if continued for about thirty minutes, one is often able to bring the animal back to life.

From a general resumé of the discussion, the following may be said to be the opinion of the French Academy of Medicine regarding chloroform-narcosis:

1. The dose of the anæsthetic should be definite, no matter how varying in different cases.

2. The chloroform should not be carried to the respiratory organs too directly or too concentrated.

3. The drug should be mixed in a constant proportion with the atmospheric air.

4. The resistance of the patient should not be overcome by force, because an exact measurement of the dose becomes impossible in this manner.

5. The inspirations should be intermitting in character; *i. e.*, inhalation of chloroform alternating with that of air.

6. Narcosis should not be carried until reflex excitability is totally extinguished, as analgesia sets in much sooner.

VIRUS IN OPEN WOUNDS.

M. G. Colin recently read a very interesting memoir on this subject before the Academie des Sciences.

The virulent matters, introduced into open wounds, become separated in three very unequal parts. One part becomes attached to the tissues of the wound, itself to certain of their anatomical elements and to the liquids which impregnate them; here the virus becomes momentarily or definitively fixed. It is thus that are formed the vaccinal pustule, the malignant pustule and the ulceration in farcy. The second fraction of virus spreads by simple diffusion, independent of the ordinary modes of absorption, in the surrounding cellular tissue, over a more or less extended zone, according to the anatomical conditions of the affected parts. It is this species of diffusion which gives rise to the œdema in malignant charbon, to certain forms of septic œdema supervening after grave operations, to phlegmon and erysipelas. The third part of the virulent material, which is absorbed, separates into two parts at the moment it is taken up. The fraction entering the blood-vessels is necessarily carried very rapidly into all parts of the organism. On the contrary, the part taken up by the lymphatics, is displaced very slowly, stagnates in the network of ducts where it acts as an irritant, and finally becomes arrested and accumulates in the glands, whence, through its conservation and regeneration, it has a large part in the development of accidents consecutive to inoculation. These views demonstrate the necessity of the early and free cauterization or excision of virulent wounds to prevent the passage of the virus into the system by simple diffusion or by absorption through the blood-vessels or lymphatics.

POISONED ARROWS.

At a recent séance of the Soc. d'Anthropologie, an interesting communication was received from M. W. J. Hoffman regarding the methods employed by the North American Indians to poison their arrow points.

The Comanches simply pierce the green shell of the "Spanish bayonet," or yucca angustifolia, with the points.

It is reported that the Lipans dip the points in the menstrual blood of women.

The Apaches (Cayoteres sic.) bruise up the heads of rattlesnakes with fragments of deer's liver, allow the mass to become putrid, then dip the arrow points and allow them to dry slowly.

The Chinouns (Moquis of Arizona) irritate a rattlesnake until he bites himself, and then dip the point and a portion of the wood of the arrow into the blood of the animal. A wound with one of these arrows generally proves fatal in three or four days, and its action is much more rapid if the stomach of the wounded person is empty at the time the injury is received.

Another poison is obtained by irritating bees, shaking the hive, and then killing them when in this state with small branches bunched together. The insects are crushed up in a mass with mortar and pestle, and the arrow points are dipped in the magma. It is probable that the active substance in this case consists in the forraic acid contained in the bodies of the bees.

This preparation does not cause death, but induces long-continued sickness.

Another very active but not fatal poison is prepared from red ants. It produces pain in the pharynx, considerable swelling of the part injured, and sometimes delirium. The patient remains feeble for a month.

CHOLERA.

The issue of *Puck* for July 18th contains a most striking illustration.

A vessel approaches New York, upon the bowsprit of which sits a gaunt skeleton, labeled *Cholera.*

In front of Castle Garden, to which the vessel is steering, is ranged a battery of bottles, labeled "Carbolic Acid," "Thymol," "Chloride of Lime," etc. The Board of Health in a boat are meeting the ship, while a cordon of sanitary police, brandishing clubs in the air and standing knee-deep in water, are uselessly endeavoring to drive off this unwelcome emigrant. This picture bears the suggestive and terrible title, "THE KIND OF 'ASSISTED EMIGRANT' WE CANNOT AFFORD TO ADMIT."

Nearly a year ago, we took occasion to give several warnings as to the danger of an invasion from this dread disease; but, of course, our warnings were unheeded. Cholera is now ravaging the East, it is reported in London and in Mexico, and we have every reason to fear that it may be introduced into our own country at any moment.

What can we do? Prepare to give it the *cold shoulder.* How? By *cleanliness.* Should it escape our quarantine outposts and come among us, it will not take deep root, if it does not find filth upon which to subsist. The precaution is plainly indicated; let us see to it that we do not have a terrible epidemic.

NOTES AND COMMENTS.

Fatty Heart.

M. E. Leyden, in a recent memoir (*Zeitsch. für Klin. Med. t. v.*), distinguishes two forms of this disease: the first is the lighter and more frequent form, in which the malaise is due to a simple accumulation of fat, the muscle remaining in a normal condition, and fulfilling its functions as usual.

The second form is of grave augury, characterized by dyspnœa, cardiac asthma, angina pectoris, heart weakness and dropsy. These phenomena depend:

1. On a simple weakness of the cardiac muscle, with dilatation of the left ventricle.

2. On arterio-sclerosis of the aorta and coronary arteries.

The prognosis in the second form is grave, and the diagnosis difficult.

To distinguish cases of arterio-sclerosis from those of simple polysarcy with feebleness of the heart, is not always possible; due attention must be accorded to the age of the patient and the condition of the arteries.

Progressive Paresis from Alcohol.

The *Journal of Nervous and Mental Diseases* for April, 1883, says that Dr. E. Régis (*L'Encephale*, January, 1883,) calls attention to the fact that it must be admitted that there are several forms of progressive paresis, differing according to the cause which engenders them, and it then remains to determine if around the true progressive paresis be not grouped several pseudo-progressive pareses. The question also arises, as has been pointed out, whether there is not a paralytic insanity as well as a paretic dementia, and whether the first arising under the influence of many causes, notably alcohol, does not end almost always in paretic dementia, but that it may be and often is cured. Had Dr. Régis a more extended experience, he would have seen that this supposed relation to etiology did not exist; that in all forms there were remissions, and these remissions have by superficial observers been looked upon as recoveries. At the same time he does not seem to be acquainted with the fact that hypomania closely resembles, in its psychical features, progressive paresis, and fails to see that this is an element vitiating some of his conclusions.

Bacilli in the Urine.

The *London Med. Record*, April 15, 1883, says; Although bacilli have been found in the renal pelvis, they have not been observed hitherto in the urine of the living being. This void Dr. Rosenstein is able to fill from a case under his own observation (*Centralbl. für die Med. Wiss.*). A man, aged 37, of a healthy family, and previously of good health, had for four years suffered pain in micturition, both before and after voiding urine. Two years since he first noticed hardness of the epididymis on the left side, and soon afterwards on both sides. The testicles were unaffected, as were also the inguinal glands, and there were no signs of pulmonary disease. Micturition was frequent; the specific gravity of the urine was 1012 to 1018; the urine was acid, and contained albumen. Turbid when first passed, it exhibited numerous white flocculi about the size of a pin's head. On being left to stand, a thick, grayish-white sediment was deposited, consisting

mainly of pus and a few blood-corpuscles. The white flocculi mentioned consisted of masses rich in tubercle-bacilli, which were distinguishable by staining from bacteria of putrescence.

The Advantages of Immediate Operation for Lacerated Cervix.

Dr. E. P. Murdock thus concludes a paper on this subject (*Western Med. Reporter*, June, 1883):

1. It is in accordance with the well established maxims of all good surgery that the operation to repair an injury should be performed at the earliest possible moment, to secure union by first intention, to prevent deformity, and to prevent sepsis.

2. It saves the patient the incalculable annoyances of preparatory treatment with its physical burdens and mental anxiety contemplating a secondary operation.

3. It gives the patient the best possible chance to escape septicæmia, subinvolution, and all the other complications which follow cervical lacerations.

4. It saves the patient much time, great expense, and avoids a deformity which in many cases would never be repaired by plastic surgery.

Tincture of Belladonna to Relieve Itching.

Tincture of belladonna topically used has given excellent results to Dr. B. F. Bell (*Med. Chronicle*, July, 1883), in the severe itching accompanying skin affections.

He has used it in one case of impetiginous eruption confined to the right arm, and in one case of urticaria of the hands and wrists, with the result of relief in each case.

In all, he has used it in five *light* cases of herpes zoster with the desired result. In severe cases of this affection where we have *severe pain* and not *itching*, he thinks this remedy would be of but little, if any, benefit.

He has used it in about twenty cases of eczema, of various forms and degrees, and in each case relieved the itching. In some cases he has used large quantities of it, applying it very frequently; always being governed by the effect produced and not the quantity used.

Foreign Bodies in the Uterus.

Dr. J. A. Wessinger very wisely calls attention to this matter in the *Med. Age*, June 25, 1883. He relates the case of a woman who, after an abortion, became very weak from repeated hemorrhages, to relieve which her husband had tamponed the vagina. This was removed, placenta taken away, ergotin and rest prescribed, and the woman improved. A few days before the next menstrual period she had another severe hemorrhage, which was controlled by the same treatment. Again, at the approach of the next epoch, she began to suffer from a peculiar feeling of weight in the pelvis, severe pain in lower portion of spine, and offensive vaginal discharge. A careful uterine examination detected a foreign body, which upon removal proved to be a piece of cotton cloth, probably introduced by the husband when placing the tampon. Under iron and quinine the woman made a rapid recovery.

Alterative Medicines in Eczema.

Dr. McCall Anderson lays down the following rules in the *Journal of Cutaneous and Venereal Diseases*, for May, 1883:

1. Let the dose, at first small, be gradually increased till the medicine disagrees, or till the disease begins to yield, and then let it gradually be diminished.

2. If the medicine disagrees, do not omit it altogether without very good reason, but try it in smaller doses or in another form, or omit it for a few days until the bad effects have passed away.

3. To give it a fair trial, it must be continued for a considerable period of time, because in some cases the eruption does not disappear till after it has been administered for several weeks.

4. Do not, as a rule, permit the patient to give up taking the medicine till some weeks have elapsed since the complete disappearance of the eruption.

Pulse and Temperature in Typhoid Fever.

M. Malherbe, in a recent Thése de Paris, remarks that the frequency of the pulse in this disease is not always in proportion with the elevation of temperature. The temperature often becomes very high without a corresponding change in the pulse, and inversely, the pulse may become very much accelerated without any extra elevation of temperature. In any febrile affection where, with a high temperature, the pulse remains almost normal in frequency, typhoid fever should be thought of. The prognosis is not generally bad when the pulse remains at 80 or 90 beats per minute, even when the temperature amounts to 104° or 105°. But when the pulse is very frequent in conjunction with this high temperature, then the prognosis is grave. When, on the other hand, the temperature suddenly falls, while the pulse remains very frequent, the prognosis is equally grave.

Remedy for Earache.

In the *Druggists' Circular* for July, 1883, a correspondent says:

The remedy which I here offer has, after repeated trials, never failed to afford almost instant relief. It is perfectly simple, easy of application, costs but little, and can be procured at any drug store.

Here it is with accompanying directions:

Olive oil	1 ounce.
Chloroform	1 drachm.

Mix and shake well together; then pour twenty-five or thirty drops into the ear and close it up with a piece of raw cotton to exclude the air and retain the mixture.

The remedy I can truly say is a specific in earache. It acts promptly and efficiently and in my hands has never failed to effect a cure in a short space of time.

Sexual Excesses in Adult Life as a Cause of Impotence.

Dr. William A. Hammond has prepared a work on "Sexual Impotence in the Male," from which the *Virginia Medical Monthly*, June, 1883, makes some practical extracts. While it is a difficult matter to say accurately what constitutes excess, as it would vary in each individual case, Dr. Hammond considers that previous to the twenty-first year sexual intercourse should not be practiced at all. From twenty-one to twenty-five years, once every ten or twelve days, and from twenty-five to forty, once a week. Physiological impotence, as distinguished from pathological (the result of excesses) should be accompanied by loss of desire, while in the latter condition the desire exists and the ability is gone.

Poisoning by Stramonium.

Dr. Charles F. Bevan, (*Medical Chronicle*, July, 1883,) was called to see a boy aged twelve, who had chewed and swallowed about three-quarters of an ounce of the crushed leaves. The stomach was evacuated promptly, the organ washed out with a stomach-pump, bicarbonate of soda given freely, and during the course of two hours 3¼ grs. of sulphate of morphia were given hypodermically. He was walked to prevent sleep for about four hours, and was only allowed to rest when partial consciousness had been restored, and the bright redness of the skin had disappeared. The following day he had not the slightest recollection of what had occurred; the pupils regained their sensitiveness slowly and it was over one week before they became normal.

Puerperal Fever.

M. Fischel has found, from large experience in the obstetrical clinic at Prague (*Arch. für Gynæk.*, t. 20), that extreme prudence is necessary in the employment of antiseptic injections into the uterus. The attention of the accoucheur should be particularly devoted to the external genital organs, for it is often through an erosion of the vagina or vulva that septic materials find an entrance into the organism.

Fischel finds the simple washing out of the vagina in most cases sufficient. He employs tincture of iodine, permanganate of potash and a five per cent. solution of carbolic acid.

Caries of the Arytenoid Cartilages.

At a recent meeting of the Soc. Medic. des Hopitaux (May 25), M. Gouguenheim presented pathological specimens from the autopsy of a patient who died of acute phthisis presenting symptoms of typhoid fever. He had lost his voice completely some time previous to his death.

At the autopsy, in connection with the pulmonary lesions of acute phthisis, there existed caries of the arytenoid cartilages, ulceration of both vocal cords, which were almost completely destroyed, ulcerations on the free border of the epiglottis, and tuberculous infiltration of the aryteno-epiglottic folds.

Jaccoud's Glycerine Mixture.

(*See vol.* xlviii., *p.* 664.)

Prof. Jaccoud of the Paris Faculty recommends the following mixture of glycerine in cases where cod-liver oil is not well tolerated:

℞.—Glycerinæ,	℥ x.
Sp. vini gall. or rum,	℥ iij.
Ol. menth. piperit,	gtt. j.

M.

This quantity may be divided into two or three doses, and taken just after or between meals.

This mixture has an agreeable taste, is facile of digestion, and does not cause disgust, even after being used several months without intermission. Prof. Jaccoud has obtained marked benefit from its use in several cases of phthisis.

Cold Compresses for Angina Pectoris.

The *Weekly Medical Review*, May 26, 1883, notes that Gunsberg has treated agina pectoris (Revue Médicale), when due to a neurosis of the cardiac nerves, by cold compresses placed over the chest. They produce at once a diminution in intensity of pain and force of the heart-beats. They succeed best in young subjects. In older persons heat

may be substituted for cold. In conjunction he would give opium and belladonna every four hours. He has never employed hypodermics of morphine over the precardial region, but thinks they might be of advantage. He recommends gymnastic exercise as of especial benefit.

Petroleum for Consumptives.

The *Druggists' Circular*, July, 1883, says that Gmeiner has employed petroleum with excellent results in consumption. In one case where iodine, quinine, chloride of ammonium, and antimony did not give the patient the slightest relief, crude petroleum in its natural state caused perceptible improvement. Half a teaspoonful was given three times a day in sherry wine. In four days the pulse, that had been 120 per minute, became normal, and in less than a month the cure was complete. It is best given in capsules, as the odor is more repulsive to the patient than the taste.—*Repitit. di Chim. e Farm.* [The source of the oil is not stated, and may be important.]

Hydrops Chorii.

Dr. John Morris reports a case in the July number of the *Medical Chronicle* which puzzled him very much, as he feared he had to do with some serious anomaly. After rupturing the membranes and an abundant discharge of waters, a shining blue cyst appeared at the vulva. After some difficulty, he succeeded in finding the head of the child presenting normally above the brim of the pelvis. Just as the head emerged from under the pubis, this cyst suddenly burst, pouring its contents over the bed.

Acute Scoliosis.

M. Duprés reports a case following typhoid fever (*Union Med.*), and he sums up the treatment as follows;

1. Faradization daily, or at least every other day.
2. Rational gymnastics.
3. Physiological prosthesis of the trunk by a special corset.

Of these three methods, the first two only can prove curative.

Best Form of Administering Iodide and Bromide of Potassium, also Salicylate of Sodium.

From *New Remedies*, July 18, 1883, we learn the following:

According to Dr. Seguin, these salts are best exhibited in slightly alkaline, natural or artificial carbonated waters. Given in this manner, both the iodide and the bromide are less irritating to the mucous membrane of the stomach, the disagreeable taste is very much masked, and the salts are more quickly and more thoroughly absorbed.

Salicylate of sodium is best administered in the same manner.

The Treatment of Epilepsy.

In the course of an interesting lecture on epilepsy, translated from the French of Prof. B. Ball, by Dr. E. P. Hurd, and published in the *North Carolina Medical Journal*, May, 1883, the author deprecates the prolonged use of the bromides, which, while giving excellent results from the point of view of the convulsive attacks, may, in the long run, bring about a sensible impairment of the mental faculties. He prefers the mixed treatment, associating oxide of zinc and belladonna with the alkaline bromides.

The Uses of Creasote.

From the *Analyst*, No. 80, vol. 7, we learn that *pure* creasote, *not carbolic acid*, proves beneficial to consumptives and sufferers from chronic catarrh; it is also markedly anti-asthmatic. The proper adult dose is from $\frac{1}{8}$ to $\frac{3}{8}$ of a grain two or three times daily. The maximum single dose is $\frac{3}{4}$ of a grain. It is best given in pills made by melting two parts of yellow wax and one of creasote, to which any other ingredients desired may be added.

Syrup of Castor Oil.

The following formula is taken from the *Farmacista Italiana:* Picked gum arabic, grams 54; orange-flower water, grams 142. Make a thick mucilage with a portion of water, and in a marble mortar; mix this with 142 grams of fresh castor oil until perfectly mixed; add finely-powdered sugar, grams 196; the rest of the orange-flower water and 8 grams of cinnamon-water. After well mixing in the cold, raise it by a gentle heat to the boiling point; cool, skim, and preserve.

Induration of the Corpus Cavernosum of the Penis.

Several cases of hardness occurring along the corpus cavernosum and limiting erection are reported by M. Verneuil in *Bull. et Mem. de la Soc. de Chirurg. de Paris*, December, 1882. It is due to syphilis and gout, and all treatment has proved unavailing in his hands.

Intestinal Concretions.

Dr. Schuberg (*Virchow's Archives*, vol. xc. p. 73) says that their chief seat is the cæcum. The occurrence of eighty per cent. of all cases in men,

and only twenty in women, he attributes to the habit of biting the beard, the hair acting as a nucleus.

Buck's Extension for Sciatica.

Dr. John R. Buchan reports in the *Weekly Medical Review*, June 23, 1883, five cases of obstinate sciatica, eventually relieved by extension, and only one case in which it failed. About eight pounds was the weight used. This method of treatment is rational, and in all cases deserves a fair trial.

Powder for Migraine.

℞.	Quinidiæ sulphat., Caffeinæ.	gr. xxiv.
	Acidi tartarici,	āā gr. xvj.
	Morphiæ,	gr. ¼.
	Sacch. alb.,	ʒ ijss.

Mix, and divide into five equal parts—one to be taken morning and evening, alone or in a cup of coffee without milk.

Resorcin for Chancres.

This article has been recently used with considerable success as a substitute for iodoform in the dressing of chancres by Dr. Leblond. It is used in powder and also in solution, made by dissolving resorcin in distilled water in the proportion of twenty-five per cent.

Antidotes for Strychnia.

Dr. McReddie (*Brit. Med. Jour.*, May 19, 1883,) has experimented with chloroform, amyl nitrite, atropine, and eserine. He finds that all these remedies are inefficacious, neither preventing the fatal result, nor arresting the convulsions.

The Nature of Soft Chancre.

From the *Med. Chrr. Centralb.*, February 16, 1883, we learn that Dr. Moritz Winter believes that the so-called soft chancre originates from a modification of the syphilitic virus, but is then a separate disease, and can never serve as a source of pure syphilitic contagion.

Case of Central Scotoma with Derangement of Color Perception.

Dr. David Webster reports a case in the *Med. Record*, June 9, 1883, wherein a complete cure followed the daily hypodermic use of nitrate of strychnia commenced in small doses, and cautiously increased until the physiological effects of the drug were produced.

CORRESPONDENCE.

Report of a Case of Hydatiform Mole.

EDS. MED. AND SURG. REPORTER:—

On June 26 I was called to see Mrs. K——, æt. twenty-five years, who gave me the following history: Perfectly well and menstruating regularly since the birth of her last child up to June 17, with the exception of occasional vomiting after eating. On this day she had taken a buggy ride of a couple of miles, and she had returned home with pain in the abdomen and pelvic region. She also noticed her abdomen to be enlarging. On June 23 she had a large flow of blood from the genitals, which she supposed to be her menses, and on the following morning clots passed away. During all this time the abdomen kept steadily enlarging.

Dr. —— (a homœopath) was called to see her, but gave the family no satisfaction whatever. I found the uterus as large as at the sixth month of gestation, the lower segment considerably developed, and the neck rather soft. The finger could be inserted as far as the internal orifice. I left her morphia for the relief of pain, and dilute sulphuric acid gtt. x. to xv. every four hours, and deferred positive diagnosis until the following day, when Dr. I. N. Grubb, my preceptor and partner, examined the case, and the diagnosis of uterine hydatid was made. Fld. ext. ergot was administered, as the pains seemed inevitable, and the patient expelled, together with a large quantity of fluid and clotted blood, a multitude of hydatiform vesicles, mostly in clusters. The whole collection would have measured three quarts. Her pulse now continued at 130. Thorough cleanliness of patient, bed and surroundings was ordered, together with the internal administration of sulphate of quinine in solution, and light stimulating diet of milk, wine, etc. The uterus was ordered to be syringed out three times a day with carbolized water. About midnight, June 28, our patient was seized with a chill, and in the morning she had considerable fever, vagina hot and tender along the left antero-lateral aspect; pulse 140. The treatment was continued as before, except increasing the doses of quinine. Her condition remained the same up to July 2, when the pulse fell to 138. She feels nauseated, dizzy, and sees black specks before her eyes (an indication of cerebral anæmia) when she attempts to rise up in bed. Tr. ferri. chlor. was now added to the quinine. On July 3, her pulse was down to 130, and her general condition improved. She is talkative, inquires of her sick neighbors, and orders the conduct of her children. On the following day her pulse fell to 96 per minute, possibly due to the purgative action of castor oil. She complains of some abdominal tenderness, which passes off in a day or two. Her pulse now continued from 90 to 116, until complete convalescence. On July 9, she complained of some atonicity of the bladder, which was promptly relieved by the administration of tr. belladonna. She commenced sitting up on July 11, and at the time of writing, July 16, the woman is virtually well.

I have thought it well to report this case, as they are among the rare cases we meet with, and

we usually read of them as being difficult to diagnose. However, with a history like this woman gave, if the statements can be relied on, the diagnosis should be easy. These patients also require very careful handling, with thorough attention to hygienic surroundings, and dependence upon the sulphate of quinine as the only internal antiseptic remedy. A. D. Van Dyke, M. D.

Thompsontown, Pa., July 19, 1883.

A Card From Dr. Agnew.

Eds. Med. and Surg. Reporter:—

I am receiving letters from various sections of the country asking for information in regard to my connection with a little volume published by a Dr. Samuel Miller, and entitled *An Epitome of Medicine, Surgery, and Obstetrics*, by Drs. Stillé, Agnew and Penrose.

I have no desire to increase my correspondence, already too onerous, and therefore deem it best to avail myself of the columns of your widely circulated journal to inform my professional brethren that I have no relation whatever with this miserable piece of literary larceny, published entirely without my knowledge, and only remarkable for inaccuracy, stupidity, and audacity on the part of its author. D. Hayes Agnew, M. D.

July 21, 1883.

News and Miscellany.

Some Typhoid Epidemics of the Past Decade, and the Necessity of Compulsory Disinfection.

Under this title Dr. Morton Prince contributed an article to the *Boston M. and S. Journal*, March 1, 1883, from which we extract the following salient points:

"We learn from the last report of the Board of Health that the sewage of the town of Natick, a town of over eight thousand inhabitants, is daily passing into Cochituate lake, being only opposed by a dam, through which it filters. There can be little doubt that the only thing which saves us from some extensive epidemic in this city is the vast dilution which this filth undergoes before being consumed. How long this safeguard will last, no one can say. Whatever amount of sewage fails to reach the consumer of water is settling to the bottom of the lake, there to form a sediment of greater or less extent."

"The danger of allowing the discharge to be thrown without disinfection into the sewers may be understood from the following facts: During the past year the Board of Health, following its usual custom, examined a large number of houses in eleven different sections of the city, and occupied by all classes of the community. The examinations are made without any previous knowledge of the sanitary conditions of the houses:

"The total number examined was 491.

"The number in which bad odors were found was 332.

"The number in which defective drains were found was 279.

"The number in which defective trapping was found was 210.

"The number having offensive privy vaults was 72.

"The number having offensive water-closets was 50;

"While those having ventilation to the soil pipe or drain *was only* 40."

"It has been calculated that there are 10,000 persons sick with typhoid every year in this State (Massachusetts) alone. In England Dr. Budd, as far back as 1859, calculated the number to be from 100,000 to 150,000, and Dr. Maclagan, in 1879, at 200,000. In other words, however unpoetical it may sound, we have in this State an army of 10,000 intestines discharging daily for a number of weeks each year a most virulent poison into the outer world. Is it any wonder, then, that we cannot follow each germ in its wanderings over the land, or trace back every case of fever to the germ which took root in its soil?"

The St. Louis Medical Society and the Code of Ethics.

Hall of the St. Louis Medical Society, Polytechnic Building, Cor. 7th and Chestnut Sts., June 23, 1883.

On June 23, 1883, Dr. Atwood introduced the following, which was adopted by the St. Louis Medical Society, after some considerable discussion:

Whereas, At the recent session of the American Medical Association, a preamble and resolution were offered for the consideration of said Association, purporting to represent the sense of the St. Louis Medical Society upon the propriety of preparing a new code of ethics, or altering and changing the existing code in accordance with the present relations of the profession; and,

Whereas, In said preamble the assertion is made that, "the code has accomplished all it was designed it should, but at present many of its features are obsolete and not adapted to our wants. The necessity of an early revision is very apparent, is loudly called for in all parts of our land, and cannot be repressed much longer. * * * The time has come when the loud and very soon universal call will have to be heeded"; and,

Whereas, The St. Louis Medical Society did not instruct, "That the committee be authorized to prepare a code of ethics which in their view will meet the wishes of the profession, and submit the same to the meeting of 1884"; therefore,

Resolved, That the St. Louis Medical Society distinctly repudiates the statements contained in said preamble, and again expresses its fealty to the existing code of ethics as a time-honored and most suitable fundamental law of the profession, and specially deprecates any action calculated to reflect upon its loyalty to those principles which have heretofore secured immunity from the machinations of schismatics within or enemies without. A. H. Ohmann-Dumesnil, M. D.,

Recording Secretary.

Aged Philadelphians.

During the first six months of 1883 the deaths announced in the obituary columns of the *Public Ledger* of persons who had lived to or beyond the advanced age of 80 years numbered 509—217 men and 292 women—a greater number than had

previously been announced during any corresponding period. Four were centenarians—Mary Ann Conrad, a native of Bavaria, and relict of Henry Conrad, a soldier under Napoleon Bonaparte, died January 29th. She was 103 years, 1 month and 3 days old, and left 20 grandchildren and 12 great-grandchildren. Mrs. Martha Forrest died February 14, aged 104 years. She was born in Ireland, and when she arrived at Castle Garden in 1863, she even then presented so aged an appearance that the Commissioners of Emigration would not permit her to land until security was given that she would not on account of her age become a charge on the county. Josiah Galbraith, a native of Ireland, died February 17, at the reputed age of 107 years, and was said to have followed the occupation of a bobbin-winder until he was 102 years old. He was in good health until within a few days of his death, which was caused by paralysis, and was survived by only one of his six children. The fourth of the centenarians was Margaret Cuff, who died March 16, at the Home for Aged and Infirm Colored Persons, aged 103 years.

Waterproof Lac.

The lac with which gossamer and other articles made out of gutta percha were covered to give them their shiny appearance, but without having any detrimental influence upon the water-proof properties of the same, has so far been kept a secret. The *Deutsch-Amerik. Apoth. Zeit.*, New York, No. 23, 1883, now publishes the receipt; and as the same may be made useful for many purposes coming within the province of the physician, we translate it for the benefit of those of our readers that may possibly wish to use it:

℞.	Gm. lac,	600 grm.
	Borax,	200 "
	Anilin black,	2–3 "

The borax is dissolved in hot water, the lac gradually added, the whole boiled to perfect solution and the anilin at last added. This lac is waterproof and is applied by being spread over the article with a linen rag dipped into the solution. As one can see this lac is very cheap.

More expensive is the following receipt: One part of common black gutta percha is dissolved in five to six parts of sulphuretted carbon and applied with a camel's-hair brush. This lac possesses the property of always being elastic, no matter to what temperature of our atmosphere it may be exposed.

What is Virtue?

The *Weekly Med. Review* is responsible for the following:

The Emperor Sigismund, in conversation with Theodoric, Archbishop of Cologne, asked the Primate how he ought to act so as to obtain happiness. "We cannot, sire, expect it in this world." "What, then, is the way to gain happiness hereafter?" "You must live virtuously." "What do you mean by that expression?" "I mean," answered the Archbishop, "that you should always pursue the plan of conduct which you promise to follow when laboring under a fit of gout or indigestion."

To Protect Surgical Instruments.

The following is recommended by Prof. Olmstead, of Yale College, (*Pop. Sci. News*): Melt slowly together six or eight parts of lard to one of resin, and stir until it is cool. Rubbed on a bright metallic surface, it protects the polish effectually. It can be wiped off nearly clean, if it is desired, as in case of knife blades, or it can be thinned with coal oil or benzine. The surface should be both bright and dry, as it will not prevent the continuance of oxidation already begun.

Anecdote of Abernethy.

Abernethy being actively engaged in inserting a cervical seton in "a noble patient," who had requested that this should be done, his patient exclaimed, "Sir, you give me excessive torture; will your seton do good?" "No, sir," said the Doctor. "Then why do you insert it?" screamed the patient. "Because," said the doctor, "you told me to do so, and I will get five pounds for my work."

French Census Returns.

The complete returns of the last French census show that the female sex exceeds the male by 92,254—thus, males 18,656,518, females 18,748,772. Of the males 10,110,601 are unmarried and 1,025,731 widowers; while of the females, 9,280,862 are unmarried and 1,964,557 widows. The total number of inhabitants is 37,405,290.

Items.

—Dr. Louvain, of Carlsbad, has met with several cases in which difficulty of breathing was due to the administration of moderate doses of salicylic acid; the breathing was labored and rapid.—*Berl. Klinische Wochenschr.*, 1883, No. 16.

—A bust of Professor Erichsen and a sum of money were presented to him a few weeks ago by a number of his pupils and admirers. The bust is deposited in the University College. Mr. Erichsen will use the money to found a prize for skill in operative surgery.

—Boy to druggist—Want a boy?
Druggist—Yes. Ever worked in a drug store?
Boy—Yes, sir.
Druggist—What did you do?
Boy—Bit holes in porous plasters.
Rapid exit of boy, followed by a bottle of mucilage.

—"Charley!" "Yes, sir!" "Have you closed the store?" "Yes, sir." "Have you watered the molasses?" "Yes, sir." "Have you sanded the sugar?" "Yes, sir." "And done the other things?" "All right, sir." "Well, then, you may come in to prayers."

—At his own expense a physician tells a story about a small donkey he sent to his country house for the use of his children. One of his little daughters going out with the nurse to admire the animal in the paddock, was distressed when the donkey brayed dolefully. "Poor thing, poor thing!" she exclaimed, and turned to her nurse and said: "Oh, I am so glad! Papa will be here on Saturday, and then it won't feel so lonesome."

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MEDICAL SCIENCE, CODES, AND PATHIES.

BY ROMAINE J. CURTISS, M. D.,

Of Joliet, Ill.

The status of the New York State Medical Society, and the American Medical Association, on the question of medical ethics, is too well known and understood by the medical profession to need any recapitulation, nor are any comments necessary. The status is fully and definitely expressed by the resolutions, and articles of the codes, and by the action of the societies. But there is, beneath all this surface ebullition, a troubling of deeper waters, and I will mention that the two troubles of this kind are the interests of those specialists in the first place, who see money and emolument in the consultation with medical persuasions of various kinds, which are legalized to practice; and second, there is a troubling of therapeutical waters, the meaning and intention of which is to reconcile the science and empirical arts of the physician with the new phase of homœopathy.

I wish to be definitely understood in making an assertion that the physician has empirical arts, and that homœopathy has a new phase, and that there is an effort to bring these two into a reconciliation with each other. These efforts of reconciliation, as I have said, are being made by the specialists, and of course in the interests of specialists.

The publications which have a bearing upon this subject are quite numerous; but for present purposes, and as a fair illustration of the whole subject, I will refer to the lecture of Prof. Smith on the action of medicines, published in the *New York Medical Journal*, the organ of the new code, February, 1883. Before going further I will define the empirical arts of the physician, and the new phase of homœopathy.

By empiricism is meant, so far as therapeutics go, in the most general terms, nearly all that is expressed by the terms, as generally used—clinical experience, or clinical evidence, or clinical proof.

For instance, a patient has ague, and the clinician perscribes quinine. The patient takes the medicine, and the clinician notes that the rhythm which the disease manifested in all of its symptoms, and signs of heat, cold, perspiration, etc., is changed, and, for the time, the rhythm is so broken up that the clinical history records a cure of the disease.

Now, this experience is nothing more at present, so far as general theories go, than an empirical art, and the reason is that the cause of the fever is probably not a matter of science, and the action of the remedy is also unknown.

If the cause were known, and the action of the remedy was known to destroy the cause, then the matter would no longer be empirical, but would be a clinical fact in rational medicine, of a scientific character.

I need not essay any proofs of the fact that all clinical experience is at first entirely empirical, and that therapeutics or medicine only becomes a science by reason of the fact, and just in proportion as the causes of disease become known, and the action of remedies upon the causes become matters of actual knowledge.

I will now add to this proposition, what appears

to be a fact, that so far as real diseases are concerned—affections which involve a metamorphosis of tissue, and increased heat of the body—the cause is beginning to be known to be *contagium vivum*, and empirical medicine is becoming rational just in proportion as this truth is becoming verified, and in proportion as the effect of empirical remedies is found to be the effect of an antiseptic or disinfectant.

I think the use of sulphur in scabies is rational medicine, and I think the use of morphia for pain is quite empirical, or if it is not I am open to explanations and correction.

The distinction, then, between empirical and rational medicine, is very readily seen, and I will now quote the new platform and practice of homœopathy, and the grounds upon which the specialists are making an attempt to reconcile empirical medicine and this pathy (I suppose for the purpose of reconciling the general profession to the new code), will be very apparent.

THE LAW OF NATURE—THE EFFECT DIFFERS AS THE CAUSE.

When we make an estimate of the nature, and character, and action of any force, it is always necessary to estimate the factors of resistance to this force, if we are to have or obtain any satisfactory solution of any problem in physics, chemistry, physiology, or therapeutics. In medicine it is certain that a drug is never given except with the object of resisting some definite pathological action. When drugs are given in health, to test the physiological action of the drug, the action of the drug is not resisted by a pathological force, but is resisted by the physiological forces, and consequently the "proving" of a drug, under such circumstances, is necessarily fallacious. A drug may have a "proving," as a cathartic, when given in health, but if this drug is given in colitis, or peritonitis, the fallacy of such a method of proving will be apparent enough. Now, in the estimation of all forces, we always deal with resultants. It is the resultant of two opposing forces which we wish to find as the solution of every problem; and in formulating all such problems we find that the measure of the resultant equals the force and direction of the two initial forces. The specific effect of a drug varies according to its quantity, and it also varies according to the quantity and character of the resistance which it may have in the physiological or pathological forces of the body, to which it is antagonistic.

The tincture of rhubarb, given in small quantities, will act as a stimulant to the persistaltic action, and perhaps to the circulatory and secretory functions of the intestines. If there is a diarrhœa present, depending upon conditions which are antagonistic to the effect of stimulant doses of rhubarb, the resultant will be that the diarrhœa will be stopped. But now suppose the dose is increased so that the resultant is on the other side of the line which may be marked as 90°. The effect is catharsis. Now then, if we were always able to make a correct estimate of all the pathological conditions, and physiological conditions, which may exist at any given time in the intestines, as a factor which is to act as the opposing force to our rhubarb, we would have an exact science relating to the action of rhubarb in disease. Unfortunately, this thing is impossible at present, and the reason is that we do not, in all cases of constipation and diarrhœa, know the causes which produce these resultants, and our new resultants, which vary according to the dose of rhubarb, are made to have the greatest possible complexities in their character, and we know very well, clinically, that there is no definite result which always corresponds to a definite dose of rhubarb, in different clinical cases.

A definite estimate of the physiological action of a drug, or its proving, can only be based upon an assumption that the pathological forces and physiological forces (as therapeutical indications) are always equal, both in character and degree. If these forces differ in character they change the character of the resultant which is brought about by the action of the drug, and if these forces differ in degree they change the resultant also in different cases, if the dose is the same in different cases.

Now, I think it will not be disputed that a large part of empirical practice and homœopathic practice is based upon an attempt to estimate the character and extent of the pathological resultants of causes in disease, and the remedy is addressed to these resultants, with the result as would be expected from *a priori* standpoint, and which is proven, clinically, of getting as great a variety of resultants in the cure (?) as there are differences in the patients, or numbers of the patients. If it were possible to form any correct estimate of the character of the signs and symptoms, as well as their degree in different cases, there might be some science in this method of practicing medicine; but, obviously, this is impossible, and we always get just what we might expect in all cases, a great variety of resultants in the action of remedies. The remedies fail, or they act differently, or they do harm, or not much

good; the patient lives in spite of them, or he dies by their aid. In short, the empirical, or modern homœopathic practice of medicine, based upon the administration of medicine as indicated by the signs and symptoms, and the antagonism of drugs to these symptoms and signs, is the most unsatisfactory of all things to the thinking person, and exhibits the greatest amount of fallacies and failures in the sum of human ignorance, and its application in therapeutical misadventure.

Now, there is a very definite relation existing between empirical medicine, or the giving of drugs based on symptomatic indications and homœopathy. It is just as rational to meet these symptomatic indications by little doses as large doses—if the drug is a different one. Empirical medicine meets a therapeutical symptom by a certain drug which is antagonistic to this symptom (or is supposed to be) in a large dose, while the homœopath meets this same symptom by a drug which is squarely antagonistic in a small dose. Obviously the difference here is a difference in the name and nature of the drug only.

Now, to illustrate the point, we will suppose a patient has a symptom usually called headache. The empirical physician is called in and gives 30 grains of bromide of potash, because clinical experience has convinced him—taught him, that these two things are antagonistic. Clinically (for clinical observation is very fundamental in its relations to science), this is quite a universal remedy.

Now, the homœopath sees a patient with a symptom of the same character, and he prescribes a remedy based on clinical experience. He gives a small dose of nux vomica, perhaps frequently repeated.

So far as clinical experience goes, one of these methods is just as rational as the other. If both these clinicians should treat twenty cases each of this symptom of headache, there is no question (according to the laws of chance) but one would have as good results as the other.

But after practicing on this symptom for a few years, both the empirical doctor and the homœopath begin to make estimates of subjacent symptoms in headache. They look a little deeper into the antecedents of resultant symptoms—they draw nearer to the ultimate cause. They study the physiology of blood pressure, and the resistance of the elastic arterial coats, and the physiology of the vaso-motor and vaso-dilator nerves, and they begin to have a science of pathological action relating to the symptom of headache.

Now, we will say that both physicians are called to see another case of headache. They investigate some of the antecedent symptoms to this case of headache symptom, and determine that the antecedent is a vaso-motor paresis, with dilatation of the blood-vessels; and now we begin to have a demand and exercise of medical experience, and empirical and homœopathic skill. Both physicians address remedies to this condition, which clinical experience has proven to be antagonistic to it—at least in health—that utterly worthless method of "proving" or demonstrating the physiological action of a drug, for use in disease.

The empirical physician now prescribes teaspoonful doses of Squibb's ergot, and the homœopath gives small doses (at least they appear small to the public) of atropia.

So far as the clinical results go, there is no doubt but either one of these methods is as good as the other, and that the practice of the homœopath will be as successful as that of the empirical doctor, and that he will, if set down in a community, have more headaches to treat in his practice than the empirical doctor, for the reason that people would rather swallow a small dose of atropia every hour, than a big dose of ergot every three hours.

But these doctors now find another variety of headache. They both determine (perhaps in consultation in the city of New York) that this headache depends upon a spasm of the capillaries of the brain, or meninges, and they both prescribe. This time the empirical doctor gives large doses of atropia, and the homœopath gives small doses of ergot.

Now, again, so far as clinical results go, there is no doubt but one of these methods is just as good as the other, and, if other things are equal, one of them will cure as many headaches as the other will. The methods are each founded on clinical experience, and are both founded on "provings" of drugs in health, or on studies of the physiological action of drugs—not on pathological forces, but on physiological forces; and they are both equally good, clinically, and equally without value scientifically, so far as a rational conception of disease, and its cause and treatment can be understood, or must be understood, in order to make the practice of medicine a science.

From these data we draw inductions of how drugs act, both on physiological and pathological forces, and we will formulate these inductions, so as to get a compact idea of the matter before proceeding further.

We cannot conceive of the action of force except

as it is resisted by other forces. We cannot disconnect a simple manifestation of any force from all others, so as to observe its action alone, and without the factor of resistance. If this could be done, we would have an absolute force—an unconditional force, and we would arise to deistic conceptions, and deistic clinical experience, and hold in our embrace a veritable disembodied spirit, and begin to study the fourth dimension; and, in short, according to the current philosophies, we would understand the X, which now symbolizes the unknowable.

Now, two forces acting may act in a manner more or less antagonistic, or they may act together; in either case they produce a resultant which is the exact equivalent of both of the initial forces. Suppose we have forces which are unequal and antagonistic, the resultant may, perhaps, be represented by the mathematical expression of 45°. The unequal action of these forces may now be diminished in such a manner that the resultant points to 90°. Suppose, now, that the inequality is represented by an increased degree of the opposite initial force, and the resultant goes to 95°, and so on clear around the circle to 180°. In such an occurrence it is clear enough that the force of the resultants, above 90°, is equal and opposite to all those below 90°.

(*To be continued.*)

THE TREATMENT OF SPASMODIC DYSMENORRHŒA.

BY JNO. M. KEATING, M. D.,
Obstetrician to Philadelphia Hospital (Blockley) and Lecturer on the Diseases of Women and Children, etc.

I do not know of a more unsatisfactory case to have on hand than that of a young girl, unmarried, just at puberty, with this form of disturbance, or one who has had it for several years, and has had associated with it the distressing embarrassment caused by the slightest allusion to the subject of her ailment, an extreme sensitiveness of the nervous system, hysterical hyperæsthesia, both physical and moral, which is caused by the long suffering and wear and tear of the system. I am sure that most physicians have experienced at some time the great difficulties of such a case. The fond parent, in bringing her daughter to you, expects you to *re-rail* the function which has jumped the track of painlessness and regularity, and yet fondly hoping that that it can be readily accomplished by a few doses of some magic drug, without the ordeal of the terrible examination which she has feared you will insist upon, and which has probably prevented the seeking of advice this long time. You know full well, as soon as you see the girl—the acne on her face, the muddy skin, or the chlorotic color, her languid air, or hysterical *nonchalance*, that further examination would not give you additional light. You hear the usual story of malaise headache, perverted appetite, the history of cramp, of scanty flow at the onset, irregularity in appearance of the period, and total disregard to the thorough emptying of the bowels. The mother will tell you in confidence that the pain at the period is only cured by a little gin or brandy, and your own experience shows you that the amount of such must necessarily be increased at each time, in order to completely dull the increasing sensitiveness of the nervous system.

Probably an examination would only reveal to you a remarkable accumulation within the lower bowel, the discovery of which could have been arrived at by logical deduction prior to any investigation. When a person has been taking brandy or gin for any length of time for this form of dysmenorrhœa, you may be assured that constipation exists.

The mother tells you that she endeavors to make her daughter prudent, but that she is irritable, unlike herself as of old, and the daughter most naturally dreads your inquisitiveness, and seeks to keep back by monosyllabic answers the true history of herself. The mother states that she "fears she will have spasms." Yes, they do use hot baths, ginger tea, hot vinegar, and finally the excited nervous system yields to free libations of hot gin and water, or a "little of the best brandy," and absolutely drugged, she will feel no pain or nausea and vomiting will end the cramp.

Do most physicians know that the prescription of morphia and chloral, of "bromidia," of chloroform mixture, which they write at the bedside of the girl writhing in agony from dysmenorrhœa from cold, etc., is renewed and renewed, is copied and carried from this place to that, is sent to friends, is recommended for sleeplessness, for neuralgic headaches, for nervousness, and for all the ills that flesh is heir to? The frightful proportions which the habit of self-dosing at each menstrual period has assumed, the fearlessness and frequency with which the hypodermic syringe is used, or the opium suppositories, shows that the habit is growing upon the community in the better classes, and that it needs at once most decided disapproval of the medical profession, who unfortunately are, in many cases, the innocent causes of the distressing evil, by thoughtlessly placing the weapon,

without caution, in the hands of those who will abuse it.

In the treatment of these cases I have lately adopted a plan that so far has met with success, and I wish some of my medical friends who have the opportunity to do so would make the trial also.

First of all, relieve the bowel of its contents, give a large dose of castor oil, and also see that the lower bowel is well emptied by an enema. By the use of enemata you have a powerful way of treating your case, and at the same time one which will not be abused by your patient. Just before the period is expected the patient should remain in bed with the hips well elevated and lying on her left side; her mother, nurse, or some friend who possesses her confidence should administer an enema of at least a quart of thin strained oatmeal gruel, or if you prefer it the ordinary castile soap and water enema with some castor oil. This will empty the bowel. I do not recommend the fountain syringe, because I would prefer that the patient should have the enema administered to her, and not get into the habit of using it herself. Now, if the period should come on and be extremely painful, the anodyne can be administered by enema; of course a small quantity should be injected, as you wish it retained, and in conjunction with the hot foot bath, warm poultices to the abdomen, and hot drinks of some harmless tea, the relief will be soon obtained.

During the time intervening between the periods, I give the following:

℞. Pul. ferri exsiccati.,
Potass. carb., ñā gr j.
Ext. belladonnæ, gr. $\frac{1}{12}$.
Ext. aloës. soc., gr. $\frac{1}{4}$.
Ext. gent. comp., gr. j.
M. Ft. pil. one. One after each meal, and also
℞. Acid. phos. dil. 30 drops,
in water before meals, t. d.

I have found the *fluid extract of Gelseminum* in *three* or *four* drop doses, t. d., a very valuable drug in averting the attacks of neuralgia. It should be taken for at least *three* or *four* days before the period in very severe cases. The plan of treatment suggested by Dr. Weir-Mitchell is necessary for many very obstinate cases. The generous diet or enforced feeding, rest, massage, *absence from home*, and the controlling influences which are embodied in such a course, are often a necessity for complete cure. In ordinary cases the patient must drink at least a pint of milk twice daily, rise early enough in the morning to get a thorough sponging from head to foot, and take a short walk before breakfast. So far the treatment has been calculated to strengthen the system and regulate the digestive functions. I have incorporated with it the use of electricity. I am surprised to find the great difference of opinion in regard to the value of electricity amongst my medical friends. Some speak of it as useless, others as troublesome, others say that it is most valuable but that those who use it should be familiar with all the intricacies of the subject. My experience gives me great confidence in the value of properly applied electricity, and though I have given attention to the subject, and studied the valuable works of Bartholow, Beard, and Rockwell and the interesting articles of my friend W. R. D. Blackwood, I am convinced that in many cases, excellent results will be obtained, without, of necessity, putting the physician to the trouble and expense of time necessary to the thorough understanding of the subject of electricity and its applications. Exactly how a dose of castor oil acts I do not know, and why an interrupted current or application of *Static* electricity should be more useful in amenorrhœa, and why a constant current is more successful in allaying the pain of dysmenorrhœa, I am not prepared positively to say; nevertheless it is the case.

Now, in the subject before us, I have found, with many others, that the *constant* current is very valuable, and it can be used with very little trouble to the physician and no discomfort or embarrassment to the patient. I use a *Flemming* battery of *thirty* cells, which I keep in order so that I am *sure* when I use it I get a current generated.

Strange to say, many cases of want of success owe this to the fact that no current of electricity passes at all. "Get your current," is the first on the list of instructions. About two weeks before the expected period I begin the systematic use, usually three applications a week, lasting about ten minutes. I do not apply the electrodes directly to the uterus *per vaginam*, but find that by placing an ordinary sponge-covered *electrode* over the ovarian region, the anode, or positive pole, and the cathode, or negative pole, to the spine, and allow it to remain until it becomes uncomfortably warm to the patient, and then removing it for a moment, I get the best results. I place the cathode first in the dorsal region over the spinal processes and gradually move it down to the sacrum. The anode should rest longer over the left than over the right ovary. I find that *twenty* cells is usually sufficient; the number to use will depend on the patient, using that number that will allow her to keep the electrode on the skin for about one minute without moving it. By this means your patient will not hesitate to come regularly for treatment—so little exposure

is necessary, so little trouble on her part is required; and, in fact, the treatment is as satisfactory to the doctor, as it will detain him but a short time. My experience has been that in this way from *six* to *eight* applications will enable a patient to pass comfortably over the following period. In some cases the result is astonishing, and in the meantime by strengthening the system, and inducing regular habits, a permanent cure will be obtained without the use of *anodynes* or *stimulants*. I have noticed that such cases, from school habits, have acquired the stooping posture, and, as I believe that this is a most potent cause of dysmenorrhœa, I have always endeavored to strengthen the muscles of the back by the use of the *interrupted* current to the muscles several times a week, and a system of gentle gymnastic exercises.

In summer, rowing, swimming and lawn tennis, will be most valuable when indulged in in moderation.

I do not mean to convey the impression that immediate cure will follow the relief obtained in such cases always. The treatment should be persistent in, perhaps reducing the number of applications before each period, until the patient's health and strength have so improved as to warrant the belief that the pain will not reoccur. The *electricity* takes the place of the *anodynes*.

One of my patients who had suffered agony month after month, and was only relieved by drinking hot gin and water in large quantities, after about *six* applications menstruated without the least *pain*, and the next period was passed in the same way; but the next one occurred after a fatiguing day of standing, nursing a sick mother, and the pain returned, and she was obliged to have recourse to the battery, which again relieved her. This case was one of remarkable improvement, and had withstood all kinds of medicinal treatment, and had been under observation for some years.

1504 Walnut Street.

PSYCHICAL PHENOMENA.

BY R. MEADE BACHE,
Of Philadelphia.

Probably no one has ever reached maturity without having experienced the weird impression of having said, heard, seen, or done, at some indefinitely remote period, the same thing which is at the moment presented to the mind. The experience, as any one can testify, has no surroundings of predilection, but may surprise one in a crowded ball-room, in the market-place, or amid the solitude of mountain or of sea, and produces a momentary pensiveness, an arrest of attention, in which time and space are viewed in mental vista, ill-defined and vague as abstract, time and space.

This impression has never to us seemed satisfactorily accounted for by the supposition that the mind reverts to a former state of existence; or that the two lobes of the brain, acting with a fractional difference of time, give to the mind the impression of the occurrence of two distinct remote circumstances, identical in form. The first supposition seems to us chimerical, as well as with the second, not justifiable in face of certain significant and well-known facts. As to the first, it may at once be said conclusively that it is impossible that any previous existence can have contained conditions identical with the present ones. If, nevertheless, it be replied that our judgment of possibilities within this sphere of speculation cannot be conceded, let us then ask why, if the impression does not relate to coupling a present occurrence to one in a previous state of existence, one's interlocutor (if speech, as it often is, be in question,) never has *his* memories simultaneously revived? According to the theory, he too must have been a distinct entity, and one's interlocutor, in that previous existence.

The theory of absence of consentaneity in the action of the two lobes of the brain, in the production of the phenomenon, is not so easily disposed of; it is not, in fact, susceptible of proof or disproof, save indirectly, by showing that another was reconcilable with all the facts with which we are conversant, and which fully account for the phenomenon in question. It may, however, be said in passing, that it would seem as if the mind could hardly receive the duplex impression without experiencing some sense of confusion, if not of shock, perforce of an impression resolving itself in the translation into two impressions; whereas we find the effect experienced characterized by a certain agreeable placidity of mind, by reverie—in a word, suddenly superinduced, however incongruous the circumstances. But dismissing this as being as baseless as the theory itself, let us proceed to recognized facts amply sufficient to account for the phenomenon. The theory which accounts for the phenomenon upon the supposition that it is produced by the revival of dreams in the memory, is that which includes the significant and well-known facts referred to, but even it is not sufficiently ample and inclusive. Admitting, however, dreaming as perhaps the largest factor in the production of the phenomenon, let us first consider that.

Dreams may be resolved into two classes—those which made at the time of their occurrence a strong impression; and those which require some stimulating cause to make them rise into the sphere of waking consciousnesss. Of the first kind it is needless to speak, except to remark that, with rare exceptions, the memory of even these fades away in a short time. Of the second kind, there is, according to the definition just given, no memory to fade away, inasmuch as they may never rise into the sphere of waking consciousness. Yet, that these dreams must be very numerous, we must grant, when we reflect how often the most fortuitous remark or occurrence causes a vivid presentation to the mind of what otherwise must have remained forever unknown to it. These dreams have a law open to easy observation. A person never remembers, through casual mention of something, or through an occurrence, to have dreamed some particular thing a week or a month ago; the limit is last night or "the other night." It is not to be supposed, however, that if the possible and positive recollection can last only within the range constituted by the difference between last night and "the other night," that the impression is lost. The impression has assumed such indistinctness that it does not present itself without some acute and greater stimulus than that just described, or it presents itself so vaguely as not to arrest attention, and in that respect has only followed the usual course of memory, with the additional associated lack of vividness attached to dream-thoughts as compared with waking-thoughts. But the *residua* left by the activity of the nerve-cells are there potentially, if vaguely, for a much greater length of time than we might be disposed to infer from observation of the limited range within which we detect occasionally the rising of an unknown dream into the sphere of consciousness. Otherwise, the alternative conclusion is the supposition that the present moment, with reference to "the other night," represents the extreme line of demarcation, beyond which there is entire cessation of a previous condition, which conclusion is absurd.

This same reasoning applies to *residua* left by slight impressions when a person is awake. Busy men, immersed in affairs, perhaps traveling from place to place, conversing with many persons, some of whom are utterly indifferent to them, receive numerous slight mental impressions that are not more vivid than those from dreams, and fall immeasurably below the possible vividness in dreams, the impression from some of which may last a lifetime.

When, therefore, we consider the fact that comparison, conscious and unconscious, forms the whole web and woof of thought; that a dream—a mental occurrence—which may be dormant in the mind, may be brought to memory by casual mention of something similar, when otherwise it would never have been recalled; that the dreamer is the same individual, awake and asleep; and that, finally, similarity is in many things often mistaken for identity, it seems reasonable to suppose that the so-long-dormant-as-to-be-obscure memories of life, whether awake or asleep, may be and are at times aroused by similar occurrences which take place in the waking-life, and that we establish a false identification, which seems to be true. The strongest evidence can be adduced in favor of the correctness of this view, in the fact that resorting to our own personal experience and that of some others, we do not always find that the impression of having said, heard, seen, or done the same thing under the same circumstances in the indefinitely remote past, always eludes our investigation; for it occasionally, albeit rarely, happens, that the game having started, we run it to earth and find the apparent identity resolve itself into similarity to what we remember as having actually occurred in the waking-life. This, however, touches only the question of confounding similarity with identity, not that of whether dreams can give the basis for that confusion; but that it is possible so to confound actual occurrences, one of which, in the course of time, has assumed vagueness in the memory, is a cogent consideration in the main question before us.

As it is the experience of many persons, if not of all, that a dream upon the same subject by the same person has been dreamed not only twice but many times, each time so closely resembling the others as to make the dreams all seem the same, and as similar mental states tend to produce similar ideas, it seems probable that the faded memories of dreams are more likely to be revived when one is asleep than when awake, which would account for many repetitions of a dream which has no appreciable relation to a life.

The conclusions to which the considerations adduced would seem to point are that the brain being the store-house of an immense number of impressions received during both waking and sleeping, many of which have faded away into the dim distance of memory, the identity of one of them with something else preëxistent, which is sometimes conceived, is owing to its similarity to, not identity with, some previous occurrence either in the *dreaming or the waking life*.

Hospital Reports.

PHIDADELPHIA HOSPITAL.

Clinical Lecture on Hemorrhages connected with the Parturient State.

BY DR. EUGENE P. BERNARDY,

Obstetrician to the Philadelphia Hospital.

[Reported by A. R. Johnston, Resident Physician.]

Gentlemen: I desire to call your attention today to hemorrhages connected with the parturient state. I will first take up post-partum hemorrhage. I consider it one of the most alarming, and sometimes, in its effects, an appalling occurrence. The importance of having a thorough knowledge of the management of such a case, I cannot impress too strongly on your minds. A case of post-partum hemorrhage occurred a few days ago in one of our lying-in women. The history of the case is as follows: On January 27, the patient fell in labor, and after a few hours was delivered of a living child. The labor was natural, the placenta came away without any difficulty; a dose of ergot was given immediately after its delivery; the uterus was contracting firmly, and everything indicated that the patient was safe. Within a half hour Dr. Johnston, the resident, was called by the nurse and told that a hemorrhage was going on. The doctor, on arriving at the bedside, found the patient pale and almost pulseless, and the blood pouring out of the vagina. He immediately passed up his hand into the uterus, emptied it of all clots, and injected hot water, which caused contraction at once, and the hemorrhage ceased. The patient was stimulated freely, and her head lowered. The case did well up to the second day, when she complained of pain in the right leg. On examination, it was found swollen and painful; face was extremely pale; pulse, 120; temperature, 102; ordered quinine and stimulants freely. In a few hours the patient became suddenly delirious, crying out for fresh air, and died. Post mortem showed slight peritonitis, and on examination of the heart an immense heart-clot. The occurrence of a post-partum hemorrhage can never be foretold. Your first case may be one in which for tardy labor you will use the forceps, or perhaps things have progressed favorably, the child is born, you sit down and congratulate yourself upon the beauty of being a good obstetrician, chatting with the nurse, etc. While thus engaged, your attention may be attracted by a gasp or some remark from the patient, and on looking at her you will find her pallid, her respiration sighing and hurried, pulse weak, and a rapid flow of blood may or may not be issuing from the vagina. You place your hand upon the abdomen, and instead of feeling the uterus contracted at the symphisis pubis, it is felt like a big doughy bag reaching up to the umbilicus. Thus, gentlemen, you are ushered into the presence of a complication dreaded by all obstetricians.

What is the cause of this accident? I have already told you of our inability to prognosticate its occurrence, or detect anything in the course of the labor that would give rise to it. We have the cause in one word, "inertia." This condition may be the result of constitutional debility, from too rapid labor; either by the natural powers or the aid of forceps the uterus is quickly emptied and does not follow down the child and maintain a condition of contraction. Too prolonged a labor may so exhaust the muscle of the uterus as to prevent it contracting after the expulsion of the child. Fibroid growths may also cause this condition.

Let us consider the symptoms by which we may recognize the existence of hemorrhage. Upon placing the hand over the uterus you will feel it doughy and soft; you will hardly know whether you have it under your hand; the fundus will be felt, indistinctly, high above the umbilicus; if pressure be applied to the uterus, blood will flow from the vagina; a large clot at the os may prevent the flow of blood; do not let this deceive you; pass your hand up into the uterus and you will find it enter into a pouch; you will feel the flabby walls of the uterus fall against your hand, which feeling, once felt, will never be forgotten. The general appearance of the patient is bad. The vision becomes dim. She gasps, tosses off the covers and complains of want of air; the countenance exhibits extreme pallor, which is peculiar, and when seen, will make a lasting impression. This pallor was first described by Dr. Tyler Smith, who called it the "puerperal pallor." The pulse becomes rapid, small and imperceptible; the surface of the body becomes cold, and sometimes bedewed with a clammy perspiration. If this condition of things be allowed to continue, the patient soon dies.

What is the treatment of this dreadful accident? Our measures must be active: we have no time here to go home and look up the treatment, as can be done in a case of forceps delivery or some other obstetrical operation. Keep cool, and do not allow yourself to be confused by the imminent danger of your patient: recollect, a human life is in your hands, a loving wife and mother. As soon as you recognize the condition of your patient, pass your hand, not only into the vagina, but up into the uterus, empty it of all clots, while at the same time with the other disengaged hand seize the uterus externally and press it well down on the symphysis, titillate the interior of the uterus, and try and get it to expel your hand by its own contraction. The introduction of small pieces of ice into the uterus and the application of ice externally is a well known remedy, and is sometimes useful; but bear in mind that ice produces contraction by reflex action, and if it does not bring about the desired result at once it will not be productive of any benefit, and its use should be discontinued. Another application sometimes productive of very satisfactory results is vinegar or lemon juice applied to the inside of the uterus. If you wish to use vinegar, saturate a sponge or piece of old linen, place it in the palm of the hand and pass it carefully along the vagina up into the uterus. If lemons are at hand, peel two or three, nick them in several places, pass them into the uterus, and squeeze out the juice into the cavity.

Now, gentlemen, in spite of all that has been done, the bleeding still goes on. What must we do? We cannot leave our patient alone to her own resources, for it would seal her fate. Have

we no other means? Yes, gentlemen, we have it in every household. I refer to hot water; hot water is an agent in which I place great confidence in cases of this kind, and you should always see that hot water is at hand. Invariably ask when tending a case of confinement if hot water can be readily obtained. I can recall a case where this precaution I am certain saved the life of the patient. To make use of the hot water injection, the patient should be brought to the edge of the bed, her feet either placed on chairs or supported by assistants, her head low down; place under the patient a bucket to receive the water as it returns from the vagina; on a chair should be the basin containing the hot water—not luke warm, but as hot as your hands can stand; then take a Davidson's syringe and after assuring yourself that you have pumped all the air out, introduce the nozzle up into the cavity of the uterus, and inject until the water returns as clear as it entered. The danger of not having the syringe full of water when you begin your injections, is that some air may be thrown into the uterus and get into the open mouths of some of the sinuses, and so reach the heart, an accident which would certainly be fatal.

This mode of treatment has another advantage, viz., that of cleansing the interior of the uterus, and on this account should always be used after any labor which involves any serious interference, such as turning, prolonged forceps delivery, or craniotomy. By some, the use of hot water is looked upon as being unreliable; but this, I think, must be due to failure to use it hot enough.

Styptics are applied here, as elsewhere, for the arrest of hemorrhage, and the one in general use is the Monsel styptic. Care should be exercised not to apply it too strong. Some use the Monsel solution with equal parts of water; but I think that from two to four tablespoonfuls of the solution in a basin of hot water, and applied to the interior of uterus by means of the Davidson syringe, will have the desired effect.

Ergot, as you perceive, I leave for the last. Do not rely upon it to help you. It will fail you at the moment you most wish its contractive action. But under any circumstances give it at the very start and in large doses.

Never tampon in post-partum hemorrhage. By this means you only convert an external hemorrhage into an internal or concealed one. The blood is prevented from escaping, and collects in the uterus. The mischief being thus hidden, there is no evidence of what is going on until the patient suddenly calls for air, puerperal pallor sets in, and before the tampons can be removed the patient gives one gasp and is dead.

Therefore, gentlemen, let me impress it well upon your minds, "never use a tampon in post partum hemorrhage."

During the above treatment for the arrest of the hemorrhage, the position of the patient should be carefully attended to; the pillows should be removed, the head lowered and the pelvis elevated, so that the brain may be well supplied with blood. If this precaution be not taken, the patient might fall into a fatal syncope, or heart-clot may form. Stimulants are to be used freely, best being brandy or whisky; but we have an agent more powerful than whisky or brandy—it quiets the patient and stimulates the flagging brain. I refer to opium, which is highly recommended by Prof. Penrose, of the University of Pennsylvania. I have often used it and have seen it given in the form of tr. opii. in drachm doses, with the happiest effect.

After complete arrest of hemorrhage, you will find the extremities icy cold. It is your duty to bring heat to these parts as soon as possible; apply hot bricks to the extremities, metal plates wrapped and placed between the limbs and side of the patient, bottles containing hot water, etc.

One thing I wish to impress indelibly upon your mind—never allow the patient's head to be raised at this time, or for several days after. Some years ago Dr. Meigs attended a case of this kind, and left orders that the patient's head should not be raised. His orders were disobeyed, the nurse even allowing the patient to get out of the bed, and while on the commode, she fell over in a faint, and before the doctor reached her bedside was dead.

The diet for a few days afterward should be low, on account of the liability of the uterus to take on inflammatory action. About the third or fourth day nutritious and easily-assimilated food, such as beef tea, chicken broths, etc., should be given; later, tonics and milk punch, until gradually the patient is brought to her usual diet.

So far we have spoken of hemorrhages occurring after and dependent upon the act of labor. Another class of hemorrhages of great importance to the obstetrician, are those hemorrhages which occur before labor. These are divided into accidental and unavoidable.

Accidental hemorrhage is the more dangerous of the two, and depends upon the premature separation of the placenta from the uterine wall during the last three months of pregnancy. The cause of this untimely separation may be a fatty degeneration of the placental structure, or may be a symptom of constitutional depravity.

The symptoms are those of loss of blood, sickness, pallor, dimness of vision, and fatal prostration. There may be no loss of blood until the beginning of labor, and the manner in which the hemorrhage differs from unavoidable hemorrhage, or placenta prævia, is that during the pains the pressure of the presenting part arrests the flow of blood, while in placenta prævia the flow is increased by still further separating the placenta.

The treatment of this form of hemorrhage is, first rupture the membranes, so as to give egress to the liquor amnii, this will cause the uterus to contract, and press the placenta between it and the child, thus arresting the hemorrhage; ergot, friction, and if there is much depression, stimulants. If labor does not come on, dilate the os by means of Barnes' dilators, and if the head should present, perform version and deliver.

Unavoidable hemorrhage.—This form of hemorrhage is caused by the implantation of the placenta partially or entirely over the os. If the placenta is attached completely over the mouth of the os, it is called "placenta centralis," if only on one side, "placenta lateralis." The reason why a placenta should sometimes take such a position is unknown, but the practical questions, and the ones which we shall discuss to-day, are—how shall we diagnose and treat these cases?

If the hemorrhage comes on early, say before

the fifth month, it will invariably result in abortion, and then our treatment is that which is applicable to ordinary cases of abortion. If the hemorrhage occurs after the fifth month, it is our duty to diagnose the condition present, and treat accordingly. The first notice the patient will have of anything unusual will be a gush of blood coming on, probably, while she is moving about. The doctor is sent for; on making a vaginal examination, instead of feeling the smooth glistening surface of the membranes thinly covering the presenting part of the child, his finger will come in contact with a body which feels like a cushion, is rough, and there is considerable thickness between the finger and the child. The os will impart a peculiar doughy feeling to the finger, which condition is caused by the unusual thickness of the cervix, which is permeated with large vessels for the placental circulation.

If the hemorrhage is not enough to endanger the life of the mother, temporize as long as possible, for the child's sake. But if the hemorrhage continues and the mother begins to fail, interference on the part of the obstetrician is necessary.

I have had in my practice several cases of placenta prævia, and have not treated any two exactly alike; yet there is a general basis of treatment applicable to all. Suppose a case in the seventh or eighth month: the child has now reached an age at which it stands a fair chance of living ii labor is brought on, the mother's life is placed in jeopardy by the constant loss of blood, a severe hemorrhage carries her to the verge of the grave; we decide to bring on labor, and to bring it on with the smallest amount of lost blood. How are we to do it? We first tampon the vagina. Here, gentlemen, we tampon; here the tampon is the safeguard to the patient. A piece of linen or soft sponge is thoroughly saturated with vinegar and carried up and pushed into the os, if possible; then the vagina well packed; doses of fluid ext. of ergot, or what will sometimes act promptly are hypodermic injections of ergotine into the abdominal walls. In about six to twelve hours, if it is found necessary, remove the tampons. This will give you a chance to see how the dilatation is going on; but before doing so have another tampon saturated with vinegar, or a Barnes' dilator, ready to introduce in case there should be any hemorrhage. The Barnes dilator is a gum-elastic bag made in the shape of the body of a fiddle, and is introduced so that the os grasps the constricted portion; it has a tube connected to it by means of which it is filled with water, which may be either hot or cold. When you have completed the dilatation, you pass up your hand, separate the placenta from its connections—if centralis, with one side of the os; if lateralis, push it aside, rupture the membranes, and if the child is high up, perform version and deliver; if the head has engaged, deliver with the forceps. The delivery should not be hurried.

It is said that in former times the heavy drinkers of England had the custom of drinking a glass of oil at the beginning of a meal; thus they prevented the rapid absorption of alcohol by the stomach, and so avoided drunkenness.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

Pleurisy with Effusion.

The patient's name is Wm. T. Age 33. Is married. Is a common laborer, with no settled occupation. He has been in the habit of going on sprees for five or six nights in succession, and very frequently, but he drank nothing between the sprees. Three months ago he noticed a swelling of both ankles, which was treated and disappeared under appropriate remedies. Some years ago he had a chancre. Two weeks ago he went on a spree and drank a good deal. At this time he noticed frequent severe pains on the right side of the chest, and he coughed considerably. Two days ago he had a sudden, lancinating pain on his right side, which was so severe that he lost consciousness. He then came to the hospital. Has been more or less drunk for the whole of the past month. He has a frothy mucous expectoration. His urine is thick, turbid, and offensive, and his bowels have been constipated for the past five days.

Gentlemen: Having heard the history of this patient read, we learn that his principal business was to drink nights, most of the time. You see here the capacity which the human system sometimes has for withstanding the action of alcohol. There are not many men of such tough material as this man, but in my experience I have met a number of just such, and he probably states the truth in regard to his habits of drinking. It is amazing how such an amount of liquor can be circulated in the system, and still leave the person apparenty unharmed.

The interesting feature in this man's history is the occurrence of a pulmonary lesion two weeks ago, which was manifested by pains in the right side which were at times very severe, so that he fainted once. He sometimes felt chilly, which shows that he had some fever. But he still kept on drinking so much that he was almost unconscious of these pains until he came in here.

The history directs our attention to the chest, but it might not be so directed by the objective signs alone. His breathing is somewhat accelerated, ranging from twenty-eight to thirty-eight per minute. But his pulse is not much increased in rapidity; the lowest has been sixty-four, and the highest eighty-four beats per minute. The temperature shows a constant but moderate fever, and ranges from 99.5° to 101.3°. These are called the vital signs, and are the objective phenomena of the disease. The subjective history shows that he had chilliness, and hence fever, before he came to the hospital. A man with fever feels chilly because the surface of his body is hotter than normal, and hence feels relatively cold, as compared with the temperature of the surrounding air.

Inspection.—We notice behind and on the right side of the chest a considerable bulging out of the thoracic walls, and there is almost no expansion of the chest on this side.

In practicing percussion, bear in mind what I told you the other day. Place the index or middle finger firmly over the part to be percussed,

and strike it with the other hand, on the middle phalanx. Be careful to percuss with equal force on both sides of the chest, so as to be able to compare the notes elicited. Percuss gently and entirely from the wrist, and not from the shoulder or elbow.

Percussion.—On the upper part of the right side of the chest behind, there is slight dullness; in the infra-spinous region there is marked dullness; and a little lower down there is absolute dullness, as if we were percussing over a board. When the patient leans far forwards we get a slight resonance where before there was dullness. This shows that the fluid in the chest has changed its level. On percussing in front, we find that the line of absolute dullness is just above the right nipple, and on a level with that obtained behind. Under the axilla the line of dullness is a little lower down, as is generally the case. Immediate percussion also elicits the same area of dullness.

Vocal Fremitus.—This is much more distinct on the left side than on the right, high up, and lower down it is entirely absent on the right.

Auscultation.—The respiratory murmur is absent on the lower portion of the right side of the chest behind.

Percussion and auscultation indicate the presence of fluid in the right pleural cavity, for I take it for granted that it is fluid. The level of the fluid is just above the angle of the scapula behind, and the line is at the same height in front, as is usual. But the line changes with change in the patient's position. A hypodermic needle has been introduced and fluid was drawn off, thus confirming the diagnosis.

Treatment.—The disease, with the fever, cough and dyspnœa, will subside under the proper treatment of pleurisy with effusion. This consists briefly in administering diuretics, rest in bed, and counter-irritation.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Does Excision of the Larynx Tend to the Prolongation of Life?

BY J. SOLIS COHEN, M. D.,

Honorary Professor of Laryngology in Jefferson Medical College.

[Read April 4, 1883.]

(*Continued from page* 98.)

TABLE II.—CASES OF SARCOMA.

1 (Lange) lived nearly 7 months.
1 (Czerny) " " 15 "
1 (Foulis) " " 17½ "
1 (Caselli) was alive Aug., 1881, nearly 2 years after operation.
1 (Bottini) was alive and well Aug., 1881, 6½ years after operation.

Taking for granted, as we are bound to do, that death was imminent in these five cases of sarcoma when the operation was resorted to, we have a considerable prolongation of life in every instance, and a remarkable prolongation in two, or in forty per cent. As far as these limited statistics go, therefore, the operation of excision of the larynx in hopeless cases of sarcoma is worthy of the serious consideration of the surgeon.

The history of the remaining fifty-six operations presents a much more gloomy account. They were all for carcinoma, if we may include under that head Schede's case (56) of "cancroid."

Let me read the list of deaths as far as reported:

TABLE III.—RECORDED DEATHS AFTER LARYNGECTOMY FOR CARCINOMA.

1. Tilanus,	Case	46.	Death in	36	hours	from collapse.
2. Macewen,	"	26.	"	3	days	" pneumonia.
3. Bottini,	"	20.	"	3	"	" "
4. Langenbuch,	"	30.	"	3	"	" collapse.
5. Schmidt,	"	4.	"	4	"	" "
6. Gerdes,	"	14.	"	4	"	" "
7. Billroth,	"	12.	"	4	"	" pneumonia.
8. Toro,	"	40.	"	4	"	" pulmonary emphysema.
9. Schönborn,	"	7.	"	4	"	" ?
10. Multanowski,	"	29.	"	5	"	" pneumonia.
11. Reyher,	"	44.	"	5	"	" septic broncho-pneumonia.
12. Pick,	"	38.	"	5	"	" pleurisy and pericarditis.
13. Reyher,	"	31.	"	7	"	" septic broncho-pneumonia.
14. Reyher,	"	54.	"	7	"	" septic pneumonia.
15. Watson,	"	16.	"	7	"	" pulmonary embolism.
16. Thiersch,	"	39.	"	7	"	" "secondary infectious" pneumonia.
17. Albert,	"	49.	"	8	"	" "diffuse bronchitis and lobular" pneumonia.
18. Reyher,	"	15.	"	11	"	" "hypostatic" pneumonia.
19. Reyher,	"	57.	"	14	"	" exhaustion.
20. Maas,	"	5.	"	2	weeks	" pneumonia.
21. Watson,	"	6.	"	2	"	" "
22. Bircher,	"	37.	"	16	days	" pneumonia and "pulmonary gangrene."
23. Hahn,	"	50.	"	25	"	" putrid bronchitis.
24. Billroth,	"	24.	"	6	weeks	" passage of bougie into mediastinum.

25. Multanowski,	Case 11.	Death in	2	months	from recurrence.
26. Gussenbauer,	" 25.	"	2	"	"	tuberculosis pulmonum.
27. Multanowski,	" 10.	"	3	"	"	"croupous" pneumonia.
28. Langenbeck,	" 9.	"	4	"	"	recurrence.
29. Thiersch,	" 36.	"	4	"	"	"
30. Novaro,	" 55.	"	4	"	"	recurrence and hemorrhage consequent upon additional operative procedures.
31. Von Burow,	" 61.	"	4½	"	"	sudden suffocation.
32. Czerny,	" 34.	"	5	"	"	recurrence.
33. Volker,	" 48.	"	5	"	"	suffocation.
34. Heine,	" 3.	"	6	"	"	recurrence.
35. Maas,	" 13.	"	6	"	"	"
36. Billroth,	" 2.	"	7	"	"	"
37. Bruns,	" 21.	"	9	"	"	"
38. Kosinski,	" 17.	"	9	"	"	"
39. Reyher,	" 53.	"	9	"	"	"
40. Czerny,	" 23.	"	15	"	"	"

To this list may be added the cases of—

Margary, Case 51, in which recurrence was reported at 3 months.
Kocher, " 58, " " " " 7 "

In the following cases neither death nor recurrence has been reported:

1. Foulis, case 42, alive 5 weeks after operation.
2. Czerny, " 43, " 6 " "
3. Schede, " 56, artificial larynx adjusted 2 months after operation.
4. Mayal, " 63, no recurrence 3 months after operation.
5. Von Bergmann, " 60, alive "some" 3 months after operation.
6. Wegner, " 19, " 7 months after operation.
7. Whitehead, " 59, "no recurrence;" alive 8 months after operation.
8. Winniwarter, " 41, "no recurrence;" alive 8 months after operation.
9. Gussenbauer, " 52, well 14 months after operation.
10. Kocher, " 46, no recurrence 16 months after operation.
11. Thiersch, " 33, well 17 months after operation.
12. Thiersch, " 32, " 18 " "
13. Gussenbauer, " 47, " 19 " "
14. Hahn, " 35, " 2 years " "

Of the forty-four reported deaths, seventeen, or forty-two and a half per cent. occurred within eight days, and five more succumbed within the second period of eight days.

The danger during the first few days is from shock and from pneumonia. Very few have perished from direct shock, very many from pneumonia. The pneumonia has been attributed generally to the ingress of blood, aliment and septic materials into the air-passages; but if I may form an opinion from what I have witnessed in many other operations upon the neck, there is a certain amount of risk of pneumonia in all surgical interferences in the cervical region, even when the air-passage is not opened. Thus I have seen it follow extirpation of the thyroid gland, extirpation of cervical neoplasms, and even exploratory incision into the region. It may be that the reduction of temperature to which the pneumogastric nerve is subjected, leads to pneumonia, and that the manipulations within the wound render it especially sensitive. When we reflect that the majority of these operations of laryngectomy consume from one to three hours in their performance, we can fairly presume that the pneumogastric nerve is subjected to sufficient ordeal to excite an early pneumonia, quite independently of access of foreign matter to the lungs; a sequel of the operation against which every available precaution is taken.

The danger from pneumonia does not seem to exist longer than two weeks, for we have but one record of death from this cause after the sixthteen day, and that from "croupous pneumonia," (case 10), at the end of three months. This important fortnight safely passed, the life of the patient appears apparently secure up to the fourth month. At the fourth month, death begins to be imminent from recurrence, and we have, in our table, three at four months; one, and possibly several, within five months; two at six months; one at seven months; three at nine months, and one at fifteen months. One death from recurrence (case 11) is reported at two months after operation. Nine cases are reported living at seven, eight, eleven, fourteen, sixteen, seventeen, eighteen, nineteen, and twenty-four months, respectively. Thus forty-two and one-half per cent. of the forty cases recorded as terminating fatally, or more than thirty per cent. of the entire number operated upon for carcinoma, perished within eight days; and at the end of six months, thirty-five of the forty were dead, or eighty-seven and one-half per cent.; making sixty-two and one-half per cent. of the entire fifty-six operations for carcinoma—with great probability of a still higher percentage had all the deaths been reported.

Let us contrast this record with the average life of carcinoma of the larynx not subjected to the radical operation of laryngectomy.

Of a number of cases of carcinoma of the larynx under my own care, who agreed to submit to exsection of the larynx should I so determine, and in whom I performed tracheotomy in preference, one lived six months, two lived seven months, one lived thirteen months, and one eighteen months, respectively, after the tracheotomy.

Had laryngectomy been practised in these five cases, with equal tenure of existence, the result would have been accredited to the radical procedure. Had the operation been performed, one life might possibly have been prolonged; the majority, however, would probably have been shortened. At the period at the end of which eighty-seven and a half per cent. of the recorded deaths after laryngectomy had occurred, *i. e.*, six months, all my tracheotomized cases were living; and but two of the entire number of fifty-six excisions for carcinoma outlived the longest-lived instance in my tracheotomized list. It is not improbable that a complete series of collated statistics would present a far better exhibit for the cases merely sub-

jected to tracheotomy and palliative procedure. It is generally believed that the natural history of carcinoma of the larynx comprises an average existence of about two years and a half; tracheotomy becoming requisite at a period varying from nine to eighteen months, according as the disease is wholly intra-laryngeal or more parietal.

In laryngectomy, the initial shock is severe, and sure to carry off a large percentage of cases by collapse or by pneumonia. A certain number of lives are sacrificed; and the condition of the survivors, with their artificial substitutes for the larynx, is often described as pitiable in the extreme.

In tracheotomy, there is little shock, very slight danger of pneumonia, and much less risk of septic infection. Life is not likely to be sacrificed in any instance; and existence is much more comfortable after the operation than after laryngectomy.

For these reasons, excision of the larynx for carcinoma does not, in my opinion, tend to the prolongation of life; for the prolonged existence of a very few seems purchasable only at the sacrifice of the remnants of existence of many others. The greatest good to the greatest number appears better secured by dependence on the palliative operation of tracheotomy.

Editorial Department.

Periscope.

On the Treatment of Spinal Curvature by Reclination in its Early Stages.

Mr. Edward Lund, F. R. C. S., Professor of Surgery in the Owen's College, Victoria University, Manchester, writes, in the *British Medical Journal*, June 23, 1883:

"I hope to exhibit, at the forthcoming meeting of the British Medical Association at Liverpool, a form of couch for the treatment, by reclination, of spinal curvature in its early stage, and weakness of the muscles of the spine, which embodies in its action a principle of treatment for such cases too frequently overlooked.

"The couch which I have to recommend, and which will be shown at Liverpool, is designed to carry out by reclination the same principle of treatment as operates in the method of vertical suspension, only in a more gradual and prolonged manner. I have called my couch 'a 'slippery couch,' and I think the construction and mode of action will justify the term. I have used it with marked benefit during the last few years, in more than thirty cases, in private practice. It is made in this way: A piece of wood is prepared, of suitable thickness, and about six feet long and eighteen inches wide. At about four inches from one end, a hole is cut through the wood, of circular form and six inches in diameter, with its margin on one surface of the wood slightly bevelled inwards. This end of the piece of wood is to be the upper or higher part, when it is fixed at such an inclination by means of a block or cross-piece as to raise it about one foot at the higher end. It is well to have four wooden legs screwed on, one at each corner, the upper pair being longer than the lower in the same proportion; and to still further influence the angle at which the couch is to be used, by means of extra screw-holes in the wood; the longer pair of legs being brought nearer to the foot of the couch, a greater elevation can be secured. The flat piece of wood being so prepared, is covered with several folds of soft thick blanket to about two inches in thickness, the blanket being just the size of the wood on one surface only; over this a piece of well-polished black horse-hair cloth is stretched, and being turned tightly over the edges of the board, is nailed underneath, so as to produce a smooth, somewhat soft, but yet slippery, almost polished surface. Where the blanket crosses over the hole already described, it must be cut across in two directions, longitudinally and transversely, and the horse-hair cloth should be left loose over the same spot, so that, if pressure be here applied, an indentation will be quickly made.

"Now, if a couch be prepared in this way, and placed at such an angle of elevation as I have here described, about one part in six of its length, a person lying upon it on his back will soon find, unless he make some effort to resist, that he will quietly slide down towards the lower end of the couch; and if his attention is otherwise absorbed, he will have his feet over the end of the board, as he is sliding beyond it. By a very simple device, this tendency to slide or slip downwards may be be very beneficially utilized for the object we have in view.

"A small, firm, cylindrical pillow is prepared, about the diameter of the wrist, and a foot in length, and this is attached by strong tapes, one at each end of the pillow, and fixed to each upper corner of the couch, the length of the tapes being such as to place the pillow transversely on the board, immediately below the lower edge of the hole in the wood. With this pillow in position, and the patient so placed that the pillow may be received into the recess of the nape of the neck, the projection of the occiput falling into the depression made by the hole in the wood, the body is retained in position, and the sliding down is prevented, but yet there is a constant gentle dragging action on the spinal joints from the weight of the pelvis and lower limbs, which will act most favorably in the required direction.

"It is desirable, when a patient uses this couch for the first time, that he should try it without the pillow; and, if needful, the elevation of the couch should be adjusted until the peculiar sliding movement is experienced. Then, with the help of the pillow, and the back of the head falling into the recess prepared for it, the patient will

be aware of the principle upon which the couch is intended to act, and be more likely to continue its use.

"All other couches, such as the Ilkley couch and couches with the double angular bend to support the knees, or with a foot-piece against which the feet can rest, are entirely opposed in principle to the plan of this 'slippery couch.' Using them, the patient may feel rested, and experience some temporary relief; but I know of no way, by reclination, to secure a certain degree of spinal extension, better than to fix the upper segment of the vertebro-cranial axis at one spot, and allow the weight of the lower part to induce direct 'self-extension.'"

Sea-Sickness.

In spite of the fact that much has been written on the subject, people still continue to suffer from sea-sickness, which proves the unreliability of our therapeutic resources. Therefore the following experience of Dr. T. M. Kendall (*Brit. Med. Jour.*, July 7, 1883), who has recently had 200 cases under his charge, may prove interesting:

Many people, as soon as sea-sickness commences, have recourse to oranges, lemons, etc. Now oranges are very much to be avoided on account of their bilious tendency, and even the juice of a lemon should only be allowed in cases of extreme nausea.

Champagne, too, is a very common remedy, and, without doubt, in many cases does good; but this appears to be chiefly due to its exhilarating effects, as, if it be discontinued, the result is bad, and a great amount of prostration follows.

Creasote is a very old but still very good remedy, and, in cases accompanied by great prostration, is very useful; but, if given in the early stages of sea-sickness, it is often followed by very bad results, and even increases the nausea.

Bicarbonate of soda is useful in slight cases, as it relieves nausea, and checks the frequent eructations which often follow attacks of sea-sickness; but, in severe cases, it is absolutely useless, and, in fact, it very often prolongs the retching.

A very good remedy in the earlier stages of sea-sickness is a teaspoonful of *Worcester Sauce*. How this acts I cannot say; but it, without doubt, relieves the symptoms, and renders the patient easier. Its action is probably of a stimulant nature.

Hydrocyanic Acid is of very little service, and most acid mixtures are to be avoided, except that perhaps, for drinking purposes, when it is best to acidulate the water with a small quantity of hydrochloric acid.

Of all the drugs used, I found the most effectual was *Bromide of Sodium*. When bromide of sodium is given in doses of ten grains three times a day, the attacks entirely subside, the appetite improves, and the patient is able to walk about with comfort.

In all cases of sea-sickness, it is very desirable that the patient should take sufficient food, so that at all times the stomach may be comfortably full, for by this means, overstraining during fits of retching is prevented, and the amount of nausea is diminished. The practice of taking small pieces of dry biscuit is not of much use; as, although the biscuit is retained by the stomach, yet the amount taken is never sufficient to comfortably fill the stomach. Soups, milk-puddings, and sweets are to be avoided, as they increase the desire to be sick, and are followed by sickening eructations. Fat bacon is easily borne, and does much good, if only the patient can conquer his aversion to it. When taken in moderate quantity, it acts like a charm, and is followed by very good results.

But of all food, *curry* is the most useful in sea-sickness, and is retained by the stomach when all other food has been rejected. Next to curry, I would place small sandwiches of cold beef, as they look nice on the plate, and are usually retained by the stomach.

In conclusion, I would advise that brandy should be used very sparingly, as, in many cases, it induces sea-sickness; and its chief use is confined to those cases where the prostration is very great, and even then champagne is more effectual.

Nitrite of Amyl for Hour-glass Contraction.

Dr. N. C. Steele thus writes in the *Miss. Valley Med. Monthly*, June, 1883:

April 2, 1883, I was called to see a negro woman who had been delivered of a child, but the messenger said that the after-birth was "growed to her side" and could not be removed. Suspecting irregular uterine contraction—hour-glass contraction—I took with me nitrite of amyl. I had read a report of such a case by Dr. Fancourt Barnes, of London, England, in which this agent acted promptly in overcoming the irregular contraction or spasm of the uterus.

I found that the child had been born five hours, and that the woman had lost considerable blood. She said this was her eighth child, and that the afterbirth had "growed to her side before," at which time she came near dying. Her pulse was weak and too frequent. No effort had been made to remove the afterbirth. She had been and was still having "pains." Having learned this, I supposed I would have but little trouble; so I gave a dose of ergot as a precaution against after-hemorrhage, and proceeded by expression and slight traction to remove the placenta. After considerable effort and further examination I concluded that I had hour-glass contraction to deal with sure enough, and fearing the ergot might possibly make matters worse, I proceeded to make her inhale the vapor of amyl freely. When she began to feel the effects of it I handed the handkerchief to the "granny" that the amyl might be continued while I made effort to remove the placenta. The finger, as before, could easily follow the cord up to the tightly contracted part of the womb, but it would go no further, and my efforts at removal failed again. All this time (only a few minutes, however), she had been inhaling the amyl. I now oiled my hand and arm, determined to proceed in the orthodox way, but on introducing my hand into the vagina I was gratified to feel the placenta already slipping out of the womb. It was removed without further trouble, and the woman did well.

I give this case simply as it occurred. I am aware that there are points of doubt in the case. The woman had been delivered of the child five

hours, and in that time there is usually very considerable contraction of the uterine neck. I made no great or prolonged effort to dilate the stricture, and therefore do not know the amount of contraction in the case. She was having clonic uterine "pains." The whole procedure was rather hurried. Then the ergot comes in as a possibly complicating factor, although I do not think it was over twenty-five minutes from the time I gave the ergot until the placenta was extruded.

On the Influence of Quinine on the Rate of Flow Through the Blood-vessels.

The *Maryland Medical Journal*, May 19, 1883, says:

Thus far experiments have been made on the "slider" terrapin only. To determine the influence of the drug on the rate of flow through the vessels, independent of any effect which might be produced on the heart by the action of the drug, a method was used which may be described as follows: A large opening being made in the plastron over the region of the heart, the pulmonary arteries were ligatured, the heart cut away, and canulas placed in the left aorta and innominate trunk and also in the three great veins. The arterial canulas were then connected with feeding flasks, filled with normal salt solution, and this was allowed to flow into the vessels under a known pressure. Having traversed the arterial system, the fluid returned by the veins and was collected and measured as it flowed out. The resistance offered to the liquid under these conditions is of course that of the small arteries and capillaries, and any variation in the size of these vessels must be followed by a variation in the amount of liquid which flows out; a narrowing of the vessels causing increased resistance and a decrease in the quantity of liquid which passes through in a unit of time, and a widening, causing a decreased resistance and an increase in the quantity of liquid. We have made experiments on terrapin with the central nervous system intact, and also with the same destroyed. In the former case the animal was curarized. In both cases there is much increased flow through the blood vessels after quinine. In many cases it was possible to recover the vessels back to their previous state of distension, and then giving quinine to again get an increase in the amount of flow through them. As this variation occurs after the destruction of the central nervous system, the drug must act on some peripheral mechanism. It is not yet clear whether it acts on the muscular coats of the small arteries, or on the capillaries, or on both. These effects are obtainable with a solution of quinine equal to .002 grms. in 100 c. c. of salt solution, or 1 part in 50,000. We have evidence, then, for the view that, in the terrapin, quinine dilates the small blood-vessels, and can act without the aid of the central nervous system. Further experiments will be made on frogs.—*H. H. Donaldson and L. T. Stevens, Johns Hopkins Univ. Circular*, April, 1883.

A Spina Bifida Presentation.

In the *Brit. Med. Jour.*, May 5, 1883, Mr. Charles Penruddock, M. R. C. S., of Winchcombe, writes:

On April 15, 1883, I was called by the midwife to attend Mrs. B., who was in labor with her fourth child. Labor commenced at 2 p. m., on the previous day, the pains had been very severe until 10 p. m., but after that time became few and far between, and of very little force. When I saw Mrs. B., the pains appeared to be moderately strong but of short duration. There had been nothing abnormal in her previous confinements. On making an examination it was with great difficulty that I could reach the os, which I found nearly fully dilated; its margins were rather flaccid, and during a "pain" the presenting portion of the child exerted no pressure on them whatever.

From what I could feel of the presentation, I at first thought I had a face to deal with, there being something which very closely resembled the well defined margins of the orbits; beyond this I thought I felt the nose, and still a little further on, my fingers slipped into what I at once took to be the mouth, only it was somewhat jagged inside as though it were lined with fully developed teeth; I then came across a hand. I passed my hand into the vagina to make a more thorough examination, satisfied myself it was not the face, and at the same time could feel the unmistakable smooth outline of a child's hip, but owing to the above irregularities I was unable to tell clearly what the arrangement of parts could be, and decided to call in my friend and colleague, Mr. William Cox. We came to the conclusion that it was no face, but the lumbar region that presented, and therefore decided to turn. This was accomplished in the usual way, and the feet brought down, only slight difficulty being experienced until the head was being delivered, but with my left forefinger in the child's mouth and my right hand on its occiput, this was soon overcome. The placenta soon followed, and the mother made a good and rapid recovery. The child, a female, appeared to have been dead about twelve hours, was fully developed. The head was somewhat hydrocephalic. On further examining the body we found the cause of our not being able to clearly diagnose the presentation, to be a large spina bifida situated in the middle of the lumbar region, and very much resembling to the touch the part for which I had at first mistaken it. This case struck me as being very interesting, in showing how a diseased conditiom of a fœtus may confound the diagnosis of the accoucheur.

Spontaneous Gangrene of Arm Following Presumed Embolism.

Dr. J. H. Crisp reports this case in the *British Medical Journal*, March 24, 1883:

At the beginning of September, 1880, Mary M., aged seventy years, had a very painful and œdematous condition of the right lower extremity. Infiltration of the subcutaneous tissues increased for several days, when, after saline and diuretic treatment, puncturing at intervals, and keeping the limb covered in cotton-wool in the horizontal position, these symptoms subsided, and in the course of a few weeks the patient resumed her normal health, and could walk about as usual, the limb being kept bandaged for some time longer. No history of the case could be given; there were no abnormal cardiac sounds, no intrapelvic tumor

or swelling, or other cause of vascular obstruction detected. The popliteal pulsation was scarcely perceptible, that of the posterior tibial extinct.

From this condition convalescence continued uninterruptedly, when, about Christmas, an attack of acute diarrhœa and vomiting (not attributable to errors in diet), occurred, from which, in a few days, she recovered.

In the early part of the spring following, her left forearm became very painful, with the burning sensation characteristic of incipient gangrene, the digital extremities presenting a purplish white hue. No pulsation could be felt, the integuments of the forearm were quite cold, the case turning out one of spontaneous gangrene, accompanied by excessive pain for many weeks, alleviated only by anodynes. The forearm from about the middle third, in an oblique direction upwards and outwards, became black and shrivelled below a line of demarcation, when amputation was resorted to, the stump healing with a slight protrusion of the radius, which was afterwards excised. The patient has since done well, and, for her age, recovered her usual good state of health. I have given these bare details of a case of some interest, and will leave others to form their conclusions as to the etiology of its phenomena.

Equine Scarlatinal Virus as a Prophylactic Against Human Scarlatina.

It is necessary to determine that this agent represents, so says J. W. Stickler, M. D., (*Med. Record*, March 24, 1883,) in a more or less modified form, a morbid principle giving rise to a disease in man similar to the one of which this modified microzyme is the exciting cause in the lower order of animal life.

Our author, Thomas, Speciola, and Williams, believe in the existence of scarlatina in the horse; Stickler procured some of the nasal secretion, examined microscopically and injected subcutaneously about six minims, into four rabbits and one dog, getting as a result a confluent eruption, scarlet in color, which existed about four days, followed by exfoliation. Next was injected under the skin of these animals several drops of human scarlatinal blood taken from the arm of a boy who had at the time a bright confluent eruption over both arms, chest, and neck. There was not subsequently any general or local disturbance.

To determine the worth of such experiments, it must be ascertained if the scarlatinal poison resides in the blood; in order so to do, injections of that fluid have been made into rabbits, producing scarlatina and killing the animals, whose blood was injected into other animals with like result; it seems probable, therefore, that the blood does contain the contagium particles of the disease.

Dr. Stickler vaccinated twelve persons, varying in age from five to twenty-five years.

The points shown by these twelve cases are:

1. The safety in using subcutaneously the virus obtained directly from the horse.

2. That when this virus is implanted in the human tissues, there follows a local eruption similar to that seen in mild cases of scarlatina.

3. The system appears to be protected against the action of the human scarlatinal poison after vaccination with the equine virus.

"May not equine scarlatina be to human scarlatina, because of modification already wrought, what cow-pox is to small-pox, in consequence of some change in its fertility brought about long ago?"

Dr. Tebault's New Process of Vaccination.

From *Gaillard's Med. Jour.*, May 19, 1883, we note that Dr. Tebault, of Louisiana, said that for the past twenty years he had been performing these operations of modified inoculation, and in no case had it ever failed in his hands. He had operated with success upon smallpox cases who had recovered from the disease, within six months of such recovery, and had in such cases repeatedly tried the best vaccine, but without result. His reasons for recommending the practice of his modified inoculation are these:

1. It never fails, and it acts more promptly than vaccination.

2. All his experience assures him that persons so operated on do not communicate smallpox by contact, acting in this respect precisely as vaccination.

3. Physicians can always procure it from a known healthy source, and can always have it on the appearance of the first case in our midst.

4. The presence of this most loathsome and dreaded of diseases, by this operation, can be converted from a cause of infection into a means of positive protection to all exposed.

5. Inoculation, thus modified, procures effects as uniform as does vaccination, with the advantage that it is always successful; whereas vaccination has frequently to be repeated several times before it succeeds, thus losing valuable time, when every moment may be important.

6. Modified inoculation will succeed, it matters not how often the person operated on has been successfully vaccinated.

The operation consists in taking the first vesicle that presents itself, and admixing the lymph from this vesicle in cow's milk in proportion of one drop of lymph to three or five of milk, according to the age of the subject to be operated on.

The Antagonism of Phthisis and Ague.

The *London Medical Record*, April 15, 1883, says:

This is relative rather than positive; that is, phthisis occurs more frequently in regions where intermittents are not epidemic, and *vice versa;* we cannot say that, where intermittents are dominant, there phthisis is not met with—both diseases may occur simultaneously in the same person. Dr. Vieta (*El Genio Medico-Quirurgico*, January 15, 1883,) describes his experience in Azagra, in the kingdom of Navarre. The situation of the town is damp and low; it is surrounded by the rivers Ebro and Ega; and formerly these constantly overflowed their banks, submerging half the town; the streets were unpaved and full of holes, in which the water lodged. In the outskirts much hemp was cultivated, which, when cut, was macerated in pools, of which there were a very large number. Intermittent fever in its worst forms was very prevalent. Now the streets are paved, the rivers embanked so that they no longer overflow, and hemp is not so much grown,

market-gardening being found more profitable. Intermittents are no longer endemic; a few simple cases occur, but the paludal cachexia is no more seen, and the cases yield readily to treatment. But with this diminution of intermittents, there is a marked increase in the number of cases of chronic affections of the chest, and especially of phthisis, which was formerly almost unknown. Dr. Vieta does not attempt to account for this antagonism; he attributes the phthisis to neglected bronchial catarrh, and not to hereditary influence or diathesis, which does not seem to exist. He therefore hopes that improved hygienic knowledge and practice, leading the people to be more careful as to exposure, etc., will diminish the number of cases of pulmonary disease.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——*Godey's* for August comes to us as its midsummer number so bright and refreshing, that during its perusal, we are beguiled into forgetting that the thermometer is ranging in the nineties. Its colored fashions, this month, are produced by the same process as those in the French magazines; and though not fully equal to them in every particular, they far surpass the fashion plates of any American magazine.

An excellent portrait of the late President Garfield makes the second on the list of Presidential portraits, a feature of the book that will be growing in interest as the portraits are issued; and when the series is completed, will make a valuable collection, especially so if they all prove as good as the portrait in the present number.

——We have received from Dr. Joseph H. Warren, of Boston, a pamphlet containing clinical reports of three interesting cases occurring in his practice:

1. A somewhat rare disease of the spermatic cord, testes and scrotum.

2. Encysted cancer of the spermatic cord.

3. Case showing family hereditary tendency to hydrocele and diseases of scrotum—remarks.

——We have received the second report of the Massachusetts Home for Intemperate Women, to which Dr. Joseph H. Warren, of Boston, is attending physician. The entire number of inmates admitted from April 1, 1882, to April 1, 1883, was 253. From an examination of the report, we would infer that the institution is in a very satisfactory condition.

We have received the proceedings of the Rutland County (Vermont) Historical Society, at a picnic held on Mason's point, Lake Bomoseen, Thursday, July 20, 1882. The proceedings are of a very interesting nature. We would advise our readers to write to the Secretary of the Society for a copy of the report. It will prove interesting reading.

——A nicely illustrated, timely, and sensible little pamphlet on "Ventilation," by G. P. Conn, M. D., has been received as a reprint from the Report of the State Board of Health of New Hampshire. It is well deserving of extensive circulation.

BOOK NOTICES.

A Treatise on Diseases of the Eye. By J. Soelberg Wells, F. R. C. S. Fourth American edition. Philadelphia. Henry C. Lea's Son and Co., 1883, pp. 846.

This magnificent work is *par excellence the* standard work of the times, on the important subjects of which it treats. We must ever remember that the eye is an exceedingly delicate organ, and while the general practitioner is frequently called upon to relieve its diseased conditions, that improper medication or unintelligent interference may only result in making bad doubly worse. It is absolutely necessary for the country physician to have an acquaintance with the pathology and therapeutics of the eye, since he is denied the assistance of skilled specialists, so accessible to his city brethren, when puzzled by intricate diseases of this delicate organ.

From no source we are sure, can he more accurately derive this needed knowledge than from the volume before us.

It is handsomely bound and will make a valuable addition to the library.

Spare Hours, By John Brown, M. D., LL. D., etc. Boston. Houghton, Mifflin & Co., 1883, pp. 373. Price, $1.50.

A lenghthy notice, no matter howsoever long, could not do justice to this charming volume. A few words will suffice to express its claims on the readers of our profession. All physicians who delight in reading the productions of the master minds of our profession cannot possibly occupy their "spare hours" more agreeably or more profitably than in carefully reading the "Spare Hour" labors of Dr. Brown. The book is simply charming, and *must* be read by all. The money spent in procuring it, and the time consumed in reading it, will never be regretted. It is not possible to recommend this book too highly.

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WHAT DID THEY THINK OF TUBERCULOSIS A HUNDRED YEARS AGO?

When in our modern times a new observation is made, we rarely inquire if it is really new. The old Sheik used to say: "There is nothing new under the sun; everything has been done once before." Esmarch's bandage was considered something new, but Prof. Maconi a hundred years ago made use of exactly the same process for the purpose of emptying the blood-vessels of blood, and Galen already did the same before amputations. For the last five to ten years the question of tuberculosis being a contagious disease has occupied the minds of many, especially before the discovery of the tubercle-bacillus. It was considered a new idea, and every physician participating in this controversy cited cases from his own practice to prove his assertion. All those will be not a little astonished when they read the following, which we translate from an article by Dr. I. Uffelman in the *Berlin Klin. Wochenschr.*, 83, p. 369:

Anno 1782, the medical advisers of the Supreme Board of Health—supremo magistrato di salute—at Naples, expressed to the board their view, that tubercuIosis was a highly contagious disease. To these advisers belonged very illustrious physicians, as Cirillo, Cotagno, Dolce, Ruberte, etc. They induced the authorities to issue the following regulations:

1. Every practicing physician has to notify immediately the Board of Health whenever he has diagnosticated in any patient of his, pulmonary consumption—l'ulcera pulmonale. If he neglects to do so he has to pay a fine of about one thousand dollars; and if he neglects doing so a second time he is expatriated without appeal for a period of ten years.

2. Poor patients are immediately to be transferred to a hospital.

3. The directors of hospitals have to keep in a separate place clothing and linen intended for phthisical patients.

4. The authorities shall take an inventory of all clothing belonging to persons found phthisical, and after their death every piece of clothing must be produced again. Any violation of this rule to

be punished by imprisonment, or the violator to be sentenced as a galley-slave.

5. All movable articles not suspected of being infected are to be cleaned immediately; those infected to be burned or made innocuous otherwise.

6. The authorities have to have the room of the respective patient whitewashed, the floor, ceiling, and covering of the walls have to be renewed, the windows and doors to be burned and new ones put in their place.

7. New buildings cannot be occupied until a year after they are done.

8. Heavy punishment (galley slave, etc.), awaits those who buy or sell clothing of phthisical persons.

This remarkably rigorous law which placed consumption in one rank with the pest, had, as one may imagine, the severest consequences upon all private conditions. Broke the disease out in a family, it was considered the worst of all human misfortunes; lodging could not be rented for such a patient at any price, his relatives were avoided and became destitute and despairing. Contracts of rent contained scandalous conditions; houses in which a phthisical person died could never be rented again; many owners became totally poor.

This law was executed with a strictness unheard of at those times. But still more it must be considered remarkable that the law continued in force. In 1809 the same Board of Health asked once more its medical advisers if tuberculosis was a contagious disease, and though the opinion of the latter was divided, the law was kept in force and rigorously executed. Even in 1848 it was still carried out in all its former rigor, though since it gradually seemed to have declined, and why? Because consumption has nearly died out by that time in Naples; very few cases ever happened there, so that in one respect at least the law had its beneficial effect. But the time will not be far any more when the law, in a somewhat different form, will not only reappear in Naples, but in all civilized countries.

If we compare with this the question if tuberculosis is contagious, which some years ago was violently discussed also in our city, and if we remember how many boasted with their own "original" observations, the logical deduction is the advice that medical students should be taught a little more history of medicine. This may often prevent them from overesteeming themselves. In one of our future numbers we will prove how the present theory of micro-organisms as pathogenic causes was thought of and known over 150 and also over 1000 years ago.

CONCERNING THE URACHUS AND CYSTS OF THE URACHUS.

An article with the above title is contributed to *Virchow's Archiv.*, Bd. XCII. Hft. 3, S. 387, by Dr. J. B. Thetz. The paper is divided into two parts:

1. The ligamentum vesicæ medium and its epithelial cylinder (urachal canal).

2. Cysts of the urachus.

The results are based upon an exhaustive examination of the literature of the subject, reported cases, and personal examination. The results obtained in regard to the first subdivison, aided by the examination of seventy-four cadavers of various ages and races, are as follows:

1. The epithelial canal of the ligamentum vesicæ medium, in most instances, permits the entrance of a probe, out from the bladder, in its lower part.

2. At the entrance of the urachus there is usually found a small cross-fold which renders probing difficult, and during life prevents the penetration of fluid.

3. At the upper end of the epithelial canal the diameter of it, as well as of the muscular layer, diminishes.

4. A muscular layer is present under all circumstances above the epithelial tube.

5. The beginning of the tendinous character of the ligamentum vesicæ medium corresponds with tolerable regularity in children to half, and in adults to one-third of the distance from the umbilicus to the vertex vesicæ.

6. In extra-uterine life, a growth of the muscular layer, as well as of the epithelial canal, takes place.

The second portion of the paper, devoted to the

consideration of (a) small urachal cysts, and (b) large urachal cysts, furnishes the following conclusions:

1. All observed cysts have their situation in the lower third or fourth of the distance from umbilicus to bladder summit, and proceed from the normally persistent portion of the urachal canal.

2. The majority of the cysts contain strata, some few a single stratum only, of pavement epithelium.

3. All cysts possess a greater or less developed covering of smooth muscular fibres.

4. The size of these cysts varies from one that is microscopic to others the size of a bean.

5. Concretions in the urachal canal or in the cysts developed from it, appear but seldom, and those observed by him were composed of carbonate of calcium contained in organic ground substance.

6. Urachal cysts may become the seats of an inflammatory process.

Large urachal cysts are theoretically possible, but hitherto have not been proved anatomically to exist in men, the largest being one recorded by F. A. Walter (*Einige Krankheiten der Niere und Harnblase*, 1800, S. 38), which, as far as could be judged from the drawing, was 2.5 cm. long and 1.6 cm. broad; two smaller ones were also present. Many other recorded cases of large urachal cysts are not trustworthy.

A NEW ANTIPYRETIC.

Of late many new antipyretic remedies have been placed upon the market, but it has been found that they seemed to be of effect only at the home of those who first recommended them. Professor Filehne, however, of Erlangen, has now made us acquainted with a new remedy, which is really an antipyretic. Its name is Kairin, and its chemical composition can be guessed from the fact that chemistry, which detected this remedy, and introduced it as a substitute for quinine, calls it oxy-chinolin-methyl-hydride. Its dose is from 3 to 15 grains; usual dose 8 grains. This dose is given every two hours until the temperature has been reduced to near the norm, when the smaller dose is administered in longer intervals.

During the last meeting of the Berl. Medicin. Gesellsch., Prof. Ewald reported his experience with Kairin, which coincides with that of Filehne. After one or two doses, the temperature of a phthisical patient was reduced from 104° to 99°. The remedy possesses some peculiar properties. If it is omitted totally after reducing the high temperature, the latter soon ascends again with a chill, which sometimes is very violent. To prevent this the remedy must be continued after it has achieved its object, but in a much smaller dose. If the larger dose is still administered, then the temperature declines rapidly below the norm, and even dangerous symptoms appear; but if the remedy is still administered in smaller doses, the chill is overcome and the temperature increases slowly. When near its former height, the large dose is again had recourse to. What constitutes in the single individual a large and a small dose, has to be determined the first day by careful observations. Filehne recommends that the first day the temperature should be taken regularly every hour, until the largest as well as the smallest dose of Kairin necessary in the individual case to reduce to and keep the temperature at the norm is determined. The dose, determined in such a manner, will hold good during the whole case; *i. e.*, if it has been observed on the first day that 8 grains are sufficient to reduce the temperature to the norm, and 3 grains to keep up this decline and to prevent the chill, the same doses will have the same effect all through the disease.

Should further observations prove the invariable reliability of Kairin as an antipyretic, this remedy would be a very valuable addition to our therapeutics, and that it will do so cannot be doubted from the uniform results gained by the high authorities mentioned. So far we had besides cold water and an active diaphoresis—measures which cannot always be resorted to—only quinine, upon which we could rely for reducing the temperature. But in most inflammatory and infectious diseases, quinine for such a purpose is contra-indicated, as its dose must be 20

or 30 grains at least, and besides a long time generally elapses (5 to 8 hours) before this reduction of temperature (which except in malaria never amounts to more than 2 or 3 degrees Fahr., anyhow) becomes apparent. In Kairin we would possess a remedy never contra-indicated; a comparatively small dose is sufficient for the purpose of reduction, and a very small dose to keep up the reduction, and its effect is rapid and certain. We know very well that often a valuable life might be saved were we able to reduce the high temperature for a number of hours—we only need to think of sunstroke. We hope that it will not be long till the remedy is brought to our country.

FIRST IDEA OF THE TELEPHONE.

The following lines, brought to the attention of M. de Parville by Prof. Egger, are extracted from the book "Incredulité et Mescreance du Sortilêge," by P. de l'Ancre, published at Paris in 1662. De la Divination, 5 teme traité:

"It is reported that a German communicated to King Henry the Great an astonishing secret, through which men far apart might understand each other by means of the magnet. He first rubbed together (frotta) two magnetic needles and then attached them separately to two clocks, about the dials of which were written the twenty-four letters of the alphabet. When one needle was moved to a letter of the alphabet the other, no matter how far away, moved to the same letter. The King perceiving how dangerous the secret might become in transmitting information to beseiged cities, forbade its publication."

NOTES AND COMMENTS.

Dislocation of the Knee and of the Hip.

In the *Brit. Med. Jour.*, July 7, 1883, Dr. J. W. Hulke reports an interesting case: A man aged 44 sustained a compound dislocation of the tibia and a simple dislocation of the femur. Suppuration set in in the knee-joint, amputation was performed, but in spite of it the patient died exhausted. This afforded the rather unusual opportunity of studying the pathology of dislocations of the femur.

At the inner side of the left buttock was an ulcer, from which a sinus extended through a ragged hole in the glutæus maximus, of the size of a sixpence, near the ischial tuberosity, to the hip-joint. In the substance of this muscle were several extravasations of blood, varying in size from that of a pea to a chestnut, and the space between this and the deeper muscles about the joint was filled with a grumous fetid fluid, composed of pus, broken-down clot, and gangrenous muscle-fibre.

The two other gluteal muscles and the pyriformis were uninjured by the accident, but shared in the inflammatory softening which involved all the muscles around the joint. The obturator internus and the gemelli were lacerated, but they were not torn through, as was also the obturator externus. All these last-named muscles were extremely softened, so much so that much of their tissue could be washed away by a stream of water. The quadratus was entirely ruptured. In the inferior and posterior part of the capsular ligament of the hip-joint was an extensive laceration, crossed, and divided into two parts by the tendon of the obturator externus. The femoral attachment of the ligament had been torn from the bone, leaving only there a fringe of its synovial membrane about a quarter of an inch broad, whilst its attachment to the acetabulum had been preserved. The ligamentum teres was ruptured, and through the laceration in the capsule the head of the femur could be easily slipped out of the acetabulum beneath the lower border of the obturator internus on to the dorsum, then resting there on this muscle and on the pyriformis.

A Peculiar Gun-Shot Wound.

Dr. A. S. Mallins reports this case in the *Brit. Med. Jour.*, April 14, 1883:

During the engagement which followed the successful surprise of the village of Suppri, on the northwest frontier of India, on February 15, 1878, a sowar of the Queen's Own Corps of Guides was struck by a bullet in the back. I saw the man, who was but two or three yards from me at the time, stagger, and expected to see him fall. He remained standing, however, and called out to me that he was wounded. Having given directions to the hospital-assistant as to his disposal, and mentally noting that the wound could only be a slight one on account of his being able to walk down a steep hillside with but little help, my attention was soon directed elsewhere. Some hours later, when the force had recrossed the frontier, and I could make a detailed examination of the

wounded, I found the sowar above-mentioned in bed, lying on his back, with his legs drawn up, and his face expressive of acute suffering. My first impression on seeing him in this state was, that the bullet had penetrated the abdominal cavity. There was not, however, the marked collapse usually attending so grave an injury. The bullet had penetrated the lumbar muscles on the right side of the spine, an inch from the middle line. Having stripped the abdomen with a view to a careful examination, as my fingers passed over the hepatic region, a slight prominence was encountered, of such firm consistence as to at once lead to the conclusion that it was the bullet. A small incision over the spot was at once made, and a round bullet extracted, to the great delight of the patient, and the immediate relief of his suffering. Both wounds healed in a few days without any suppuration of the track made by the bullet. In this case, a round bullet, traveling most probably with slight velocity, was deflected by the lumbar fascia, and very nearly made the half circuit of the body, as the site of extraction was two inches from the middle line in front, immediately below the false ribs.

Spirit. Nitri Dulcis of Our New Pharmacopœia.

Sweet spirits of nitre is a remedy employed very frequently. Its cooling and diuretic effect, especially in the fevers of childhood, is so well known that in such diseases this drug is often made use of even without the advice of a physician. Many families are, however, not aware of the fact that while the sweet spirits of nitre, when largely diluted with water, is a comparatively innocent remedy, its inhalation, when undiluted, and especially when old, is often attended with danger, and under all circumstances unhealthy. In this respect the remedy is analogous to carbonic acid.

Our new Pharmacopœia has altered the former method of preparation of this drug, but has undoubtedly improved it. According, however, to H. B. Parsons (from whose article on the subject in No. 23, 1883, of the Deutsch. Apoth. Zeit., we translate the following): The new preparation has one defect, as not all the alcohol, but only about half of it, is changed into ether. In consequence of this, the new method of preparation makes the remedy a very expensive one. By simply employing a larger quantity of nitric acid, this rather important defect may be remedied.

If alcohol is mildly heated with strong nitric acid, a part of the alcohol becomes oxidized, and forms acetic acid, while a corresponding quantity of nitric acid is changed into nitrous acid:

C_2H_5OH (Alcohol)$+2HNO_3$ (nitric acid)$=HC_2H_3O_2$ (acetic acid)$+2HNO_2$ (nitrous acid) $+H_2O$ (water).

If the nitric acid is not concentrated and the heat not too great, instead of acetic acid aldehyd is formed:

C_2H_5OH (alchol)$+HNO_3$ (nitric acid)$=C_2H_4O$ (aldehyd)$+HNO_2$ (nitrous acid)$+H_2O$ (water).

The nitrous acid, however, in statu nascendi reacts immediately upon another molecule of alcohol and forms nitric ether.

C_2H_5OH (alcohol)$+HNO_2$ (nitrous acid)$=C_2H_5NO_2$ (nitric ether).

In this manufacture, certainly, the commercial nitric acid is employed, as it possesses less strength than that directed by the pharmacopœia. Instead of a 75 per cent. acid an equivalent quantity of an acid of about 65 % is made use of. In this procedure comparatively little acetic acid is produced, as the first main reaction consists in the formation of aldehyl and of nitrous acid, as the second formula shows.

As a basis for calculations, the following condensed formula may, with satisfactory certainty for general purposes, be employed:

$2\,C_2H_5OH$ (alcohol)$+HNO_3$ (nitric acid)$=C_2H_5NO_2$ (nitric ether)$+C_2H_4O$ (aldehyl)$+2\,H_2O$ (water).

Cystotomy in Subacute Cystitis.

Dr. George Elder had a case of subacute cystitis in a female aged seventy-two, which resisted all ordinary treatment. For months she had been under medical attendance. There was incontinence of urine, accompanied with frequent desire to micturate, vesical tenesmus, dysuria, and constant burning hypogastric and vulvar pain. The calls to urinate were so frequent that it was impossible to obtain a night's rest. The vulva and contiguous skin were excoriated, and the seat of intense pruritus. There was considerable constitutional disturbance and declension in health. The urine was rather scanty, specific gravity 1018; offensively ammoniacal, and depositing abundantly pus and ropy mucus. Microscopic examination in addition showed the presence of pavement and cylindrical epithelium, a few fibrinous casts and phosphates. Under ether a vesico-vaginal fistula was made and a winged catheter, attached to a long piece of rubber tubing, was inserted.

The rest given to the inflamed viscus by drainage combined with injections, first of a solution of hyposulphite of soda, and afterwards dilute nitric

acid combined with quinine internally, and acidulated drink *ad lib.*, soon effected a change for the better in her local condition.

She ultimately made a perfect recovery, and the fistula healed entirely. The case is reported in the *Lancet*, July 7, 1883.

The Combined Use of Thomas's and Furneaux Jordan's Laminated Splints.

After discussing their merits, in the *Brit. Med. Jour.*, July 7, 1883, Dr. E. Stanmore Bishop concludes that the advantages to be gained by the combination of the two splints are :

1. It becomes possible so to lighten the weight of Thomas's splint that it can easily be borne by the weakest patient; and the weight of the laminated plaster is so inconsiderable, and so diffused over a large area, that the combined splints weigh about half the amount of an ordinary Thomas's splint, made after the original directions.

2. Whilst the Thomas's splint supplies the requisite impediment to flexion and extension of the hip, the laminated plaster supplies the firm grip of pelvis and limb, and forms an admirable *point d'appui* for any attempt at adjustment, in cases of fracture.

3. The combination permits of a more certain fixation of Thomas's splint itself, in any desired position; and renders it not merely a safeguard against flexion and extension, but a very certain appliance for remedying excessive rotation, either external or internal.

Of course, the patten on the opposite foot, the crutches, etc., are equally necessary, as they would be with the Thomas's splint alone.

Therapeutics of Napelline.

In the *Journal de Therap.* June 10, Dr. Laborde offers the following conclusions in reference to napelline :

1. That it possesses physiological properties which, while approaching in their fundamental characteristics to those of crystallized aconitia sensibly differ from this, both in their much less activity, and by hypnotic and somniferous effects which do not belong to it.

2. That this new product is consequently more manageable in practice, without giving rise to alarming accidents.

3. It may therefore be employed in subcutaneous injections in doses of one, two, three, or four centigrammes, whether given at once, in divided doses, or at very short intervals, producing real therapeutical effects without causing any appreciable physiological or toxical effects.

4. Its effects are chiefly manifested in local painful affections—especially in neuralgias—and in excessive excitability of the nervous system, with persistent insomnia.

Sore Throat and Albuminuria.

There are many authorities who contend that the simplest form of sore throat is a mild diphtheria—that even the most innocent case of the former disease is accompanied by a contagion, giving frequently rise to severe cases of diphtheria, and that in either case micro-organisms are the pathogenic cause cannot be doubted. Dr. Laure (Deutsch. Med. Zeit., 1, '83,) has published a series of cases where sore throat was complicated by albuminuria. Such observations have recently also been made by the great clinician Leyden, who noted nephritic disturbances and even paralysis following simple sore throat where diphtheritic patches had not been present. Laure supposes that in his cases there existed a catarrhal co-affection of the kidney-epithelium. It is also possible that the complication was a so-called elimination-nepritis, viz., in most infectious diseases, in consequence of the obstruction to the circulation by the microbes filling up the lumen of the capillaries, further due to the disturbed process of filtration in the glomeruli and the altered blood-pressure, first congestion and then inflammation of the kidney ensues, causing the presence of albumen and tube casts in the urine. It follows that we should pay attention to the kidneys even in the simplest case of sore throat.

Note on Disinfectants.

In the *British Medical Journal*, June 30, 1883, Dr. W. E. Buck writes :

Most practitioners must have often realized the inefficiency of disinfectants in allaying the fœtor of cancerous ulcers, an annoyance which sometimes troubles patients even more than the pain, or the thought of death. I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fœtor, and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boro-glyceride, chloride of zinc, charcoal, etc. After failure with these, I tried a saturated solution of hyposulphite of soda added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well syringed and washed with the solution, and was then covered with rags steeped in the solution. The

granulations were kept clean, and the fœtor was well kept under. Most disinfectants seem to lose their virtue after a few days' application, but I have used this one for months in the same patient with continuous good effects. It is cleanly, has no smell, does not stain, and is very cheap.

The Benzoates and Uric Acid.

In our issue of June 2, p. 615, we noted that Dr. Garrod believed that the benzoates would cause the disappearance of uric acid from the urine. Now, Dr. Edmund Alleyn Cooke (*Brit. Med. Jour.*, July 7, 1883,) says of some of his own observations:

"The results of the above experiments seem to point to the fact that the uric acid is not destroyed by benzoic acid, but exists in a state of combination (it may be as a compound acid), and when this combination is evaporated with nitric acid it gives no murexide with alkalies, and when it is precipitated by zinc sulphate solution, the uric acid combines with the zinc oxide. And the last experiment seems to demonstrate that an alkaline solution containing soda and potassa is capable of really destroying uric acid if kept at a temperature of 98° Fahr., even without the presence of benzoic or hippuric acids, probably by oxydation. This was a discovery of Schunk, who found the products of decomposition to be oxaluric acid, and finally urea and oxalic acid; and Dr. Basham has noticed that this takes place in the animal economy when potash salts are administered, coincidently with the diminution of uric acid."

Infantile Constipation.

For obstinate infantile constipation and its consequent derangements, Dr. T. M. Lownds says, in the *Lancet*, July 7, 1883:

I would suggest the trial of pepsine wine, about five drops given with each meal of milk and water. I have found it best to dilute the milk at first with twice its volume of water, sweeten with sugar of milk, and give the pepsin wine in a teaspoonful of the milk and water separately, either just at the commencement or in the middle of the meal. I have always found this abolish curdy stools and constipation in young children.

For the same condition, Dr. John P. Hamilton recommends milk diluted one-half, and to each ordinary bottle add one or two teaspoonfuls of Dinneford's fluid magnesia. The abdomen should be well rubbed with oil two or three times daily, and night and morning one teaspoonful of cold water or more given if the infant will take it freely. During the first fortnight after the treatment is commenced it would be well to give each second night half a grain of leptandra.

While still another correspondent has found good results from the use of compound liquorice powder.

The Presence of Bacillus Tuberculosis in an Abscess Near the Anus.

Dr. Robert C. Smith writes in the *Brit. Med. Jour.*: Six months ago, a young clerk, aged 21, came under treatment for hæmoptysis and other signs of phthisis. After about three months' treatment, he become strong enough to resume his employment, at which he continued up to the commencement of this month. I saw him on the fifth, when he was suffering acutely from an abscess in the neighborhood of the anus; and, fearing lest it might burst into the bowel and give rise to a painful blind internal fistula, I opened the abscess at once and let out a quantity of thin, curdy, fœtid pus. A microscopic examination of this fluid by a half-inch object-glass, after the usual process of staining, revealed the presence of great quantities of well-marked typical tubercle-bacillis. Now, the presence of these organisms in this situation is interesting, as they tend to throw some light on the well-known connection between fistula and phthisis.

An Extremely Complicated Case of Cicatricial Contractions from Burns.

Dr. Alfred C. Post reports such a case in the *N. Y. Med. Jour.*, June 23, 1883, and he enunciates the following practical suggestions:

The treatment of a complicated case of cicatricial contractions, must necessarily be extended over a long time. The contracted parts must be very freely divided at many points through the whole thickness of the cicatricial tissue, and the parts must then be stretched as far as possible in a direction opposite to that of the deformity, and maintained in that position during the healing of the wounds and for a long time afterward. By perseverance in this course for a sufficiently long period, paying constant attention to the most minute details of the treatment, the case may be conducted to a successful issue. And, if the patient be careful to practice active and passive movements of the affected parts to a sufficient degree, the tendency to a recurrence of the deformity, and of the rigidity of the parts, will be finally overcome.

Statistics of Resection.

From the *Boston M. and S. Jour.*, April 26, 1883,

we learn that Angerer* gives the following figures as the results of sixty-three resections (eighteen, of the knee, seventeen of the hip, elbow sixteen, wrist seven, ankle three, shoulder two): twelve subsequently underwent amputation, fourteen died (ten of tuberculosis, one amyloid degeneration, one ulcerative endocarditis, one carbolic-acid poisoning, one tetanus), twenty-four recovered with useful limbs. Of the sixty-three cases, fifty-eight were for chronic fungous disease of the joint. The dressing after the operation was gauze prepared with corrosive sublimate. The cases treated with iodoform appeared to do well, but the writer was unable to say whether the length of the after-treatment was shortened or not by that dressing.

Hot Water Irrigations in Puerperal Hemorrhage.

This method consists, according to M. Richter (*Berl. Klin. Woch.*), in the passage into the uterine cavity of a current of water at a temperature of 40° centigrade. The canula should be introduced on the finger of the accoucheur within the os, and there should be a free issue for the liquid injected, hence the value of a double tube. Before commencing the irrigation, the uterus should be emptied as far as possible by pressure and otherwise of all coagula and shreds of membrane, etc. Then a small dose of ergot by the mouth, or ergotine in hypodermic injection. Finally, the irrigation of water should bear directly on the internal parietes of the uterus, and be continued for from five to eight minutes. The arrest of the hemorrhage is often instantaneous.

Liniments in Muscular Rheumatism.

The following preparations are recommended in a recent issue of the *Gazette Médicale de Paris:*

℞.	Saponis,	℥ iss.
	Ætheris acetic,	℥ j.
	Camphoræ,	℥ j.
M.		
Or,		
℞.	Tr. aconit. rad.,	m. l.
	Ung. simplicis,	℥ j.
Misce bene et adde.		
℞.	Chloroformi,	℥ iss.
	Morphiæ hydrochlorat,	gr. ½.
M.		

Periodicity of Hepatic Accidents.

M. Cyr, in a recently-published memoir (*Arch. gen. de Med., Mai*, 1883), reports about forty cases of hepatic disease where the dominating symptoms, such as vomiting, jaundice, and particularly the painful attacks, recurred at certain fixed intervals. In some cases the attack was quotidian, in others the intervening interval was of longer duration. As quinine proved unsuccessful in the treatment of such cases, and the cure by Vichy water and the alkalies gave the best results, it would appear that the periodicity of the attacks was of hepatic and not of malarial origin.

Fatty Transformation of the Kidney.

Dr. Edwin Rickards contributes an illustrated article to the *Brit. Med. Jour.*, July 7, 1883, detailing a case in which one kidney was completely changed into fatty tissue, while the contour and general external appearance of the organ remained intact. His case demonstrates well how long life may be maintained, even when extensive renal alteration has taken place; for the patient, who had been complaining for some years, only entered the hospital on the morning of the day on which he died.

Acute Rheumatism as a Premonitory Sign of Phthisis.

Basing his observation on four cases, Dr. John Alfred Austin (*Lancet, July* 7, 1883,) asks whether acute rheumatism may not often be due to commencing phthisis, to a tubercular deposit in the synovial membranes, setting up inflammation. His cases are too few to formulate any rules of kinship, but his suggestion is worthy of more extended observation.

A New Soap.

Carl V. Petraeus, of this city, has taken out the U. S. patent 269,823 for the manufacture of a soap consisting of the farina of corn, muriatic acid, water, and ethereal oil. The soap is said to be splendid, always uniform, and its manufacture to cost nothing almost.

Dysmenorrhœa Mixture.

Iodide of potassium	2 drachms.
Sulphate of iron	1½ "
Distilled water	2 ounces.
Tincture of cardamom	4 drachms.
Syrup of ginger	12 "

Mix; dose, a teaspoonful three times a day, in a little water. Use two weeks before the period, for two periods.

Depressed Fractures of the Skull.

In the *Brit. Med. Jour.*, July 7, 1883, are reported two cases of compound depressed fracture of the skull, with injury of the brain, in which recovery took place without trephining.

*Centralblatt f. Chir., No. 44, 1882.

CORRESPONDENCE.

Another Warning Against the Indiscriminate Use of Medicine by the Laity.

EDS. MED. AND SURG. REPORTER:—

I was called Monday noon, July 16, to see Mrs. R. E. I at once responded to the call, and found my patient almost in articulo mortis, and obtained the following history:

On the preceding Friday, feeling as if she needed a movement of the bowels, she began by taking two of what are known as "Schenck's Pills," and on not getting the desired effect, she took some more—just how many more I could not ascertain. This dose not having the effect desired, she commenced on Saturday to take "Atwood's Bitters," taking several tablespoonfuls. Not waiting for these to do the work, on Sunday she took during the day seven tablespoonfuls tr. rhei, and not being satisfied with the amount of catharsis produced, and finding a bottle of homœopathic pills in the house, she took Monday morning all but one from a bottle containing one hundred pills.

On reaching my patient, I found her in an almost dying condition, pulse extinguished in one wrist, face covered with a cold sweat, bronchia filled with mucus, persistent attempts at vomiting, œdema of face, neck, and hands—in fact, all the symptoms of poisoning by arsenic. I called my colleague, Dr. C. F. George, as counsel, who agreed in the diagnosis and also the prognosis, which was "no chance at all." It is probable that the pills were "arsenicum," although there was no mark on the bottle by which we could determine.

The lady continued in this condition for twenty-four hours longer, and died. The filling up of the mouth and bronchia by mucus prevented much internal treatment, which was active stimulation by whiskey, carb. ammonia, digitalis, etc.

How much better for this woman to have called some one who had spent time and money to learn how to give medicine, than to try and take drugs of which she knew nothing.

Many a death has resulted from this practice of self treatment, and although this is a case where a person ought to have known better, yet the moral is the same—better let your physician give you what drugs you need.

FRANK BLARSDELL, M. D.

Goffstown, N. H., July 26, 1883.

Placenta Prævia—Queries.

EDS. MED. AND SURG. REPORTER:—

After reading the article upon placenta prævia in the REPORTER of July 14, I felt disposed to ask the following questions:

What curative effect in the case of Mrs. G., had the "placing of clean napkins against the vulva?"

Are not the hemostatic properties of a tampon greater when introduced dry than wet?

Is not the hemorrhage occurring before labor actually begins apt to be self-limiting, or at most readily controlled by posture and non-heroic means?

Can the deductions of three cases prove beyond doubt that the use of local astringents is "sheer folly, and irrational?"

As each case of placenta prævia is a "law unto itself," would it not be rational to leave the management of each to the attending physician, who is *presumed* to be competent, even though it be his first case of the kind?

What was the pathological lesion in "abscess of the heart" from which case 2 finally made such good recovery?

The writer has had but two cases of the sort, and craves further light, and would be pleased to see the above answered through the REPORTER.

G. W. JOHNSON, M. D.

Savanna, Ills., July 21, 1883.

NEWS AND MISCELLANY.

Carlyle's Triumph Over Difficulties.

In a strong and entertaining view of Carlyle's life and character, John Burroughs says, in the Midsummer (August) *Century:* "Carlyle owed everything to his power of will, and to his unflinching adherence to principle. He was in no sense a lucky man, had no good fortune, was borne by no current, was favored and helped by no circumstance whatever. His life from the first was a steady pull against both wind and tide. He confronted all the cherished thoughts, beliefs, tendencies, of his time; he spurned and insulted his age and country. No man ever before poured out such withering scorn upon his contemporaries. The opinions and practices of his times, in politics, religion, and literature, were as a stubbly, brambly field, to which he would fain apply the match and clear the ground for a nobler crop. He would purge and fertilize the soil by fire. His attitude was at once, like that of the old prophets, one of warning and rebuking. He was refused every public place he ever aspired to—every college and every editorial chair. Every man's hand was against him. He was hated by the Whigs and feared by the Tories. He was poor, proud, uncompromising, sarcastic; he was morose, dyspeptic, despondent, compassed about by dragons and all manner of evil menacing forms; in fact, the odds were fearfully against him, and yet he succeeded, and succeeded on his own terms. He fairly conquered the world—yes, and the flesh and the devil."

Mineral Waters in France.

According to a statement supplied by the Minister of Public Works to the Académie de Médecine, it appears that there are 1027 mineral springs in France, of which 357 are alkaline, 318 sulphureous, 215 saline, and 136 ferruginous. With regard to temperature, 641 are over 59°, and are classed as "thermal" springs, the rest being under and classed as cold springs. The departments which possess the most are the Puy-de-Dôme (Royat, Mont-Dore, etc.), with 94; the Ardèche (Vals), with 77; the Vosges (Plombières, Contrexéville, Luxieul, etc.), with 76; the Ariège (Aulus, Ax Ussat, etc.), and the Pyrénées Orientales (Amélée-les-Bains, Le Boulou, Vernet and La Preste), with 69 each; and the Hautes-Pyrénées (Bagnères de Bigorre, Caprern, Cauterets, Barèges, St. Sauveur, etc.), with 64. The num-

ber of persons who took the waters in the Hautes-Pyrénées last season was 44,476, and the departments which received the next greatest number of bathers and drinkers were the Puy-de-Dôme (18,619), the Allier, in which is situated Vichy (16,430), the Haute-Garonne (14,230), and the Landes (12,954). The total outflow of all the mineral springs in France is estimated at 10,334 gallons per minute.

Recent Outrages on the Western Coast of South America.

From the *Med. Times and Gaz.*, July 7, 1883, we note that an account published by Admiral Aurelio Garcia y Garcia, late General Secretary to the Peruvian Government, though probably in its entirety somewhat *ex parte*, may be worthy of passing notice to our readers. According to the Admiral, the conquerors invaded even the literary repositories of the capital, and despoiled them of their precious contents. The National Library, the best in South America, containing 300,000 volumes, and that of the University of St. Mark, in its different branches of jurisprudence, medicine, political economy, mineralogy, chemistry, etc., have all been pillaged to such an extent that not a single book remains, while the book-cases have been broken up for packing-cases. The victors also took and shipped off to Chili the instruments belonging to the astronomical observatory; the machinery, laboratories, and apparatus of the Medical College, and those for teaching arts and industries; and in the course of the contingencies of the campaign, the buildings of the University, the Library, and the Colleges, were used as military barracks and stables.

The Sewerage of Brighton.

Nearly a year ago we made mention of the warfare between the London *Lancet* and the corporation of Brighton in reference to the sewerage of that celebrated resort. We now note that the Borough Surveyor has reported to the Works Committee of the Town Council with reference to the recommendations of Sir Joseph Bazalgette as to the sewerage of the borough, that the recommendations, so far as they relate to matters under the control of the Town Councils, have been carried out, and that some other alterations to the sewers in points of detail have also been effected. A Town Councillor has given notice that he will move—"That the Sewers Board be required to inform the Town Council whether they have carried out any, and if so, which, of the recommendations contained in the report of Sir Joseph Bazalgette relating to matters under their control; and whether the Board propose to take any measures with respect to such of those recommendations as have not yet been acted upon."

A Good "Bill."

Lord Dalhousie's Bill, recently introduced into the English House of Lords, deals with a pressing evil. The Bill takes the form of an amendment of the Factories and Workshops Acts, and provides that no room or place shall, in future, be occupied as a bakery unless at least one-half of its height be above the level of the street or the adjoining ground; that no water-closet, earth-closet, or ashpit shall be within or communicate directly with a bakehouse; that any cistern for supplying water to a bakehouse shall be separate and distinct from any cistern for supplying water to a closet; and that no drain or pipe for carrying off sewage matter shall have an opening within the bakehouse. Sanitary legislation is daily receiving more and more deserved attention in England.

A "Slink" Butcher.

This is what they call them in Brighton, England, the magistrates of which town have just sentenced a butcher, living in the country, but having a stall in the Brighton Market, on which the carcase of a pig affected with disease was found, to a fortnight's imprisonment, without the alternative of a fine. The defendant pleaded that he was not aware that the meat was bad, but, as the magistrate remarked, it was a professional butcher's duty to know the state of the meat in which he dealt. The poor are the "slink butchers'" customers. Cheap meat attracts them, and they think inferior quality meat is better than "no meat at all." This is a good example: let us rapidly follow suit.

Yellow Fever.

Dr. Dominigos Freire, appointed by the Brazilian Government to investigate the nature and cause of yellow fever outbreaks, has reported some of his researches. He has found in the soil of cemeteries where yellow fever subjects have been interred, myriads of microbes identical with those seen in the vomit, blood, and urine of patients suffering from the fever, as well as vibriones in rapid motion. Dr. Freire believes that, after passing through the porosities of the earth, these germs disperse themselves in the atmosphere, whilst others are carried by storm rains to the towns, and there provoke epidemics of the disease. He proposes that the bodies of all persons who die of yellow fever be cremated.

Stumbling Blocks.

General Lord Wolseley recently delivered an address to the students of Charing-Cross Hospital Medical School (*Med. Times and Gaz.*, July 7, 1883), in which he said:

"If you find difficulties in your way, as every man does, you must remember that difficulties are only made for brave men to encounter and overcome. It is the weak-hearted and poor-hearted who, when they have had a bad fall in their race, get disheartened and do nothing. The brave men and the sturdy men look on the fall or misadventure as something to be laughed at, and something in the way of an instructive lesson with regard to their future conduct in life."

Proverbs to Suit the Times.

An editorial in the August *Century* aptly says:

"'If you want a thing done, do it yourself.' Musty and stale seems that ancient philosophy. The corner stone of modern civilization is a maxim that exactly reverses the ancient apothegm. 'If you want a thing done, get somebody else to do it.' This is the law of the large system of indus-

try, the foundation of all the great fortunes. The power of commanding the services of others, of laying tribute on the farms and factories, the brain and the sinew of your neighbors, was never more coveted and never more effectually employed than at this day."

Preponderance in Sexes.

According to Mr. Gosselin, Secretary to the British Embassy, Berlin, in an official report he shows that London, in comparison with other cities, stands pre-eminent in the preponderance of females, the proportion being as 113.7 to 100. On the other hand, in Paris, in 1876, there were only 88.5 females to 100 males, in St. Petersburgh (1881) 80.8, and in Rome (same year) 79.5.

British Hospital at Jerusalem.

A meeting was recently held at the Jerusalem Chamber, Westminster Abbey, in furtherance of the objects of the British Hospice and Ophthalmic Dispensary at Jerusalem, which is under the management of the Order of St. John of Jerusalem. The annual report stated that the average daily attendance was eighty, comprising the poor of all nationalities and religions.

Potted Meat.

A dealer in potted meat in Bradford, England, has been committed to prison for two months, for preparing for food thirty-six pounds of horseflesh. He purchased a quantity of cat's meat at a penny per pound, and an inspector found it stewing in a pan with a few pounds of pigs' heads.

Proposed Health Exhibition in Manchester.

The exhibition recently held in London under the auspices of the National Health Society, having been attended with great success, it is proposed to hold in Manchester in July, August, or September next a similar exhibition.

Errata.

In No. 49, July 14, 1883, for "abscess of the heart," read *abscesses of the breasts.*

Items.

—A Municipal Laboratory of Hygiene has been established at Lisbon.

—It is stated that the "lawn-tennis elbow" is the latest malady the doctors have found out.

—Two hundred and sixty-seven medical works were published in Japan in the Japanese language in 1881.

—It is stated that in the whole of Russia there are not more than about 14,000 doctors properly so-called.

—Dr. H. M. Nash, of Norfolk, Va., reports a fatal case of Bright's disease, in which dysuria was the only marked symptom.

—There are 1186 Fellows of the Royal College of Surgeons of London, of which number 621 obtained the distinction by examination.

—A journal has been started in New York called *The Undertaker's Assistant.* Why not call it *The Physician* at once?—*Texas Siftings.*

—Dr. Biedert reports a case of senile hypertrophy of the prostate gland cured by electrolysis. He introduced a needle electrode protected nearly to the point, and armed it as a cathode.

—Dr. L. S. Foster, Norfolk, Va., reports a case in which, by mistake, six drachms of chloral hydrate and five drachms of bromide of potassium had been taken during one night. The patient recovered without treatment.

—The Baly medal for physiological research has this year been awarded by the College of Physicians to Dr. Brown-Séquard. It will be remembered that the last recipient of this medal was no less a person than Charles Darwin.

—Dr. Gibb recommends the use of bromide of ammonium to those who suffer from obesity. When taken in small doses it will absorb fat, and diminish the weight of the body with greater certainty than any other known remedy.

—Mr. Spencer Wells has completed his one thousand cases of ovariotomy. Seven hundred and sixty-nine of them recovered. In the earlier part of his career, the mortality was thirty-four per cent., later it fell to three per cent.

—The Chicago College of Physicians has been sued by a student who was promised a graduate's diploma at the end of one year's study. The faculty declines to keep the agreement, which was made, they say, by an individual teacher.

—A Madrid telegram states, on the authority of the Spanish Consul at Suez, that twenty-one pilgrims have died of cholera on the road between Mecca and Medina, and that there are daily ten deaths from the same epidemic at Medina.

—Dr. Keyes relates two very interesting cases of the passage of gas with the urine, when there was no vesico-intestinal fistula, where both the gas and urine were sweet and inodorous, there being no evidence of decomposition of the urine.

—The monks of St. Bernard only gave coffee to travelers. It is said they observed that the effect of sudden cold upon such as had taken alcohol, was at times to produce immediate intoxication, and in all cases to diminish the power of resisting cold.

—A little roughly-powdered carbonate of ammonia sprinkled around the door-posts and on the floor about the legs of show-cases, etc., effectually prevents the urinary operations of perambulating curs. They don't wait for a second sniff, but take it for granted that a hyena, or something strong, is in the neighborhood.

—During the year 1880 no fewer than 19,060 human beings and 2,536 cattle are reported to have been killed in India by snakes; in 1881 the numbers fell to 18,610 human deaths, and 2,032 head of cattle lost. In 1880, the number of snakes reported as killed was 212,776; in the following year it reached 254,968.

—While a doctor was visiting a woman in Rowlandsville, Pa., two children poured a pint of molasses into his silk hat, which he didn't notice till he put the tile on his head. Language cannot describe his feelings, but it is said that he will petition the next legislature to pass a bill making it a criminal offence for a child to be born under twelve years of age.—*Norristown Herald.*

THE

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Original Department.

Communications.

MEDICAL SCIENCE, CODES, AND PATHIES.

BY ROMAINE J. CURTISS, M. D.,
Of Joliet, Ill.

(*Continued from page* 116.)

Now we will make the therapeutical application, and to do so will take the action of strychnia on the spinal cord. The extreme dose of this drug causes death from spasm, or, at least, by an extreme effect upon the spinal cord; while a small dose is a stimulant, and cures paralysis.

Now, the force of strychnia is increased by increasing the dose, and, in health, this force may soon produce spasm of the muscles; in paralysis, it may restore the muscles; in spasm, it may lessen the muscular action. Strychnia is used in paralysis, in chorea, in all manner of opposite pathological conditions, and in all doses, by all empirical and homœopathic physicians, whether from clinical evidence or rational conceptions of cause and effect in disease and its treatment.

However it is used, and by whom it is used, and whatever may be the signs and symptoms and results, the effects of strychnia, in spinal cord diseases, depend upon the fact that different degrees of the force, or doses of strychnia, differ in their action from no effect to all possible effects, with different shades of difference and likeness up to the extreme effects of the extreme dose.

From these data there is just as good ground for homœopathy as empirical medicine for a professional standing and for professional success. Whatever homœopathy may have been, and whatever empiricism may have been, and whatever they may be now (to which we will refer), the basis on which they stand is equal, and the clinical results show that the methods of each are equally successful, and the "provings" of drugs made by the homœopath, and the tests of the action of drugs made by the empiricist, upon healthy animals, together with the fact that the effects of drugs differ according to the dose and the conditions, furnish the basis of fact upon which the practice of each "school" rests.

The impending reconciliation of empiricism and homœopathy will create a new temple of medicine. The "clinical facts" are the bricks with which the structure is to be built. Observe how beautifully these bricks are made to "break joints." Over the large dose of ergot, laid by the empirical mason, the homœopath places his little dose of atropia; over the large dose of rhubarb there lies the little end of the opium brick; over the big end of the bromide of potash, there fits the little end of nux vomica; and so on throughout the structure, which is now built in New York—the temple of empirico-homœopathic-medicine—for are not all the specialists out in the woods even now quarrying the rock which is to become the corner-stone, and which the American Medical Association has already rejected.

This new temple has so far developed that "lectures" have already begun, and now we will take a seat inside (without matriculating), and note the teachings of clinical facts, and observe some of the fallacies, and take a brief glimpse, in imagination, of the medical temple of the future, which science will build on a basis of truth.

Prof. Smith lectured a short time ago in Bellevue on the little end of drugs, basing his remarks

entirely on "clinical experiences" of himself and friends who had reported clinical experiences relating to the little end of drugs to h m. Of course such a lecture to Empirics is of no particular use, for the reason that what is known and unknown on this subject is taught and practiced by homœopaths. However, Bellevue stands now as the new temple of empirico-homœpathy.

In brief, Prof. Smith has learned from clinical experience that a grain of calomel in a quart of water, teaspoonful doses, will cure syphilitic headache; a small dose of atropia, in a goblet of water, will cure false croup; a like administration of copaiba will cure nettle-rash; a small dose of vin. ipecac. will stop vomiting (so will the odor of roast beef); small doses of corrosiv. sub. cures diarrhœa; small quantities of tart. emet. will cure bronchitis, etc., etc., etc.

Now, the little end of drug therapeutics was well handled by Prof. Smith. The basis was, as it ought to be, clinical experience. There is not the least attempt made, as there might have been, to show some rational connection between the action of drugs and the subsidence of the symptoms which are mentioned as having been cured.

There is an implied induction, however, to be derived from these clinical facts of experience, which is nothing more or less, or greater, than that great is homœopathy, and empiricism is its prophet. But it appears that however great was Prof. Smith's concession to homœopathy, that he did not tell the whole story; for a writer in the *N. Y. Med. Jour.*, of March 10th, reviews the subject, and in doing so covers Prof. Smith's nude clinical experience with the mantle of homœopathic dogma. The writer says: "Copaiba produces and cures urticaria; arsenic causes and cures vomiting; atropia causes and cures false croup; ipecac causes and cures vomiting; corrosiv. sub. causes and cures diarrhœa; tartar emetic causes and cures bronchitis; cantharides causes and cures cystitis; castor oil causes and cures diarrhœa." The doses respectively in cause and cure being large and small.

The writer has the grace to say that these clinical experiences are "generalizations," and calls upon the profession to furnish "some more" of these clinical experiences for further generalization.

Prof. Smith's clinical facts, colored by the cause and cure dogma of the homœopathic writer, are not based upon "provings," or the physiological test of drugs. If these tests were of any value, scientifically, then Prof. Smith's clinical experiences would have a possible value, but they are not. These tests are of value only empirically and homœopathically, while clinical experience, such as he gives, is utterly without value, even empirically or homœopathically.

Prof. Smith gives a remedy (?) and in a certain time after, the symptom disappears, for the cure of which this remedy was given; and the homœopath says that copaiba is the cause and the cure of that disease. Copaiba is a bad drug to leave around loose in large doses. Prof. Smith relies upon clinical experience to prove that one drop doses of copaiba cure nettle rash. The empiricist says the reason is because the physiological action of the drug in health, in large doses, will cause nettle rash, and the homœopath says "like cures like," and therefore copaiba in small doses cures nettle-rash, because in large doses it is the cause of this disease—these provings being made upon the physiology of people, and not upon their pathology—either the pathological cause or the pathological sequence.

Now, then, we want to know, as physicians, the true value of clinical experience and its meaning; and we want to know the value of empiricism and of homœopathy, and the relations of these things to scientific medicine.

Clinical experience, *a la* Prof. Smith's, consists in discovering a symptom and then giving a remedy, in a small dose frequently repeated and largely diluted, as conditions of the remedy, and then watching the changes in the symptom.

Under this clinical condition of things, if a patient has urticaria and takes drop doses of copaiba, the urticaria disappears; if a patient vomits, and takes drop doses of ipecac, the vomiting stops.

Clinical experiences of this nature are the very shallowest sort of fallacies, for the reason that no note is taken of the cause of the symptom, or of the natural limitation of the cause.

Nettle-rash is a very transitory disease. It may be caused by sour buttermilk, acid fermentation in the bowels, santonin, butyric acid, butter, and a hundred other bad articles of diet; and forms of acid fermentation, as well as copaiba, may be antecedents of urticaria. The conditions of cause and sequence are of short duration in most all cases; and the cause is self-limited, unless a man is continually drinking copaiba, perhaps; and really, there is probably no physiological or pathological reason why nettle-rash should not, as a general thing, terminate naturally in a day or two under the eye of the clinical experience man, even if the patient is taking copaiba largely diluted in small doses, or if he is not taking any-

thing. Similarly, vomiting is a self-limited affection. From a clinical standpoint, vomiting, as a symptom, may be seen to cease at any time, even if the patient is taking one drop doses of vin. ipecac, or taking nothing. Everybody knows that vomiting, as a symptom, is one of the most evanescent, or one of the most persistent symptomatic factors of disease.

Vomiting occurs from pregnancy, from brain lesions, from peritonitis, from bile in the stomach, from indigestion, from strangulated hernia, etc., etc.

What a triumph it is in clinical experience, and empiricism, and homœopathy, to comfort the practicing physician by the assurance that no matter what the condition, whether hernia, brain tumor, pregnancy, peritonitis, or what not, if vomiting occurs as a symptom, one drop doses of ipecac will stop this feature of the sickness, which is often so alarming and distressing a sequence of serious diseases.

If there is anything more utterly valueless than a "clinical experience," it must be the result or knowledge gained by experiments made upon healthy living animals with drugs to learn their physiological action; and if there is anything of less value than this, it is the "provings" of homœopathy. Clinical experience, which does not estimate the factors of every disease which relate to the cause of disease, and the natural limitations of the cause, is obviously of no value.

Empirical medicine is founded on clinical experience, and also has a basis of a record of the physiological action of drugs in health.

Homœopathy presumes that a small dose of any cause will remove the symptoms of the cause, and from the fact that small doses of some causes are very difficult to get at and utilize as remedies, therefore homœopathy assumes that the substitution of a small dose of some other cause, which has similar effects, will remove its symptoms just as well.

Suppose a patient has consumption. Here is the finest possible field for empiricism and homœopathy. The disease is made up of tissue changes in the lungs, cough, night sweats, expectoration of muco-pus, diarrhœa, chills, emaciation, and death. Each of these symptoms is treated by the clinical observer, and empiricist, and homœopath. First, the cough merits attention. The empiricist makes experiments upon healthy people, and finds that opium, prussic acid, and bromide of potash, diminish reflex action. He learns that the cough of consumption depends upon the mechanicism of reflex action, so he gives these medicines.

The homœopath scrambles about and finds a drug which gets up a cough or hiccough, or something like it, in a healthy person, and perhaps he gives "hepar," or something, because in a large dose it will cause a cough or increased reflex action, or he may give other drugs in small doses which stimulate reflex action in large doses. The night-sweats, and chills, and diarrhœa, are treated by the same methods of empirico-homœopathy.

Now, these methods of course ignore the cause of phthisis. The effects are treated, but the cause is left alone. If the cause is self-limited, as it may be even in consumption, the empirical and homœopathic doctors give themselves the credit of curing the disease by furnishing physiological antidotes to the symptoms. In many diseases there is no doubt but many of the symptoms are simply efforts of nature to get rid of the cause of the sickness, and the physiological antidotes work a direct injury. The cough and expectoration in consumption, though distressing, perhaps, have a tendency to lessen the number of the parasites (tubercle bacilli) in the lungs, by throwing them out. However learned and beautiful may be the empirical or homœopathic clinical experience, which gives a drug and then observes a diminution of the cough in consumption, the fact remains that these symptoms, cough, sweats, diarrhœa, etc., are not the disease, and may even be symptoms of the resistance of nature to the disease, quite as much as symptomatic of the cause of the disease.

These methods of treatment, providing clinical experience should hereafter ever prove that they have any effect at all, are quite as likely to do hurt in a case of disease as good; and they are unscientific, because signs and symptoms alone do not constitute a disease, and because these methods ignore causes, and because the antecedents of signs and symptoms or of sickness are generally causes which are naturally self-limited.

The ethical and practical distinction between the homœopathic and empirical methods of practice, and the structure of the substance which separates them, is nothing more than a sheet flapping in the wind, and subject to every light breeze. It is a great long step, however, when scientific medicine steps over the gulf which separates science in the cure and prevention of disease, from homœopathy and other "pathies" in disease. Nothing but the most degrading indulgence in the love of a big practice can ever make physicians, as a class, pretend to adopt the dogmas of an ignorant medical pathy, for the

sake of being called in consultation by any sort of charlatan who is legalized by the state to practice the arts of medical pretense.

We have seen what the grounds are upon which empirical medicine and homœopathy can affiliate, and perhaps they ought to do so. But there can never be an affiliation between the medical profession and the "pathies," for the reason that we are just now upon the brink of great discoveries, which will destroy empiricism (even clinical experience in drop doses of copaiba), and which must certainly widen the difference between medicine and the "pathies," however much the "pathies" are legalized by the State.

The brink of discovery, upon which the science of medicine is now standing, is the prospect of finding out the causes of disease. The diseases which kill most people, who die in early and middle life, are, so far as any cause is known at all, all caused by some form of *contagium vivum*. This discovery, when complete, will place medicine upon a scientific basis. Physicians will stop making experiments with drugs upon healthy animals, and homœopathy will find it exceedingly difficult to kill parasites by giving sugared triturations of parasites in small doses.

The treatment of symptoms is already given over, just in proportion as the cause of disease is found out, and the remedy found which will remove the cause of the disease.

Does anybody suppose that physicians will be hunting for physiological remedies to antidote a cough, or a sweat, or a diarrhœa, after a method has been found of destroying the tubercle bacillus, either in the lungs or outside of the body?

Splenic fever a few years ago was the pest of the flocks, and herds, and people of Europe. There was a great call, while this disease prevailed, for physiological remedies, like the little end of aconite, and the big end of opium, and the little end of rhubarb, and the big end of bromide of potash, and the little end of ipecac, and, in fact, the little and big ends of all drugs, while the cattle, and sheep, and men, died in spite of them. But Pasteur discovered the cause of splenic fever, and the result was that the knowledge of this disease became a matter of exact science, and led to a method of preventing the disease. The method was adopted, and the disease prevented.

Now, can anybody suppose that Pasteur gained any knowledge by adopting empirical or homœopathic dogmas relating to the signs, symptoms and treatment of this disease?

The measure of the mind of the men who advance medical science, and the knowledge of the cure and prevention of disease in this world, is something larger than a drop of ipecac, or copaiba; and let us hope no such mind has ever been found seeking to educate the medical profession into a medical delusion, so that the code will be generally adopted which may honor a set of specialists in their efforts to secure a wider consultation practice. Indeed, it is quite questionable whether men, specialists or otherwise, who regale us with clinical experiences of doses of one drop of ipecac or copaiba, or $\frac{1}{256}$ of a grain of calomel, ought to have consultations of any kind, relating at least to sick people.

Let a man compare the significance or insignificance of such clinical observations with the work of Pasteur and Koch, and with the work which ought to engage men's minds relating to the cause and prevention of disease, and the advancement of scientific medicine; and if the professional mind is then convinced that these men are worthy of special ethics, then the medical profession can adopt the code of the New York State Medical Society.

NOTES ON THE TREATMENT OF SUMMER COMPLAINT.

BY JOHN M. KEATING, M. D.,

Obstetrician to Philadelphia Hospital.

[Reported by W. A. EDWARDS, M. D. Asst. Dem. Clin. Med., University of Pennsylvania.]

The following notes were gleaned from the practice of Dr. J. M. Keating:

The great prevalence of intestinal diseases of children during the summer months has led those who are interested in the subject to study the causes which bring about so large a mortality. It may be stated that as a rule babes who are nursed exclusively, and have a fair amount of care, consisting of light clothing, daily bathing, shade when out-of-doors, etc., manage to get through the summer even in the city without much trouble.

Those children whose mothers nurse them and also possess means sufficient to give the luxuries of life, who can sleep in rooms well aired and kept cool, and can take an occasional jaunt to the country or on the water when the thermometer is high, may be said to scarcely suffer at all. But as soon as we strike that period of life, or that class of individuals, where nursing is supplemented by feeding, we immediately find an increase in the intestinal disorders, and the mortality will rise in proportion to the deviation from the normal rule.

Hand-feeding may be said to be probably the

most frequent cause of intestinal disturbance; and where hot weather—hot nights, especially—foul air, and increased sensitiveness of the nervous system peculiar to the teething age, are all centered at one point, it is no wonder that the death-rate is large.

I will not dwell upon matters which are well known to every one in regard to the proper way of caring for infants during the different months of their life.

I have endeavored to bring the matter before the profession elsewhere,* but I will give you some of the latest views in regard to the treatment of the disorders of infants at this season.

There is a form of diarrhœa extremely common which I may mention first; it usually occurs in babes remarkable for health, who have been nursed until they reach the age of three or four months, probably eight or ten months—children with voracious appetites; just about the time when hot weather begins, the mother will imagine that her milk is not good or strong enough, and she will either wean the child altogether or partly feed it.

Now, the great trouble at this time is that the food which is given to the child is entirely too much for its digestion. It is not worth while to go into the chemistry of this subject; suffice it to say that the usual ingredients of home-made baby foods are *starches*, as arrow root, wheat flour, oat meal, or preparations of the same sold in the market under various names.

The result is that the babe begins to get fretful, sleepless, with scanty, high-colored urine, muddy skin, and it is noticeable that the child's tongue becomes coated, especially *far back*.

The bowels are either constipated or they are loose, watery, light in color, offensive, and frequently contain very minute curds. This condition will continue for some time, in fact, until a spell of hot weather sets in; it will then make little difference whether the child is in town, country, or seashore, it will suddenly be attacked with vomiting, profuse diarrhœa, very watery in character, and in a few hours the previously strong and healthy babe will be as limp as a rag, its surface pale, eyes sunken, with dark rings around; the bones of its head will be markedly outlined through its scalp, and the fontanelles will show marked depression.

There will be *partial or entire suppression of urine*, what is passed will be very highly colored; the retching and vomiting will be most distressing, and unless something is speedily done for the child, it will soon assume an aspect of approaching death, its eyes will roll, pupils widely dilated, and what has been so characteristically described by Marshall Hall will be exhibited.

Such a case puzzles a physician in the extreme; let me outline my treatment. Warmth is the first indication; the child should be wrapped in warm flannels, and an aromatic poultice applied to the abdomen. The function of the skin is to be encouraged, as I believe that most of these cases die of uræmia.

If the bowels have been very loose and the vomiting be excessive, they should be checked by the following mixture:

℞. Acid. sulphurici aromat., gtt. viij.
Ext. rhei fluidi, gtt. iv.
Spt. vini gallici, f. ʒ ij.
Syr. acaciæ,
Aquæ menthæ, āā qs. ft. f. ℥ j.
M. Sig. ʒ j. every two hours for a child six months old; give slowly with a little water.

Should the passages not be very frequent, but the vomiting be the most important symptom, small doses of calomel, ipecac, and pulv. acaciæ, are indicated in the following proportion:

℞.—Hydrarg. chlor. mit., gr. ¼.
Ipecac (pulv.), gr. ⅛.
Pulv. acaciæ,
Sacchari lactis, āā gr. ij.
M. et div. in chart. No. iv.
S.—One every hour, placed upon the tongue dry.

This is to be followed by a teaspoonful of castor oil and a drop of essence of peppermint, poured into a teacup full of hot water, and skimmed off the top, the object being to thoroughly subdivide the oil before its administration. The oil may be preceded by quarter-grain doses of hydrarg. cum cretâ, given the same as the above powder.

It will be seen that the treatment so far is to endeavor to encourage the action of the organs of elimination, which seem to have been paralyzed; the liver is not acting, the kidneys have endeavored to do its work and failed, neither is the skin performing its function.

In the meantime all attempts at feeding should be stopped. The child will crave water; give it small pieces of cracked ice; do not give milk in its crude form. *My plan is to nourish such children entirely by wine whey.* By wine whey I mean the watery material of milk, which remains after the milk has been curdled by sherry; the curd is strained off, and the whey which is left contains not merely the water, but, according to the experiments of Prof. Leeds, nearly one-fourth of the total albuminoids is left in solution.

*Infant Feeding, by J. M. Keating, M. D., H. C. Lea & Co.

As the whey will usually contain a large proportion of the sherry, it is not well to give it pure. About two ounces should be placed in a tumbler and filled with cracked ice, and of this the child can have an occasional taste, as its increased thirst will demand, throughout the day. It is extremely nourishing, unirritating, readily absorbed, and no curd can form.

Should there be marked suppression of the urine, and as soon as the vomiting has been controlled, the little patient may be given, at intervals of two or three hours, a tablespoonful or more of toast water, with 10–15 drops of spts. ætheris nit., and if you find the child will stand the extra stimulation, this may be made more diuretic by the addition of 15–20 drops of good gin.

The sulphuric acid mixture will gradually lessen the frequency of the stools, and it may become necessary after the dangerous period is passed, for you to administer the powders above-mentioned in order to start the flow of bile; but of course this last has to be left to the judgment of the physician, as the tendency to let well enough alone is an axiom in children's practice.

(*To be continued.*)

FOUR FRACTURES AND A DISLOCATION, OCCURRING TO A PREGNANT WOMAN WITHOUT CAUSING ABORTION.

BY W. E. RINEHART, M. D.,
Of Summerville, Oregon.

Patient was Mrs. W. E. Rinehart, aged 21 years, medium size, stout and robust, complexion very dark; been married five months, and was pregnant 3 months and 16 days. Accident happened twenty-five miles from home, in the Blue Mountain range, August 5, 1882, caused by the upsetting of a stage coach, producing the following fractures and dislocation:

1. A fracture of the surgical neck of humerus.
2. A fracture of middle third of same humerus (right arm).
3. A fracture at junction of middle and lower third of right femur.
4. A compound comminuted fracture of right tibia and fibula two inches above ankle-joint; lower fragment of tibia severely comminuted to the joint.
5. A backward and upward dislocation of left hip-joint.
6. Considerable superficial bruising all over the body, with a severely contused right shoulder.

Accident happened at 12 m., seven miles from house or water. I was present, but was powerless medically, as I had nothing with me to allay pain shock, or to stimulate; all I could do was to reset the fractures and hold them with splints rudely carved from boot of stage, using leaves for batting and table-cloth for bandages.

I was not able to reduce dislocated hip, as I had no anæsthetic, besides one of my own thumbs was dislocated in the upset, and my hand was almost useless; it was with a great deal of difficulty I replaced the compound fracture of leg, as the tibia protruded two and one-half inches into the ground. She was then slowly conveyed on a rude litter formed of pine limbs seven miles to nearest house, and there remained until five o'clock and fifteen minutes for the arrival of M. F. Honan, M. D., whom I had sent for, forty miles distant from place of accident, and during all this time she had nothing to alleviate the intense agony from her fractures, and especially the dislocated hip, for a period of five hours and fifteen minutes. On the doctor's arrival, we placed her under ether, replaced hip, allowed her to revive, and then kept her under full doses of Magenda's solution with atropia, and resumed our journey with her to our residence, eighteen miles distant, arriving home at four a. m., August 7. We then gave her three hours' rest, and removed all of my rude apparatus from her injured member, and placed all the fractures in *plaster of Paris*, where they remained, with occasional removals and variances according to rational treatment, for from six weeks to three months, or until union was quite firm in all the fractures. We used a constant stream of *cold* water on the compound fracture for five successive days and nights—commencing thirty-six hours after injury—and gradually quit it in the last twelve hours by using gradually warmer water until it arrived at 98° F., and then stopped entirely. I had no more difficulty in the case after the compound fracture began to look healthy again. I allowed her to remain in bed only six weeks from date of injury, or just as soon as I could safely remove extension and counter-extension from fractured thigh and ankle, as each had its own extension apparatus.

I then placed her in an invalid chair or wagon, and kept her out in the cool air a great deal during the *hot* summer days, which seemed to do her worlds of good, and from that date her appetite became fine, pains disappearing. Morphia stopped, and in four weeks more she was on crutches, and in eight weeks was walking, and to-day her fractured arm is perfect, fractured thigh same, dislocated hip same; compound fracture united firm, with almost perfect motion of ankle-joint, and no pain, only after excessive walking it pains her

slightly, mostly caused, however, I think, by the tearing loose of superficial adhesions over callus. Her right lower extremity is just *five-eighths of an inch short*, with the least perceptible limping, and I feel safe in saying that in one year from to-day a casual observer would never know from her physique and appearance that she had ever been injured. You can well imagine the torture she endured during the first five hours after injury, being carried for seven long miles over mountains that are scarcely surpassed in size and roughness, and during all that time nothing to relieve her suffering from four severe fractures and an unreduced dislocated hip, except the few precious moments her prostrated form would be lowered to the ground to rest the tired (as I thought then) pall-bearers. Also allow your imagination to extend eight weeks still in the future, and see the pain and anguish she endured while lying in her fracture-bed securely fastened by extension, with nothing to relieve the monotony and fatigue of her position and sufferings, only the motion of the one remaining uninjured limb (the left arm). This member had also been dislocated four years previously. And during all this time there was a fœtus in utero, and strange to say there never was one symptom radiating from the womb from date of injury to full period of gestation. She was delivered by me of a fine healthy male child, whose weight at birth (January 21, 1883,) was twelve pounds net, and to-day, five months later, is twenty pounds. She had a severe time in labor. I had to use the forceps after due consideration, and came near losing both mother and child, but to-day they are both enjoying the finest health. I had to deliver her myself, as Dr. Honan was in San Francisco at the time, and I would not trust any other to her case.

This completes a condensed history of the case, and is as correct as memory and notes will permit. I do not give treatment in detail, as there was nothing peculiar about it, only she had the best of nursing.

Hospital Reports.

MEDICO-CHIRURGICAL COLLEGE.

CLINIC OF SKIN DISEASES.

Service of F. Le Sieure Weir, M. D., Clinical Professor of Dermatology.

Case 1. Tinea circinata.
Case 2. Tinea tonsurans.
Case 3. Eczema rubrum.

Case 1. Tinea Circinata.

Josephine F., American, 18 years, unmarried. This young lady says that she has been afflicted with the disease which you here see upon the hands and arms, for the past six months. It began with itching (more especially after retiring), burning, and a little redness, which was quickly followed by the appearance of a small number of vesicles. In the course of twenty-four or thirty-six hours a quite well marked patch was observed, which was circular in shape and very slightly raised above the surrounding skin. The vesicles were mostly confined to the region of the rims of the patches (for from being only one in number in the beginning, it had spread to half a dozen or more upon each arm), and this leads us to believe that the centre of the patches was healthy, a thing of not infrequent occurrence. The body and lower limbs have not been involved at any time during the attack.

The vesicles just spoken of have appeared in crops some just beginning to develop whilst others are fading away. The diseased surface is raw, excoriated, and gives off a serous fluid, which however, in the present instance, is due in part to a long-continued application of a secret nostrum which is just now flooding the market. The case is a particularly severe one, and the marked rawness and intense inflammation is, perhaps, not altogether to be laid at the door of the proprietary article she has been using; for I have just learned that several homœopathists, including her family physician, have treated her, but with, as you see for yourselves, no benefit—in fact, she tells us she is worse now than at any time during the six months.

In this connection the present case furnishes a grand text upon which I might build you a trite sermon, and one not without its moral; but this is not the place for comments, nor have I the time to make them. This disease, *tinea circinata*, is produced by the deposit upon the surface of one of the vegetable parasites, technically known as the *tricophyton tonsurans*. The most important parts of the make-up of the plant are the spores and mycelial threads. When the parasite is brought in contact with the skin, these spores and threads take deep and firm root upon it, not lying upon the surface, where its riddance would be child's play, but dipping down into the substance of the skin layers, becoming firmly imbedded, and giving rise to no end of trouble at times in our efforts at eradication.

Animals are subject to the same affections; among them are dogs, horses, cows, and sheep. This brings me to a very interesting fact in regard to the manner in which this young lady contracted her disease. She is employed in a mill, where she is constantly handling the raw wool. A short time before the eruption made its appearance a fresh quantity of this material was received; and, although she had never been so affected before, it was not long before she and her companions alike were sufferers. She, however, did not suspect the cause, or connect the wool with it in any manner, and it was only by persistent questioning that I at last elicited the information. I believe something like this to have been the case: The sheep had the disease, and when sheared and the wool sent to the mill in its raw state, the spores and mycelial threads still clung tenaciously to the strands, or fibres, notwithstanding the frequent washings to which it is subjected. Mill opera-

tives are not ordinarily in the best of health, and these girls, all of them, probably, more or less anæmic, had skins admirably suited for the luxuriant development of parasitic diseases; the result was that in handling this wool the parasite was transplanted to their hands and arms.

In a perfectly healthy subject the susceptibility of the skin to external impressions is very materially decreased; and had these girls been such, they possibly might have escaped.

The diagnosis offers no difficulty. Eczema is about the only disease liable to be confounded with it, and here the history of the case, together with the microscope, will settle the question very readily. If it be the parasitic disorder, the instrument will show the *spores* at once.

The treatment is simple, and consists of remedies which bear the name of parasiticides.

Treatment, however, has not always been so simple or easy as it is now. I, in common with others, was formerly very much annoyed with repeated failures to make any impression upon ringworm, either of the body or head, in its severer forms. Citrine ointment was the old stand-by, and later this was succeeded by the officinal oleate of mercury. Both acted well in the majority of cases; but when it came to chronic cases, those of almost malignant severity, they were practically useless.

There are at present, in, I must confess, rather limited use, a class of preparations known as the oleates (not officinal), with which I have been experimenting for the past two years, as some of you are aware.

These experiments have been carried on systematically, one article being taken up at a time and tested upon a certain class of cases, until a diagnosis, as it were, of its virtues was obtained. One of these, the oleate of copper, I have used over and over again, until now I am prepared to speak of it in the highest terms. *I have never seen it fail once, not even in the most severe case,* not only in ringworm of the head or body, but in any of the dermatophytæ. Not only is the cure certain with its aid, but it takes place more quickly, thus fulfilling two very important indications. I believe this superior advantage over the old plan of treatment to be due to the penetrating power of oleic acid contained in the combination.

For this case then we will order:

℞.—Ung. cupri oleatis, ʒ iij.
Ung. petrolei, ʒ v.
M. Signa.—Apply twice daily.

This strength I find to be about right; some cases, however, require it to be stronger, whilst others again will not bear it so strong.

As the patient is anæmic, she shall also have ten drops of the tincture of the chloride of iron, three times daily in water. [On the patient's next visit, ten days later, all trace of the disease had disappeared, with the exception of slight roughness of the parts. She was ordered to continue with the ointment for two weeks longer, applying it but once daily during the second or last week, so that every vestige might be removed.]

Case 2. Tinea Tonsurans.

Katie B., 3½ years. I purposely bring this child before you upon the heels of the previous case, that you may note a few points between them.

You will remember that I told you the parasite in the case of the young girl who was just in was know as the *tricophyton tonsurans.* Here, then, is a case which is due to the same cause precisely, but it is situated upon an entirely different part of the body. In this case, as you see, the head is covered with rather repulsive-looking sores, each about the size of a silver dollar, with a red and raw surface, some few crust-like formations, a slight discharge, which mats the surrounding fringe of hair, while the hairs upon the diseased patches are short, and have a dull, lustreless and nibbled appearance. These hairs are not at all plentiful, and as I lay hold of them it does not require any effort to break them off short, so brittle are they.

Here in some places you see an evident disposition of the patches to spread and coalesce with neighboring patches. The patches themselves are circular, and the encroachment upon the surrounding healthy skin is plainly to be seen. The eye-brows and lashes are also involved, there being scarcely any of the latter remaining.

The history shows the child to have been playing with several children who were similarly affected—a significant and conclusive piece of information. The appearance presented is characteristic of ring-worm of the head. The circular form of the diseased patch, together with the nibbled and lustreless aspect of the hairs, are generally conclusive symptoms.

This case presents hardly any features in common with the preceding one, if we except the shape; yet the two are one and the same disease, merely occupying different localities.

Both tinea tonsurans and tinea circinata may exist upon the same person and at the same time, and the patch upon the head not infrequently merges into one upon a hairless part, as, for example, the forehead.

Both varieties are contagious, but the sanitary condition has, I believe, a great deal to do with this. Thus, had this child been in robust health, and the dietetic and hygienic arrangements of a better order, she might have escaped the disease. Again, the susceptibility of the skin must be considered, as I mentioned to you before.

In this case, as in the other, the parasite is not upon the surface, but below it. It here makes its home near or upon the hair itself. The fungus, when deposited upon the surface, gets down almost at once to the under side of the epithelium; thence it extends down the follicle to the hair bulb, into and around which it insinuates itself. When the hair grows above the level of the scalp, it then becomes fragile, and twisted, and soon breaks off.

Here, in a nut-shell, you have the case. There is one thing I wish to call your attention to, however, before going on; and that is, that you are not to expect all cases of ring-worm to look like the two I show you to-day, for if you do you will find yourselves mistaken.

Remember that these are exaggerated cases, or else the extreme redness and the raw sore would not be present. Under ordinary circumstances, the surface of the circular patch is covered by fine white scales, which fly into the air if the spot is rubbed.

A strumous diathesis in both cases probably

accounts for this phenomenon in a large measure, and while it is perfectly right, and even imperative, in some instances, to treat the patient constitutionally, I think we will have a perfect cure in both patients from principally local treatment.

There is no diagnosis to be made in this case, for by one symptom alone the disease would be known, *i. e.*, the broken, nibbled, and twisted hairs. You will never find this in any but a parasitic affection. Add to this the accompanying symptoms, and you will not go wrong.

The treatment shall not be different from the last. She shall have the same ointment, and apply it in very nearly the same manner, first cleansing the scalp thoroughly, and shaving the hair close to the head to facilitate the application. We may confidently expect a visible improvement this day week.

Case 3. Eczema Rubrum.

Henry F., 26 years, German, unmarried. About nine years ago this young man first noticed this eruption upon his hands, which you therefore now see in its chronic state. He was obliged from his occupation, that of a druggist's apprentice, to have his hands in hot or cold water many times during the day; and this fact, coupled with a diathesis favorable to its development, gave rise to the disease—eczema.

I do not much like the plan of affixing a term indicative of the seat of the disease—that is, in teaching—since it has a tendency to confuse the student's mind. It is my endeavor to make everything as plain as possible for you, and strip off as many technicalities as is consistent. Were we, in the present instance, to add such a term, it would be *palmaris*, for the reason that the disease, although commonly known as eczema rubrum, attacks the palms of the hands. An inspection shows the parts to be red and inflamed, with a free distribution of vesicles over the surface, some just in their formative stage, and others having passed on to the crusting stage. Of crusts, however, there are very few, and these are not large, nor are they at all thick.

Here and there you observe slight elevations of the skin; these are vesicles which have formed beneath the surface, and which, after remaining awhile in this state, will gradually disappear without breaking through the skin. There are also slight cracks in the epidermis, some deeper and longer than others, but none very well marked. An intolerable itching, burning, and smarting attends this, and the desire to scratch the part is uncontrollable. So long as the hands are exposed to the influence of air and water, and the system at large falls below the standard, so sure is the disease likely to return. He tells us this has been the case for years. But if he is careful to keep the stomach in good working order, and wears gloves out-of-doors, he suffers but very little. He is worse in winter than in summer.

When to stimulate is sometimes a very nice question to decide.

I may, however, lay down one general rule in regard to it, namely: Do not stimulate the diseased surface until all activity of congestion or inflammation has subsided. In the early stages of skin lesions, stimulating applications are productive of much harm; whereas if a soothing course of treatment is adopted, good results may confidently be looked for.

In the present case the parts are much inflamed, and look angry. A stimulating application here would work mischief, notwithstanding that the disease is chronic. It is an acute attack of a chronic malady. You must bear in mind that a disease may be ever so chronic, and yet when it makes its appearance afresh, as in this case, it may, and probably will, present all the symptoms of a highly inflammatory eruption, making its first appearance.

Such a soothing course as I have indicated is here emphatically called for, and for this purpose I shall employ another one of the oleates, that of lead. With regard to this preparation, I am not prepared to speak in such unqualified measures as of the oleate of copper, for my experiments with it have not been so extensive. The result has been, so far, very satisfactory, the majority of cases doing well under it, and but few failures. It shall be applied twice daily, the hands to be constantly protected by means of soft cotton gloves, or pieces of old muslin.

Internally, he shall have cod-liver oil, together with the syrup of the hypophosphites. Out-door exercise should be enjoined on patients of a sedentary habit, with a view of keeping along the good effects of the medicine. Due attention should be given to the state of the bowels as well.

He will be directed to report in one week, at which time I will have him brought before you again.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

Paralysis of the Motor Oculi.

The first patient shown to-day was a young man, twenty-three years old. He gives no history that can be relied upon, for his own statements concerning himself are contradictory. He was stupid and apathetic when he came into the hospital, and is so still; he had also a paralysis of the motor oculi nerve on the left side, and a leaning over of the head towards the left, as if he had torticollis; but it could easily be returned to its natural position again by the hand. There was some drooping of the eyelids. When placed on his feet there was a tendency to fall over backwards. He has been ill in this way for about two weeks.

The one fact that strikes our attention most in this case is the paralysis of the motor oculi, which supplies the superior rectus, the levator palpebræ, and the internal and inferior rectus, and the inferior oblique, and which sends a branch to the ciliary ganglion.

The paralysis of this nerve is a capital fact to direct our attention to the cerebrum as the seat of the lesion, as does also the fact of his mental imbecility and clouded intelligence. There is no facial paralysis, nor loss of power over the muscles of the tongue or of deglutition, nor paralysis of any of the nerves of special sense. The cause of the paralysis of this nerve may be pressure upon it from hemorrhage, or a tumor; or anything

which will cut off the blood supply of this region, as an embolism or thrombosis.

This is one of the cerebral lesions that are apt to occur in persons who have had constitutional syphilis, and the great majority of these cases have a syphilitic origin. The lesion is in the membranes at the base of the brain, and sometimes consists in the presence of a gummy tumor, which presses upon the nerve at its origin.

In confirmation of our suspicions in this case, we find that this man has a syphilitic history, and he confesses the fact.

We are further justified in our belief that the local paralysis in this case is due to syphilis, by the fact that we find a large cicatrix over the right tibia, which is probably the scar of an ulcerating tubercular syphilide. In accordance with this belief, we have put him under the mixed syphilitic treatment. He is taking $\frac{1}{32}$ grain of the biniodide of mercury, and 10 grains of potassium iodide, three times a day. Last night he was delirious, and was very troublesome to manage. This seems to indicate that the lesion is not so local as at first supposed, but it has become more diffused, and it may involve the meninges of the convolutions, as well as the meninges at the base of the brain.

A week later, this patient was again exhibited to the class. He was put upon anti-syphilitic treatment, and the steady improvement that has taken place since confirms our belief as to the cause of the lesion. He has almost recovered from his ptosis, and there is no strabismus, and his mental condition is much improved. Last week he was stupid, and could not talk, but now he looks brighter, and answers questions intelligently. He had a distressing headache for five days, but this has now disappeared. The objective evidences are usually ample in these cases to determine the syphilitic origin of the disease. The statements of patients on this subject are not to be relied on. The moral sense seems to be much blunted in those who have had syphilis, and they will always try to deceive you. It is therefore necessary that the physician should be thoroughly familiar with the objective signs of this disease in order to detect it. The local paralysis of the motor-oculi nerve being one of the commonest symptoms of syphilis, aroused our suspicions in this case; and as he also confessed to having had the disease, he was put upon appropriate treatment, and with the favorable result which you see.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, May 24, 1883.

The President, Dr. Tyson, in the chair.

Carcinoma of the Stomach and Colon, with Cardiac Lesions.

Exhibited by Dr. J. T. Eskridge.

Peter Lawler, aged sixty years, Irishman, by occupation a dyer, was said to have enjoyed fair health until two years ago, when he suffered from a severe attack of inflammatory rheumatism. He knew but little of his family history, and could not give the cause of his parents' death. He never complained of heart disease. During the latter part of the year 1881, about eighteen months before his death, he first began to complain of pain in the epigastric region, attended by eructation of a sour slimy liquid. Soon he experienced a sense of nausea coming on an hour or more after eating. About three months after the first appearance of symptoms of gastric disease, he began to vomit. At first vomiting occurred occasionally, but soon it took place several times a week, and finally once or twice each day. He lost flesh rapidly. In the early part of March, 1883, he was admitted into the wards of the St. Mary's Hospital, when he came under my observation for the first time. He was very weak, and greatly emaciated. His pulse, of the Corrigan type, was eighty per minute. When resting in the recumbent posture, his breathing was quiet. Temperature was usually one degree below normal. The radial and temporal arteries were rather hard, and the latter were tortuous. A diastolic murmur and a systolic murmur were heard at the aortic orifice. The impulse of the heart was not very strong, and the left ventricle did not appear to be greatly enlarged. The lungs were emphysematous, and an area of impaired resonance, amounting to almost dullness, was discovered on each side of the spinal column, opposite the spines of the scapulæ. An indurated mass, apparently about the size of a walnut, more or less movable, was felt in the epigastric region to the right of the median line, and about midway between the ribs and the umbilicus. The growth was not sensitive to rather rough manipulation, and he had not experienced any pain for a number of months. His bowels were sluggish, and it required active agents to evacuate them. No tumor besides the one connected with the stomach was felt or suspected in any other portion of the abdomen. He vomited almost daily. The liver and spleen were not enlarged. The urine was free from albumen.

By securing daily evacuations from the bowels, and giving him nutritious, easily assimilated food, the vomiting nearly ceased. He improved and left the hospital the latter part of March. Early in April he was admitted to the Jefferson Medical College Hospital, where he came under my care the first of May. At that time he was eating but little, the abdomen was considerably distended by gas, and his bowels required repeated large enemata, or enormous doses of purgatives, to secure their action. On the fourth of the present month, he experienced great pain in the right iliac region, and just to the right of the median line of the abdomen, midway between the pubes and umbilicus. Over and around the latter painful spot, a circumscribed highly tympanitic and sensitive area, about the size of a man's double fist, was observed. Circumscribed peritonitis was diagnosed. Large doses of morphia, administered hypodermically, were required to relieve pain. The stomach became irritable, and the peritonitis more general. He died during the afternoon of the eighth of May.

Sectio cadaveris four hours after death by the pathologist of the hospital, Dr. Morris Longstreth.

Thorax.—About seven ounces of perfectly clear

serum was found in the pericardium. No evidence of pericarditis existed. Left side of heart firmly contracted; right side relaxed, and contained considerable fluid blood. Right side of heart and its valves normal. No lesion found at mitral orifice. Free borders of the leaflets of the aortic valve are thickened and slightly contracted, allowing regurgitation to take place at the aortic orifice. Aorta atheromatous, dilated, and decidedly roughened near the aortic orifice. Left ventricle slightly hypertrophied.

Lungs deeply pigmented, and generally emphysematous; both congested posteriorly. Surfaces of both apices covered with patches of fibroid thickening. Abundant evidence of diffuse peribronchitis chronica was present. Bronchial tubes of the lower lobes of both lungs much dilated. Bronchial glands at the root of the lungs very much enlarged.

Abdomen.—On opening the abdominal cavity, considerable very offensive gas escaped from the upper part. On the right of the median line of the abdomen, from the umbilicus downward, the abdominal wall anteriorly was adherent to omentum and intestine over an area of about five inches in diameter. Lower third of abdominal cavity was filled with a yellowish-white cloudy liquid. Intestines bound together by numerous adhesions. The stomach, which I show you, is small, and its coats are thickened. The hypertrophy of the wall of the stomach is slight at the cardiac end, but gradually increasing, becomes considerable at pyloric. The wall of the pylorus and adjacent portions of the stomach and small bowel is about one-half inch thick. At this point the mucous surface presents several fungous looking outgrowths. The small bowel, with the exception of about half an inch of the upper portion of the duodenum, appears normal. In the colon, about six inches from the ileo-cæcal valve, is a stenosis, barely admitting the end of my little finger. The wall of the colon at the point of narrowing, which extends three or four inches of the length of the bowel, is greatly hypertrophied, measuring about one-third of an inch in thickness. The colon, from its beginning to point of constriction, is dilated into a large pouch, measuring four and a half inches in diameter. The dilated portion of the bowel presented a dark gangrenous appearance, distended by gas, was adherent to the anterior wall of the abdomen, just to the right of the median line. The remaining portion of the large bowel appeared to be healthy. No enlargement of the mesenteric glands was observed. Liver, spleen, and pancreas were small and firm, but free from malignant growths. Both kidneys were reduced in size, contained a few small cysts, their cortical substance was lessened, and their capsules were abnormally adherent in places.

Remarks.—It is worthy of remark that although considerable thickening and induration existed at the pyloric end of the stomach, the orifice remained sufficiently patulous to allow the food to come in contact with the intestinal juices. Another point of interest is seen in the existence of so great amount of narrowing in the calibre of the large bowel with no symptoms, except easily obviated constipation, until a short time before the man's death. It seems to me remarkable that a bowel so dilated above the point of a narrow constriction should be able to respond painlessly to purgatives.

Mitral Stenosis and Regurgitation followed by Tricuspid Regurgitation and General Dropsy.

By J. T. Eskridge, M. D.

Ellen D., forty-eight years old, single, servant, was born in Ireland. Her mother died from some chest trouble when about forty years of age. Her mother's relatives were subject to "pleurisies and rheumatism." Her father lived to an advanced age. Ellen enjoyed good health until six years ago, when she suffered from three attacks of rheumatism within a few months. During each attack she was lame in her feet and legs. After those rheumatic seizures, she was comparatively comfortable until the early part of the year 1879, when she noticed that going up and down stairs, or prolonged or active exercise, exhausted her more than usually, and gave rise to palpitation of the heart. In the year 1880 she had another slight attack of rheumatism. She said her feet were almost constantly swollen during the years 1881 and 1882. Last summer her general health improved, but when the cold weather of the following fall and winter set in, increasing dropsy and dyspnœa returned. She was admitted into the wards of the St. Mary's Hospital, December 5, 1882, suffering greatly from general cardiac dropsy and associate symptoms. One month later it was noted that she temporarily improved after her admission, but the dropsy reoccurred and she failed rapidly.

January 10, 1883, her condition was observed to be as follows:

She was jaundiced, irritable and morose. She dozed frequently, her mind seemed clouded, but she was very restless. The tongue was heavily coated, breath had an offensive urinous odor, stomach was irritable, and anorexia almost complete. The urine was diminished in quantity, and contained abundance of albumen. Effusion existed in each pleural cavity, slight in the right, but the left side was filled up to the lower angle of the scapula. The pericardium contained an increased quantity of liquid. The lungs were congested, and numerous moist bronchial rales were present. Arterial pulsation was seen only in the carotids. Visible venous pulsations were very pronounced in the veins of the neck, and in one or two superficial veins on the anterior surface of the chest. After emptying the veins and exerting pressure upon them, they were observed to fill from the cardiac side and again pulsated, while the finger was still firmly held against the vessels. A wavy impulse extending over a large area was seen. The cardiac pulsation was most marked just below the lower end of the sternum.

The pulse was very irregular, and difficult to count, being about 120 per minute. It was intermittent, and irregular in volume and frequency. The variations of the pulse were most prominent when the hands were raised above the head. The impulse of the heart was felt over a large portion of the anterior surface of the chest. The area of the cardiac pulsation was bounded on the left by a point in the fourth intercostal space external to the left nipple, on the right by a point one inch internal to the right nipple, below by a point two inches below the sternal notch, and above by the left second intercostal space. He-

patic venous pulsation was very distinct. Percussion dulness was increased most on the right side. The pulmonary and aortic valves were apparently free from disease. A presystolic murmur, with its seat of intensity over the left fourth costo-sternal articulation, was heard. A systolic murmur, whose seat of intensity was over the left fifth costal cartilage, was heard over the anterior surface of the chest from nipple to nipple, and in the left axilla. It was difficult to determine whether the murmur was audible posteriorly, as the bronchial and crepitant rales and rapid breathing were confusing. Four or five days later, the presystolic murmur ceased to be audible. At that time general anasarca was well pronounced. January 24th she went into a semi-conscious condition, which gradually deepened into coma. She died January 26. She expectorated considerable blood and frothy mucus during the last month of her illness.

Sectio cadaveris twenty-four hours after death; body well frozen; considerable adipose tissue still remained; thoracic and abdominal cavities only examined.

Thorax.—Left pleural cavity almost completely filled with a thin, straw-colored, serous fluid; right pleural sack nearly half full of a similar effusion. Were no pleural adhesions. The left lung was crowded into a small space and congested; the lower lobe sank in water. The right lung was being encroached upon by the effusion, and its lower lobe was consolidated; the upper emphysematous.

The pericardium contained about six ounces of fluid similar to that found in the pleural cavities. No adhesions or patches of fibrinous exudations were seen on the surface of the heart. The cavities of the heart were relaxed, and filled with dark fluid blood. The right auricle is greatly dilated. The tricuspid orifice admits the ends of the thumb and all the fingers of one hand up to the distal joint. The right ventricle is dilated and its wall is thickened. The tricuspid valve is insufficient. The valves at the pulmonary and aortic orifices are thin, but competent. These orifices are not constricted. The wall of the left ventricle seemed to be thickened, and the ventricle is slightly dilated. The left auricle is greatly dilated. The curtains of the mitral valve are adherent to each other near their attached borders, and constrict the orifice, which they are no longer able to close, into a round opening only large enough to admit the end of the index finger.

Abdominal Cavity.—The blood-vessels of the stomach and bowels distended. The mucous membrane softened; liver heavy, dark, and grated under the knife; spleen enlarged, congested and denser than normal; pancreas healthy. Both kidneys were congested, slightly cirrhotic, but contained considerable functionating tissue.

General dropsy is rare in cases of mitral stenosis, except as in the present instance, where it is combined with mitral insufficiency. No thrill was present during my attendance, which extended over a period of four weeks immediately preceding her death. The mitral presystolic murmur ceased to be audible during the last two weeks of her life. The absence of the presystolic murmur in cases of extreme stenosis of the mitral orifice, late in the disease, when the heart is weak and is acting rapidly and irregularly, has led some observers to believe that the murmur is frequently absent throughout the course of this form of valvular lesion. To this point I directed special attention in a recent paper on the "Diagnosis, Prognosis and Treatment of Mitral Stenosis," read at the last meeting of the Pennsylvania State Medical Society.

Congenital Malformation of the Heart, with Cyanosis. Death at the Age of Twenty-nine Years from Pulmonary Tuberculosis.

Dr. J. T. Eskridge gave a detailed account of the above case.

The patient, a man twenty-nine years old, had never been strong and able to run and play like other boys without suffering from severe palpitation of the heart. So far as the man could remember, he did not become blue before his twelfth year. After the occurrence of cyanosis, his health became much worse. He had rarely experienced pain in the region of the heart. One year ago he first observed pains shooting through the upper portion of the right side of the chest. These continued and at times were severe, being sharp and lancinating in character. From the first appearance of the pains he began to lose flesh and strength. About the time of the beginning of the chest pains, a dry, hacking cough commenced, but expectoration was not profuse until a few weeks before he first saw him, when he took a heavy cold, which was followed by high fever, great prostration, and profuse night sweats. He was admitted to the St. Mary's Hospital January 2, 1883. The surface of his body presented a dusky hue, and his face, neck, hands and feet (especially the fingers and toes), were quite blue. When he sat up the blue color of the mucous surface of lips deepened into dark purple. The distal phalanges of the fingers and toes were hypertrophied, and the small superficial veins of the face, fingers, and various other portions of the body, were easily seen and counted. The upper lobe of the right lung was consolidated and contained a cavity, the lower lobes were partially infiltrated. In the left lung the lower lobe was solid, and the upper was being infiltrated. Over the left lung pleuritic friction rales were numerous.

No venous pulsation was discovered. A presystolic thrill was felt in the third and fourth intercostal spaces to the left of the sternum, and was barely appreciable in the third intercostal space at the right border of the sternum. Percussion dullness was increased laterally. The cardiac impulse was felt and seen in the fourth intercostal space external to the left nipple.

A systolic and pre-systolic murmur with their seats of intensity near the left fourth costo-sternal articulation were heard. The systolic murmur was audible anteriorly over a large area, and posteriorly at the lower angle of the left scapula. Anteriorly the systolic murmur was heard as low as the seventh rib on each side the sternum, faintly just below the left clavicle, but it was lost just below the right clavicle. The systolic murmur was audible in the left axillary region, but not in the right. The pre-systolic murmur was limited to a small area. The next three days the temperature varied from 100° to 102.5°. On

the 6th, he coughed up several mouthfuls of blood unmixed with mucus. From the 7th to the 11th, was profuse expectoration of purulent matter containing small quantities of blood. Breath was very offensive, and the apex of the right lung was breaking down rapidly. Diarrhœa was rebellious and exhausting. He died suddenly on the morning of the 12th.

Post mortem examination was made about four hours after death. The lungs were infiltrated by tubercle. The left pleural cavity had been obliterated by general pleuritic adhesions, the right contained about three pints of sero-sanguinolent fluid.

Heart.—Numerous pleuro-pericardial adhesions were present. The pericardium was not inflamed on its internal surface, and was nowhere adherent to the heart, but it contained about two ounces of a straw-colored serous fluid. The heart was anæmic, flabby and dilated. Its cavities contained a small quantity of fluid blood. No heart-clot had formed. The right auricle including its appendix was enormously dilated. The right auricular wall was somewhat thickened. Across this auricle a thin membranous strip stretches from right to left and from above downward. Its attachment above was at the upper portion of the auricle to the right of the appendix, below at the left margin of the tricuspid orifice. The imperfect septum, he thought, had been an attempt by nature to divide the auricle into two nearly equal compartments. The inter-auricular septum was imperfect, the foramen ovale being sufficiently patulous to admit the passage of his thumb from the right auricle into the left. The right auriculo-ventricular orifice was enlarged and admitted the ends of the thumb and all the fingers of one hand. The right ventricle was dilated to nearly twice its normal size; its wall was not much thickened. A patch of fibroid induration, one inch long by half an inch wide, was seen on its endocardial surface. The anterior and posterior segments of the tricuspid valve were united and formed one large leaflet. The left segment was so situated that it could not have aided materially in closing the auriculo-ventricular orifice. The greater portion of the imperfect segment was stretched across the ventricle near the apex of the heart, and more or less obstructed the current of blood from the ventricle into the pulmonary artery. Free regurgitation at the tricuspid orifice was permitted on account of the large size of the orifice and the imperfect condition of the valve. The other valves of the heart were thin, but competent. None of the orifices of the heart were constricted. The left cavities of the heart were rather small. The pulmonary artery was smaller than normal.

No special disease besides a fatty condition of the liver was seen in the abdominal organs.

In his remarks on the case, Dr. Eskridge said that the membranous strip which extended across the right auricle vibrated with the auricular current of blood, and probably had given rise to a presystolic murmur. If the blood in struggling through the patulous foramen ovale had given rise to a murmur, it also would have been presystolic in time. He stated that the presystolic murmur in the case was well defined, and easily distinguished from the systolic one, and thought it was unfortunate for the science of physical diagnosis that both these conditions existed in the same heart. He knew no means by which one would be able to attribute the presystolic murmur to one or both of them, since it was not positive whether an inter-auricular current was capable of developing a presystolic murmur. He desired that the heart should be referred to a committee of three for a fuller report on the congenital malformation.

Dr. Nancrede referred to the development of the heart as explaining such variations, etc. It was referred to a special committee for examination.

Editorial Department.

Periscope.

A Note on Ovariotomy.

Mr. Lawson Tait thus writes to the *San Francisco Western Lancet*, May, 1883:

I am induced to address the readers of the *Western Lancet* in this brief note on account of an interesting paper by Dr. O. O. Burgess, and particularly some editorial comments by Dr. Whitwell. Brief as the latter are, they abound with common sense, and there is not a word to which I can take exception.

Very many American visitors come to see my work, and they always go away more and more puzzled by the simplicity of my proceedings, and the enormous difference between my mortality and that obtained in America. The only general explanation is that suggested by Dr. Whitwell, that the climate has something to do with it; an explanation I can say nothing for or against, as I have never been in America.

But I have long been persuaded of the wisdom of the conclusions indicated in his editorial comments. We are too prone to look for the cause of our failures anywhere but in the failures themselves.

Many years ago I learned from Keith the invaluable lesson that if I wanted to improve in my ovariotomy results, I must learn to humble myself and seek the explanation of each death in the existence of some mistake in the operation. The first mistake I discovered was that we had all been led astray by Mr. Spencer Wells in the use of the clamp. As soon as Keith showed us that Nathan Smith and Baker Brown were right and Wells was wrong, our mortality went down from twenty-five per cent. to ten.

The next discovery was that Listerism would not cover dirty and slovenly surgery, such as Dr.

Whitwell describes, and that Listerism was in itself a source of danger. Then followed the conviction that patients ought never to be tapped, and all ovarian tumors should be removed as early as possible.

From these major conclusions, then, have followed many of a minor importance, all of which have been fully tested and seem to be completely established. One of these is, that there is no difference at all in the mortality of cases where both ovaries are removed for cystoma and those where only one is so removed. This conclusion of mine Dr. Burgess speaks of as "one of those imperious and hasty conclusions of Tait's, which have done much to prejudice the profession against him."

This is somewhat unkind from a gentleman who has never seen me, and it is somewhat singular that I have to learn from the land of the setting sun something about myself of which in these Eastern parts I get no evidence. My position, in purely consulting practice, is dependent entirely on my professional brethren; and it is no exaggeration to say (and my published works show it) that my practice in abdominal surgery at the present moment is much larger than that of any other surgeon in England.

It is perfectly true that there is some prejudice against me, but I have never seen any evidence outside of London, and there it is chiefly fomented by two men, my rivals in practice, whose names are mentioned by Dr. Burgess, who seem to be friends of his, whose side of the story he has taken for granted without hearing mine. But these two metropolitan surgeons do not constitute the profession. There is one article of common belief among metropolitan surgeons, from which I am no solitary sufferer, that outside the limits of the metropolis nothing good in surgery has been done, can be done, or will be done. I have been told over and over again, by my American and foreign visitors, that they have been incited to visit me by the persistent statement of two metropolitan surgeons, that, for instance, no such operations as I describe for pyo- and hydro-salpinx could be performed, even if the diseases existed. The confirmation of my work comes not from London, which is two and three-quarter hours distant by rail, but from New York, which is distant seven days by sea. Large numbers of visitors from places all over the world have come to see these cases, with the single exception of London, from which nobody has ever applied to me to see my works. But the prejudice against me is limited to London, and for it I don't care a single cent.

I regret to be obliged to deal at such length with a trumpery personal question, but I have had such splendid kindnesses from my American brethren, that I resent everything which may tend to lower me in their esteem.

One concluding word as to the statement which Dr. Burgess says is "hasty and imperious:" it is to the effect that Mr. Spencer Wells' conclusion, that the removal of both ovaries is more fatal than the removal of one, is quite mistaken. This is not a hasty conclusion, as it is the result of deliberate study and examination of cases extending over six years, and more than six hundred in number. The factor in Mr. Spencer Wells' mortality was the clamp, and the reason of this was the facility which the extra-peritoneal method of dealing with the pedicle affords for drainage of dirt into the peritoneal cavity. If this be the case with one pedicle, it must be more true when two pedicles are brought outside. In fact, Mr. Wells' statistics are so tainted with the awful mortality of the clamp, that they are wholly worthless for deciding any of the minor questions which arise in ovariotomy. Let Dr. Burgess go into the question as I have done, let him take the results of Baker Brown, Keith, Bantock, Savage, Thornton, and my own, excluding all cases in which either the cautery or the short ligature was not used, and he will find that it makes not the slightest difference to the mortality, whether one ovary or both has been removed.

Jumping Seeds and Galls—"Devil's Beans."

The *Pacific M. and S. Journal*, May, 1883, says: Prof. C. V. Riley furnishes to the *Scientific American* an interesting account of these seeds, which have been well known for many years to scientists and others on the Pacific Coast. They are somewhat larger than grains of coffee, triangular in form, and nearly black. When laid on a table or any smooth surface, at the proper season, they roll from side to side, and sometimes actually jump up entirely clear of the table. The movements are not constant, a number of seconds intervening. No one can see the phenomenon for the first time without extreme wonder, especially if he had no previous idea of the cause of the motion. It is produced by a whitish lepidopterous larva, which is described by Prof. Riley as occupying about one-fifth of the interior of the seed, its chamber being lined with silk spun by the insect. "It looks very much like the common apple-worm, and in fact belongs to the same genus. It resembles that species further in remaining a long time in the full-grown larva state without transforming, so that the seeds will keep up their motions through most of the winter months." When about to transform, usually in January or February, it cuts a neat hole in the convex side of its house, plugs it up with silk, and in due time throws off its old garments and steps forth in the form of a butterfly. Its generic name is carpocapsa, and it has two specific names, saltitans and depaisiana, the former taking precedence.

The plant which produces the seed is a shrub of the Euphorbia family. G. W. Barnes, President of the San Diego Natural History Society, gave this description of it: "Arrow-weed (*Yerba de flecha*)—This is the name the shrub bears that produces the triangular seeds that during six or eight months have a continual jumping movement. The shrub is small, from four to six feet in height, branchy, and in the months of June and July yields the seeds, a pod containing three to five seeds. These seeds have each a little worm inside. The leaf is half an inch in length, and a quarter of an inch in width, a little more or less. The bark of the shrub is ash-colored, and the leaf is perfectly green during all the seasons. By merely stirring coffee or any drink with a branch of it, it acts as an active cathartic. Taken in large doses, it is an active poison, speedily causing death unless counteracted by an antidote." It is found in Sonora, Mexico, in the region of Mamos. The seeds are said to be most lively on

the approach of a storm. There can be but little doubt of the cathartic property of the tree in small quantities, nor of its poisonous character. Possibly useful medicinal properties might be developed on trial.

Prof. Riley's article concludes with the following paragraph. The members of the California Academy will recall with affectionate regard the memory of Henry Edwards, the accomplished entomologist and the industrious contributor to the interest of the meetings.

"The jumping power exhibited in this seed is, however, trifling compared to that possessed in a little gall, and also caused by an insect. This gall, about the size of a mustard seed, and looking very much like a miniature acorn, is found in large numbers on the underside of leaves of various oaks of the white oak group, and has been reported from Ohio, Indiana, Missouri and California. It falls from a cavity in the leaves very much as an acorn falls from its cup, and is sometimes so abundant that the ground beneath an infested tree is literally covered. It is produced by a little black cynips, which is described as *Cynips saltatorius* by Mr. Henry Edwards. The bounding motion is doubtless caused by the larva which lies curved within the gall, and very much on the same principle that the common cheese skipper (*Piophila casei*) is known to spring or skip. Dr. W. H. Mussey, of Cincinnati, in a communication to the Natural History Society of that city, December, 1875, states the fact that such is the case, though members of the California Academy who have written on the subject assert that the motion is made by the pupa, which I think very improbable. At all events, the bounding motion is great, as the little gall may be thrown two or three inches from the earth; and there are few things more curious to witness, as I have done than a large number of these tiny galls in constant motion under a tree. They cause a noise upon the fallen leaves that may be likened to the pattering of rain."

Case of Co-existence of Diphtheria and Typhoid Fever.

Dr. G. E. Paget, F. R. S., Regius Professor of Physic in the University of Cambridge, describes the following case in the *Brit. Med. Jour.*, July 14, 1883:

"The recent illness of the Postmaster-General may add interest to the following case: The patient was Mrs. J. K., a married woman, about twenty-eight years of age, living in Manor street, Cambridge. Three days before her illness began, one of her children had died of diphtheria, two of them having been affected. Mr. Carter, who attended them, had no doubt as to the diagnosis. The children had sore throat, and exudation upon it.

"When I first saw Mrs. K. (on December 14, 1861), she had been confined to her bed about a week. From Mr. Carter I learned that her illness had begun with sore throat, and that there had been small white diphtheritic patches upon the throat. When I examined it, I could find none, nor any signs of diphtheria; but upon her abdomen were some of the rose-spots characteristic of typhoid fever; and at the base of her right lung, to the extent of two or three inches, the percussion-sound was dull, and small crepitation could be heard. She was feverish; her pulse was 130; her bowels loose. She was in the seventh month of pregnancy.

"For six days she continued in much the same state, as an ordinary case of typhoid fever, with moderate pneumonic complications; her bowels loose; her pulse above 120; her tongue dryish; and a general condition requiring wine and brandy. During these six days, her throat remained free from diphtheritic appearances; but on the morning of December 20, it again became sore, and in the evening the uvula and soft palate were covered with a white exudation, the adjacent parts being bright red. Her pulse then became a little less frequent, falling to 116. Chlorate of potash was now prescribed in small frequent doses, and next day tincture of perchloride of iron. On December 28, her urine contained albumen. The exudation, after its reappearance on December 20, was seen from day to day; it had a diphtheritic character, and was very extensive. It was still present, though somewhat reduced in extent, on January 2. When I saw her on January 5, it had been completely cleared off.

"Early in January, she began to suffer much from retching and vomiting. She was troubled also with cough. The right lung was consolidated at its base, but to a small extent only. The vomiting so persisted from day to day as to bring her into great peril. On January 20, the liquor amnii escaped. Active delirium now came on, and continued for upwards of twelve hours, when she suddenly aborted of a seven-months' child, which lived half a day. The mother nearly died during the removal of the placenta, though scarcely any blood was lost. After labor was completed, the vomiting ceased, and she gradually recovered.

"Mrs. K. had been nursed during her illness by her mother, Mrs. S., aged fifty-eight, who lived in the outskirts of Cambridge, in an isolated cottage within a large garden. On February 14, 1862, she took to her bed with typhoid fever. She had the ordinary symptoms: the rose-spots, loose stools, etc. She went on favorably until March 13, when, after sitting up near an open door, she had rigors, ushering in double pneumonia and hæmorrhage from the bowels. She died on March 24.

"The chief interest of Mrs. K.'s case is in the disappearance of the local signs of diphtheria, and their suspension for six days during the continuance of the typhoid fever, and then their reappearance and persistence for thirteen days or more. This appears to me a fact, not, perhaps, contrary to what might be expected, but at least worth notice. It differs from what was reported in the case of Mr. Fawcett."

Have we any Therapeutic Means, as Proven by Experiment, Which Directly Affect the Local Processes of Inflammation?

Dr. C. B. Nancrede concludes a paper in the *Med. News*, June 16, 1883, on this subject as follows:

I think I am warranted in stating the following propositions as the logical and practical outcome of my investigations:

1. During the stage of dilated arteries, with increased rapidity of the current, but little danger

of capillary changes with exudation need be apprehended, and here perhaps ergot, certainly arterial sedatives do good, either directly or indirectly, without blood-letting, by reducing the size and rapidity of the current, thus allowing the veins of the irritated area time to empty themselves, even of an unaccustomed amount of blood. Thus, if vascular-pressure changes have taken place, the vessels have an opportunity to return to the norm.

2. After stasis has occurred, or while it is occurring, weakening of the heart's action and a diminished volume of the current—*e. g.*, the effect of arterial sedatives—can do nothing but harm to the inflamed area, although, for the reasons given in proposition 1, it may prevent extension of inflammation in the circumjacent parts, which are merely in the earlier stages of congestion.

3. The results to be sought, and which are secured by local blood-letting, are removal of the blood on the venous side, so that the vessels can not only empty themselves, but a certain amount of *vis-a-fronte*—*i. e.*, aspiration—is invoked: this secondarily results not only in a temporary return to the norm on the arterial side, but an increased rapidity (and here is an important point)—lessened force of the circulation. The acceleration of rate without the weakened force of the circulation would further damage the vessels, instead of which the increased rate of the current merely serves to sweep out the accumulated red-blood cells, the cause of the excess of oxygen, and the consequent cell-migration. The vehement current also induces a rapid resorption of the effused liquor sanguinis, at once the stimulator to growth, and the food of the cells. This latter advantage is not founded on theory alone, for it is a matter of common observation that the mere amount of blood extracted produces no sensible effects on an inflamed breast, for instance, *at first*, but in a few hours, the skin, if carefully examined, has become wrinkled, and the organ shrunken. This effect is secondary to the loss of blood, and chiefly results from the absorption of the inflammatory exudate.

4. Arterial sedatives in the latter stages are usually inadmissible except as succedanea to blood-letting, as far as the focus of inflammation is concerned: the surrounding parts, which are merely congested, may be benefited by their exhibition. After blood-letting, they act favorably, because, when the stasis has been overcome, they lessen intra-vascular pressure, and thus permit the blood-vessels to recover their normal condition. They also alleviate pain by lessening the bulk of blood in the part—*i. e.*, they relieve nerve-pressure.

Resection and Destruction of the Lung by the Thermo-cautery.

The *Med. Press*, May 30, 1883, says that M. Koch, well known by his researches on the microbe of phthisis, has been hardy enough to attempt an operation which certainly will not have many imitators. The operation, already practiced twice by the German *savant*, however, seemed to answer his expectations. The first case was that of a man of 24, with an enormous cavity in the right lower lobe, purulent expectoration, night-sweats, and rapid wasting. M. Koch thought himself justified in employing the cautery, and for that purpose a piece of the sixth rib was resected to allow the instrument to penetrate into the pulmonary tissue until it reached the cavity, the walls of which were freely cauterized, and the instrument withdrawn. The reaction following the operation was but slight, and the expectoration of purulent fetid matter diminished considerably. Four days afterwards the thermo-cautery was brought into requisition a second time for the same patient. A piece of the eight rib was cut away, and the cautery introduced as before. The patient continued to bear the operation well, and at the end of ten days the cautery was used for the third time, and with apparent success, so that the Professor proposed attacking one by one the several cavities existing, but the patient succumbed the following day. The second case was that of a woman, who presented a cavity the size of the closed hand in the upper lobe on the right side. Four inches of the rib situated over the lesion were resected, which permitted the cavity to be cauterized. Expectoration ceased, and granulations of a good nature took the place of the eschar. The patient succumbed a week afterwards from septicæmia, which, according to M. Koch, existed already before the operation. M. Koch thinks that the destruction by the thermo-cautery of limited portions of the pulmonary tissue will be found beneficial in those forms of chronic gangrene of the lung accompanied with abundant expectoration of putrid matter, in acute pulmonary gangrene where the mortified tissue cannot be eliminated, as in gun-shot wounds, when foreign bodies fall into the small bronchi and not being able to find their way out again by any means, produce destruction of the neighboring tissue, and finally, in those forms of fœtid and putrid bronchitis where dilatation of the bronchi cannot be demonstrated, and in the rare form of localized pulmonary phthisis.

Reviews and Book Notices.

BOOK NOTICES.

Whence, What, Where? By James R. Nichols, M. D., A. M. Boston: A. Williams & Co., 1883. Pp. 198. Price $1.00.

This volume is well worthy of extensive circulation. It deals with that which interests all men, viz: "Where they came from, what they are doing or ought to be doing here; or in other words, what they are, and where they are going when the gateway of death closes behind them. It is truly a scientific treatise; small, it is true, to attempt to cover so great a question, but it is written in a popular style, its author is a deep thinker, and he presents to his readers much food for reflection. Some of his views we cannot uphold, nevertheless there are in this world "many men of many minds," and we honestly say that there is not one word in this well written volume calculated to offend the religious sentiments of any one.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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THROMBOSIS OF THE BASILAR ARTERY.

Our knowledge of syphilitic lesions of the brain increases daily, and considering the frequency of their occurrence, any new contribution to the same is welcome. In our city Dr. Engel has done a great deal in drawing the attention of the profession to these very frequent cases by reporting a number of interesting observations to this and other journals. When we remember that such morbid conditions, if recognized early, are always amenable to treatment, while the individual affected will die if not placed upon a proper antisyphilitic treatment the importance of promulgating any new contributions to this branch of medicine becomes apparent.

The great authority on nervous diseases, Dr. E. Leyden, has published two cases this year in the March number of the *Centrabl. f. d. Med. Wissensch.*, p. 217.

1. Male, æt. 58, infected by luës eighteen years before. For a year he complained of headache, especially at night. One morning he awoke with imperfect left-sided hemiplegia with participation of the facial nerve; no disturbance in the motion of the eyes. Four weeks later again an attack of vertigo, deep coma, speech impossible, tongue motionless, snoring, irregular respiration, difficulty in swallowing; temperature just before death, 104°. *Post mortem:* sharply limited focus of softening in the right side of the pons. The arteria basilaris changed for a distance of about half an inch into a cartilaginous string without any lumen. Besides there existed gummatous pachymeningitis.

2. Male, æt. 28, affected by syphilis one year ago. Sudden apoplectic attack, with right-sided hemiplegia; left eye closed, immovable, pupil dilated; right eye turned inwardly; tongue moved with great difficulty; speech stammering; choked disk with neuro-retinitis; deepening coma. Just before death, like in the preceding case, sudden increase of temperature, 105°. *Post mortem:* V shaped sclerosis of the basilar artery; perfect closure of the first branch of the basilar artery of the arteria cerebi posterior; on the right side lumen decidedly narrowed; small myelitic focus

in the right crus cerebi near the upper terminus of the pons, passing somewhat into the pons.

Leyden places stress on the following important points in the symptomatology of this disease. While Gubler showed the alternating hemiplegia (extremities of one side, facialis of the other) to be due to disease of the pons at the place of exit of the N. facialis, the paralysis of the opposite (to the palsy of the extremities) muscles of the eye, proves the existence of a focus of softening at the upper terminus of the pons with complicating lesion of the rus cerebic, the corp. quadrigemina and the optic tract. Leyden thinks that the latter should be called hemiplegia alternans superior, in contradiction to the first; Gubler's, hemip. altern. inferior. The occasionally happening sudden change of the paralysis from one side and place to another, L. explains in cases of thrombosis of the basilar artery by the fact that the small arteries of the pons (final arteries of Cohnheim) may easily cause at their furthest periphery, about the middle of the pons, morbid changes, which in the beginning easily transgress over to the other side. Should the thrombosis develop itself further downwards, and should the original lesion recede, a focus of softening near the main trunk on the same side may develop itself. The anarthry and the difficulty in swallowing, as well as the rarer affection of the acousticus would also guide the diagnosis to affection of the pons and the medulla. Considering the possibility of the existence of a regulatory centre for heat in the pons (Walther) the increase of temperature just before death would also direct our attention to that organ.

Of special interest are the intra-cranial disturbances of circulation, which give to the basilar-thrombosis the character of tumors of the brain. This finds its anatomical expression in the choked disk and in the tension of the dura as noted at the post mortem. Leyden lays stress on the apparent contradiction between this observation and the experiment on animals, where, as well known, impediments in the intra-cranial circulation very rapidly extend all over the organ. He cautions not to take for granted that the same symptoms which are caused in the plain and tolerating animal brain will also develop themselves in a like manner in the complicated and exceedingly sensitive (to disturbances) human brain.

In conclusion Leyden reports a number of cases of similar affections of the pons, but seen early in their beginning, which ended favorably under an active anti-syphilitic treatment (inunctions with ungt. hydrarg., followed by iodide of potash in large and increasing doses internally).

TONIC EFFECT OF THERMAL SPRING-BATHS ON DISEASES OF THE HEART.

There is in Germany a summer resort by the name of Bad-Nauheim, to which for now almost a century thousands of patients, suffering from organic diseases of the heart, have been sent by their physicians. For many, many years this was done, simply because the experience of many had proven that all such cases vastly improved. Of late, especially by the laborious researches of Benedict, of Vienna, the causes inducing such beneficial changes in diseases, which, especially in their last stages, are usually very little amenable to treatment, have been scientifically investigated. It has been demonstrated that it is the carbonic acid in these waters and the temperature of the latter (70–80°) which exerts such a wholesome influence. With the spirometer, as well as with Waerenburg's pneumatic apparatus, it has been found that the capacity of the lungs to inhale and exhale air greatly increases by the use of these baths, and that they also have a similar tonic effect upon the main organ of circulation, as we know of digitalis that it possesses.

Venous stasis in any form, if induced by organic affection of the heart, and, therefor, also dropsies, usually disappear without any other treatment within two weeks after beginning of the cure. That this is not brought about by increased diaphoretic or diuretic functions, but in reality by giving the heart greater tone, has been proven by experiments and observations carefully made, beyond a doubt.

Dr. Theod. Schoff (Berl. Klin. Wochensch., July 8, '83,) and many other writers have of late pub-

lished in the best German medical papers reports of cases of the nature mentioned, and in whom a surprising improvement took place, and in many this amelioration continued for nearly a year afterwards.

There are many springs in the United States, the waters of which are rich in carbonic acid, and we thought to draw the attention of the profession in our country to the opportunity here offered. Our therapeutics of heart diseases cannot be said to be great in quantity nor very varying in quality, and any contribution to the same will always be welcome, but the more so when appearing under such form as by nature's own ready means, *i. e.*, by natural springs. That the effect is as described cannot be doubted from the well-known authorities reporting them.

REVIVING THE STILL-BORN.

Artificial respiration practiced for an hour at least has so far been considered the most successful means of reviving still-born infants. Prof. Wallace, in his lectures at the Jefferson College, used to mention several cases where, after an hour's trial with artificial respiration, he had at last succeeded in reviving an infant still-born, and where all hope had been given up. A French physician, by the name of Camberdon, has convinced himself, that a very warm bath of a temperature of 50° C. exerted in such cases a far more favorable result than even the method just mentioned. It is a known fact, that infants, who, when born, exhibit a lack of vitality, often wonderfully revive when wrapped up in hot blankets or placed into a very warm bath—with one word when replaced into that temperature they had just left in utero. It seems plausible, therefore, that the same procedure may turn out successful in certain cases of the still-born, and we draw, therefore, the attention of our readers to this application of the hot bath.

It is said that the flavor of maple syrup may be communicated to cane or glucose syrup by tincture of guaiac deprived of its resin by precipitation by water.

Notes and Comments.

The Third Stage of Labor.

Before the Academy of Medicine in Ireland (*Med. Press*, June 13, 1883), Dr. R. Henry read a paper on the importance of the third stage of labor. He commenced by pointing out the various risks, immediate and remote, to which the improper performance of the third stage of labor exposed a woman. These risks would be minimized by a suitable conduction of this most important period of labor. To arrive at any just conclusion on this subject it was necessary in the first place to study nature's methods in effecting the separation and delivery of the placenta and membranes—by the conjoint action of tonic and clonic contractions, moulding the placenta, as has been described by Dr. Matthews Duncan, or in the different way described by Schultze. In the author's experience, both these methods had been observed, a lateral attachment of the placenta being Duncan's, while a fundal, or nearly fundal one would give Schultze's. The former was the more common method. Dr. Henry quoted Denman, Smellie, Collins, and others, on the question of manual interference in the third stage. In 1786, Dr. Joseph Clarke had advised the practice of pursuing with a hand on the abdomen the fundus uteri in its contractions until the fœtus be entirely expelled, and afterwards continuing for some time this pressure to keep the uterus, if possible, in a contracted state. This practice had been largely adopted in Dublin. Dr. Henry adhered to it, believing that in modern practice undue haste to press off the placenta was constantly exhibited. He kept his hand over the uterus during delivery and subsequently, but forbore pressing or actively supporting the uterus until it had itself commenced to contract clonically. Assistance should only be given with the clonic contractions. A safe and permanent contraction following the expulsion of the secondaries might in this way be usually secured in from ten to twenty minutes. The chief error at present consisted in mistaking constant irritation for support of the uterus.

Albuminuric Retinitis of Pregnancy.

Dr. Ryerson, of Toronto, writes in the *Brit. Med. Jour.*, June 9, 1883:

"Mrs. E., aged 22, was referred to me by Dr. Temple, on June 1, 1881, with the statement that the urine contained a large amount of albumen. The patient stated that her sight had been failing for about a month. She said she could see the

sides of an object, but not the centre; and complained of flashes of light in the dark. She had frontal headache, sometimes severely. She had no pain in the eyes. There was a great deal of nausea and vomiting. She was in the fourth month of her first pregnancy. With the right eye she saw fingers at five feet, and read 16 Jäger; with the left she saw fingers at three feet, and read 20 Jäger. With the ophthalmoscope, I observed, in the right eye, a well-marked stellate arrangement of deposits about the yellow spot, with numerous patches scattered about the retina. The optic disc was somewhat swollen and indistinct in its outline. The appearances in the left eye were very similar, with the additon of numerous small hemorrhages in the lower half of the fundus.

"Dr. Temple informs me that, shortly after this, she was seized with convulsions, and had a miscarriage. She made a good recovery, and when I saw her again on August 4, the swelling of the optic disc had greatly diminished, the scattered patches were less marked, but stellate patches in the region of the macula were about the same as when first seen. In the right eye, two veins apparently contained thrombi. The vision was, with the right eye, $\frac{20}{50}$, 16 Jäger; with the left eye, $\frac{20}{50}$, 16 Jäger. She could manage to write a letter. From Dr. Temple I learn that she regained good vision, but did not myself see her again. In a few months, the unfortunate woman became pregnant again, although warned of the danger; convulsions supervened, and in one of them she died.

"Remarks.—It would be of considerable interest to learn in what proportion, and in what class of cases of albuminuria of pregnancy retinitis occurs. That it does not necessarily occur I know, having attended, some years ago, two cases in which there was no complaint of trouble of vision. One case, a woman of about thirty years, in her fourth pregnancy, made a good recovery. The other had uræmic convulsions, and died. I did not use the ophthalmoscope, but relied upon the patient's statements, the cases having occurred in my pre-ophthalmoscopic days."

The Treatment of Artificial Anus.

From the *London Medical Record*, May 15, 1883, we learn that Dr. Heinmann, of Dornhan, gives (*Deutsche Med. Wochensch.*, February 16,) statistics of eighty-four cases of artificial anus treated by Dupuytren's method, from which one fatal case must be excluded, as having been subsequently treated by resection of the bowel, death resulting in consequence of the binding down and occlusion of the canal by a false ligament. Of the remaining eighty-three cases seven died, giving a mortality of about one in twelve, or 8.5 per cent. But of these seven cases, three, noted by Dupuytren, died in consequence of "indigestion;" one patient, seventy-eight years of age, operated on by Hamburtin, died from marasmus, after a successful operation; and the cause of death in a case of Velpeau's was the employment of the scissors too soon (twenty days) after the formation of the artificial anus. This leaves only four deaths to be attributed to the operation itself, giving a proportion of one to two on the total mortality. In seventy-six of the eighty-three cases the result was more or less favorable. In fifty (60.2 per cent.) the artificial anus completely healed up; in twenty-six (31.3 per cent.) a small fistula was left, which could, however, be so well closed by a compress that the patients could resume their occupations, which were in some cases very arduous. The author recommends Dupuytren's clamp as a means by which patients can be cured, or at least relieved, without danger to life; but he points out the necessity of making a thorough examination and demonstrating the existence of a spur (Sporn) before having recourse to it, and of screwing it up gradually, so that only a small portion of the spur may be included each time, and, finally, the danger of employing it too soon after the establishment of the artificial anus. Perforation, which has been cited as a likely cause of death, occurred only in two cases, in operations by Dupuytren and Gherini; and peritonitis, extending from the portion of peritoneum included in the clamp, mentioned by Dieffenbach as a possible fatality, was the cause of death in only one of the eighty-three cases. The only remaining objection to the operation is its slowness, the time required for cure being from three to six months; but this ought not to come into consideration in comparison with a decidedly more dangerous procedure.

A Case of Monstrosity.

In the *Brit. Med. Jour.*, June 9, 1883, Dr. Raverty describes the following case of a sireniform fœtus:

"I was called to attend Mrs. E. in her fourth confinement, on May 9, 1883. On my arrival I found the water had come away about twenty minutes before, and projecting from the os externum was a fleshy mass so unlike any usual presenting part of the fœtus to the touch, I was quite at a loss what to make of it. However, another

pain coming on solved the riddle at once, the feet and leg or legs being expelled; and in a short time the shoulders and head followed. The child was alive, and continued so for eight hours. The mother made a good recovery. From the head downwards to about midway between the sternum and the umbilicus it was in every respect well formed, and to outward appearance perfectly natural. From about that point the following particulars were noticed: There were no projections at the usual site of the crests of the ilia. The abdominal cavity was small, and seemed to be almost destitute of contents. The genito-urinary organs were represented by a small round aperture surrounded by a slightly elevated fleshy ridge. The limbs were enclosed in one continuous fold of integument, although the bones could be felt quite separate underneath; and in front there was a slight depression marking where the division ought to have been between the limbs. There was no separation of the buttocks; in fact, there was very little of the usual projections at this point, and there was no anal orifice. The feet were joined together at the heel and partially so at the centre of the foot, but the toes were well formed, in the usual number, and free. I would have liked a *post mortem* examination, but the parents objected. The mother said she had only gone eight months. There was no history of a fall or fright, except a bad dream about the fourth month."

The Association of Sounds, especially of Words, with Colors.

The *New York Med. Jour.*, March 31, 1883, says Mayerhausen (*Klin. Mon. f. Augenheilk*, November, 1882,) reports a sixth case of this very rare condition, occurring in an educated lady, aged twenty-five, the wife of a physiclan. In early childhood she connected the sounds of words with certain colors, and thus judged of the beauty of names. Words of one syllable were always perceived of a single color. If words of several syllables were rapidly spoken, they appeared of the color of the most accented syllable; but, if slowly spoken, each syllable had its own color. She convinced herself that the color depended solely on the sound of the words, by the fact that in words of a foreign language the color depended upon their pronunciation, and not upon the way that they were written. It is not the person or the thing represented by the word which appeared colored, but only the *spoken* or *heard* word. She has always perceived the same color with the same word-sound; and this sensation is unavoidable; it cannot be any other color than the one at first and always perceived. It is especially the sound of vowels which calls forth the sensation of color. Pronounced green she has never perceived; the word "green" sounds milky-white to her; and, although sky-blne is her favorite color, she never perceives it from the sound of any word. Mayerhausen tested her with a series of more than two hundred words from various languages, and the colors corresponding to the various sounds were given by her on the spot, and without change or misplacement. The patient possessed an extremely finely developed color-sense. In this case it was firmly established that the colored sensation for vowels and their union with consonants was the primary sensation, and the transfer or assignment to actual words with meaning in the analogy of sound was secondary.

Spinal Caries—Abscess Discharging Through Intestine—Closure of Intestinal Opening—Death from Bursting of Abscess into Peritoneal Cavity.

Dr. H. L. Burrell reports this case in the *Boston M. and S. Jour.*, May 31, 1883:

Ida L., aged four, was first seen February 18, 1882. Diagnosis, caries of the eleventh and twelfth dorsal vertebræ of four months' standing. A plaster of Paris jacket was applied, but was soon removed, as it was found the child was failing.

She was placed upon a "Bradford frame," which immobilized her and yet allowed her to be carried about. The patient was kept upon this frame, with the exception of one day in November, 1882, when the parents "exercised the child's spine" by the direction of an irregular practitioner. A severe attack of abdominal pain convinced the parents of the necessity for the frame.

On July 12, 1882, pus was noticed in the dejection; this flow of pus continued, varying in quantity, until three weeks before the child's death, when it suddenly ceased. From this time the patient rapidly failed.

On February 22, 1883, a painless, fluctuating swelling the size of an egg was discovered just above the anterior third of the crest of the right ilium. February 25 the child suddenly complained of intense abdominal pain, and became collapsed. A few hours later the swelling over the crest of the ilium had disappeared, and a slough the size of a three-cent piece had begun to form over its site.

The child died twenty-eight and a half hours later, never having rallied sufficiently to justify any surgical interference.

While the child was being arranged by the undertaker, the small slough gave way, and an estimated discharge of a quart of pus took place.

Special Action of Strychnine.

It has often been demonstrated that very large doses of strychnine have sometimes an effect totally opposite to that usually exerted by this remedy. It is well known that poisonous doses of strychnine, or smaller doses administered for too long a time, will cause first tonic and then clonic contractions of the muscles, ending at last in the rigid state of tetanus. But large doses have been known to induce paralysis of motion. For the purpose of deciding this interesting question Dr. Vulpian has made a number of experiments injecting the large dose of the remedy mentioned into the crural artery of a dog after the crural vein had been ligated. He found that under these circumstance the poison does not pass through the systemic circulation at once, but has first a direct action on the terminal fibres of the motor nerves, causing this way a total inertia in them equal to paralysis. Conia, morphia, atropia employed in the same manner were without result, while that of nicotine was similar to the usual effect of curare. These investigations will soon lead to practical results, especially in cases of peripheral lesions.

Hydrargyrum Formidatum.

We have already twice referred to this article (vol. xlviii., pp. 238 and 698), and now in the *Medical Times and Gazette*, July 7, 1883, we note that Prof. Zeissl, of the Vienna Hospital, reports that in a trial which he has made of Liebreich's formidad of mercury in fifteen cases of syphilis, he has been well satisfied with the results. The pain produced was of shorter duration and less severity than with the sublimate, the regions of the buttocks or the spine being best suited for the injections. In three of the cases salivation was produced. In the obstinate forms of the disease—*e. g.*, psoriasis palmaris—many more injections were required than in the lighter forms; but Prof. Zeissl has never had to make more than twenty in order to disperse the various secondary symptoms.—*Centralblatt für Med. Wiss.*, June 9.

The Parasite of Malaria.

The observations of M. Richard seem to affirm those of Leveran; he found in the red corpuscles of the blood of persons suffering from acute malaria a parasite of oscillating form moving very rapidly, and sometimes disengaging itself from the globule. These parasites have been met with in a number sufficiently large to obstruct the capillary vessels and to explain many of the symptoms of intermittent fevers. It has also been proven that the culture of these parasites in a fertile gelatine-basis can be brought to an immediate cessation if a two per cent. quinine-solution is added.

The Simplest and Safest Method for the Radical Cure of Hemorrhoids.

The *London Méd. Record*, May 15, 1883, says that Scarenzio recommends (*Renaiconti del Regio Ist. Lomb.*, 1882,) the elastic ligature in preference to all other and more complicated methods, as being the safest and most effectual for the removal and radical cure of hemorrhoids. Its gradual action allows time for the formation of a firm clot in the veins, and the mass separates after two or three days, leaving a simple cicatrized wound. The pain caused is trifling, and only lasts a short time. He has operated often by this method, and has never seen any bad effects follow.

Disturbance of Locomotion in Infants.

There are frequently noted in children symptoms indicating a disturbance of the equilibrium, especially during progression and other motions. After citing a number of cases, Dr. Brucheron thinks that optic troubles will be found far more frequently to cause these abnormal signs than lesions of the encephalon or of the spinal cord. It is well, therefore, to carefully examine in all such cases the state of vision, and not to ascribe disturbances of motion to central nervous lesion till the eyes have been investigated and tested.

Special Report.

NO. XIV.—OPHTHALMOLOGY.

BY CHAS. S. TURNBULL, M. D.

Disturbances of Vision and Uterine Diseases—Congenital Paralysis of the Sixth and Seventh Pairs of Cranial Nerves in an Adult—Cataract Extraction in an Infant six Months Old—Chisolm on Chloroform as an Anæsthetic.

"Disturbance of Vision and Uterine Diseases," is the title of a most valuable and suggestive paper, by Dr. Mooren, of Düsseldorf, and translated by Wm. C. Ayers, M. D., N. Y.—(Archiv. Ophthal., vol. xi., No. 3.)

"Many women who suffer from eye diseases have an instinctive conviction that their eye trouble is in some way connected with the physiological processes of their menstruation. Before the intro-

duction of the ophthalmoscope, the pathogenesis of such a relation was so little understood, that it is not to be wondered at that for a long time it was entirely discredited. It is the tendency of modern ophthalmology to seek a local cause for all disturbances of vision, and to use local treatment exclusively, but this has not met with the unqualified approbation of practicing physicians.

It has always been insisted on, and in later literature again pointed out by Baumeister,* that there are 'untold numbers of women who have disturbances of circulation from abnormal conditions of menstruation without any corresponding disturbances of vision.' Of course this is an undeniable fact, but still it does not prove anything positive, since how many people have contracted severe colds without having had pneumonia or rheumatism, and how many workmen lie down to rest on the damp ground without contracting myelitis.

"We are not to ask the question, why does not the same cause always produce the same effect? It would be much more important to know to what extent any local morbid process can affect the one or other part of the general system. Menstruation and its anomalies have been shown by innumerable observations to have the power of deleteriously affecting any part of the eye.

"It happens not infrequently that in a patient who has undergone a cataract operation, the eye which had had no previous anomaly becomes suddenly irritated, even two weeks after the operation, on the advent of menstruation. Such irritation sometimes causes a low degree of iritis. It should be especially remembered that such conditions occur even where the menstruation has been perfectly regular, since they show that disturbances of circulation, finding in the fresh wound a place of diminished resistance, are apt there to cause increased irritation, or even a new inflammatory process."

Then M. goes on to state his propositions, draw conclusions, and prove them by citing facts; but want of space compels us to only refer in passing, to a paper which to be digested must be carefully read, and we earnestly urge those who are attracted by our reference to look the paper up, and enjoy a treat; and we are sure that they will feel that Dr. Mooren has fully and successfully accomplished his desire, which he expresses in concluding, "If this paper should assist in drawing the attention of the profession to the influence of uterine disease in the production of visual disturbances, its purpose will be accomplished."

* *Klinische Wochenschrift*, No. 48, 1876.

Congenital Paralysis of the Sixth and Seventh Pairs of Cranial Nerves in an Adult. By Julian I. Chisolm, M. D., of Baltimore, Md. (A. f. O., Vol. XI., No. 3.) The case was one of congenital paralysis of the external rectus on each side, causing in early life forced convergence from want of muscular antagonism. In the operation performed for correction of the squint, the prominent ridge now present on the inner face of each eyeball, composed of the tendinous attachment of the inner rectus, shows that a myotomy and not a tenotomy had been practiced. The vertical incision had divided conjunctiva as well as muscle to such an extent that by contraction and retraction the muscular continuity to the eyeball had been destroyed. This freed the eye from the contractile influence of the displaced muscle. This old method of operating for squint was often the means of converting the convergent into a divergent form, a very common sequel of former squint operations.

In this particular case the free section of the contracted muscle accidentally became the proper operation. When it destroyed the inner rectus as a motor-oculi it permitted the eye-balls to assume a central position, which, from absence of muscular influence, they have retained as a permanent state since the day of operation. The curious vacant expression of face is not altogether due to the want of lateral movement in the eye-balls. Upon inquiry I found that she had never been able to close her eyes, but in attempting to do so, only rolled the balls upward under the superior lids, indicating facial paralysis of each orbicularis palpebrarum. This condition has existed as far back as she can remember. She says that she was born with it, as she was with the cast in her two eyes. The skin of the face is smooth—without a single corrugation from the brow to the mouth. Having no face movements, owing to paralysis of the facial muscles, she is incapable of expressing any emotion whatever. Below the angles of the mouth some wrinkles can be voluntarily produced, but none in the face proper. In puckering the mouth, while attempting to whistle, the upper lip remains a smooth, horizontal curtain, the lower lip being corrugated. This partial paralysis of the face muscles is an indication that some of the fibres of the facial nerve on each side of the brain have escaped degeneration and preserve their accustomed action.

This rare nerve lesion is clearly a congenital paralysis of the sixth and seventh pairs of cranial nerves, complete as to the sixth, partial as to the seventh, and symmetrical as to the two sides of the face.

There is no case on record, that I am aware of, in which the pathological process has extended to the very small, but very important ganglionic centre, involving the identical and exclusive spot on each side of the median line. A defect so symmetrical could only occur during the development of the cerebral mass.

In the case as reported, we find a condition in which, while the brain and its appendages appear in every way normal and healthy, a small spot of gray matter in the floor of the fourth ventricle, one on each side of the median line, has never been developed, and the sixth and seventh pairs of cranial nerves, which should receive their vital influence from this nerve centre, have, therefore, no cerebral origin.

Cataract Extraction with Iridectomy in an Infant Six Months Old, also by J. I. Chisolm, M. D., (loc. cit.), with pertinent remarks upon the administration of chloroform in cataract operations. After a detailed account of the operation, C. goes on to remark: "This cataract extraction on so young a subject, although the most anxious in my experience, is also most instructive, illustrating in a very striking manner the recuperative power of infantile tissues under surgical procedures.

"It is one of the youngest, if not the very youngest, patient upon whom the operation of cataract extraction with iridectomy has ever been performed. The operation in the right eye was smooth, leaving a clear pupil, as the lens came out of its capsule entire, and was of such firm consistency throughout as to leave behind no particle whatever of cortical matter. The loss of vitreous in the left was partly explained by the restlessness of the child, and the very evanescent effect of the chloroform narcosis, however deep it seemed for the moment.

"I have now had a very large experience in cataract extraction, extending over twenty-five years of active surgery. In my early professional life cataract operations were few. For many years back they reach nearly 100 annually, so that I can safely say that my experience will now cover nearly, if not quite, 1,000 cases. With very rare exceptions, I administer chloroform to all my cataract patients, only omitting it when they expressly desire to have the operation performed without artificial sleep. Such persons in my experience form the very rare exceptions, so that I administer chloroform to at least 90 out of 100 cataract patients, possibly 95 per cent. of those upon whom I operate.

"I have never had cause to regret the administration of chloroform in any one single instance, but in some of the cases in which the operation of extraction was performed without its help I have wished that it had been used, as I am sure the various steps of the operation would have been completed with much more ease to myself and safety to my patient had he been anæsthetized.

"My chloroform administrations will now exceed 12,000, and I have never had a serious accident from any one of these inhalations. I give it carefully and fearlessly to every patient who requires a painful operation, whether young or old, strong or weak, sick or well, with sound heart or diseased heart. In fact, I refuse it to no one who applies to me for operation. I use chloroform exclusively for all operations except the minor ones that can be perfected in a few seconds, and for which I now use the bromide of ethyl, because the narcosis from it is equally deep with chloroform and much more evanescent. I administer chloroform daily, believing it to be the very best and safest of anæsthetics. With adults, I invariably preface its administration with a large drink of whisky. It is the combined influence of whisky and chloroform that I have found so safe and so satisfactory.

"Vomiting is an uncommon sequel of chloroform anæsthesia, and yet I cannot say that I have been able to trace the loss of a single eye to this cause. I am often stopped by vomiting in the midst of the operation, after the corneal wound has been made, but before the lens has been extracted. Knowing that this accident might occur during cataract operations, I never commence without having compresses of cotton on hand. A compress over the eye held gently with the hand till the vomiting ceases, and a new inhalation of chloroform (which, by-the-by, I push while the patient is hanging over the basin, as a means of stopping the more rapidly the emesis), enable me to complete the extraction with comfort and with safety. I have never had loss of vitreons from vomiting that I can now recall. I attribute this to quick perception in recognizing the fact that vomiting is about to take place, when anticipating the act, I remove the speculum and apply the handful of raw cotton over wetted cloth. During the operation of cataract extraction I have often seen loss of vitreous, much more frequently in former years than now, and coming on when no vomiting had taken place. This is an accident much more common with the beginner in eye surgery, and which the experienced in the handling of the eye instruments seldom encounter."

Chisolm also states that the crying of infants does not excite the degree of eye congestion which accompanies the continued weeping of adults.

Long-continued Presence of a Spiculum of Copper in the Cornea without Exciting Apparent Irritation. By Wm. Shaw Bowen, M. D., Providence, R. I., (loc. cit.) The publication by Knapp (vol. xi., No. 2, Archives of Ophthalmology) of the innocuous lodgment of a fragment of steel in the cornea for two years, affords an excuse for the mention of the following instance of the possible toleration by the cornea of a foreign body of a more dangerous nature for nearly as long a period of time. The foreign body was removed by making an incision with a narrow cataract knife along the course of the spiculum, which was lifted out with an ordinary spud.

A Case of Blindness after Fracture of the Base of the Skull. By F. P. Capron, M. D., Providence, R. I., (loc. cit.) E. H., of P., presented himself to me at the Rhode Island Hospital on the morning of April 20, 1882, on account of an injury to his left eye, received the evening previous. Until this time the patient says he possessed excellent vision in this eye, but that the sight of the right has always been defective. His health up to the time of the injury was very good. On questioning him with reference to the cause of the injury, it was ascertained that, on the evening previous, while in a beer saloon, he became involved in some difficulty with the proprietor, who settled the matter by taking him by the throat with one hand, while with the other he seized a drinking-glass, and struck him a severe blow over the left eye. With morning came the revelation to the patient that the sight of the injured eye was very much disturbed, and he immediately sought advice.

On testing vision, it was ascertained that the patient was able only to distinguish light from darkness, and no change was made by the glasses.

After dilatation of the pupil by atropia, an ophthalmoscopic examination, by the indirect method, revealed a glistening white appearance of the inner three-fourths of the optic nerve, a condition strikingly different from the nerve of the right eye. The vessels were little if any changed from the normal, and no hemorrhages or changes of any other kind were observed in the fundus. The patient complained of some pain at the back of the eyeball, and stated that he occasionally blew out clots of blood from his left nostril. The case was diagnosticated as one of the fracture of the wall of the optic canal, with crushing of the optic nerve. Cold compresses were kept on the eye for a few days, and the swelling of the lids and injection of the ball rapidly diminished. After a day or two a severe pain was experienced in the head, which the patient said seemed to originate behind the eyeball, and thence to extend to the opposite side of the head. During these attacks of pain the patient trembled violently, and he was left in an almost prostrate condition. Iod. potass., in moderate doses was administered, *ter die*, the patient being seen every two or three days.

The above case is, in most respects, very similar to other published cases, especially to the one reported by Dr. G. Mayerhausen, of Schweidnitz, in the February number of *Hirschberg's Centralblatt*, but it differs from some of the cases in at least one important particular, and that is the discovery of an apparently atrophic nerve in an eye that was perfectly normal less than twenty-four hours before. This fact, and that of the subsequently unchanged condition of nerve, fundus, and vision, seem to be of sufficient interest to warrant a publication of the case.

(*To be Continued.*)

Correspondence.

Local Application of Vaseline in Scarlet Fever.

Eds. Med. and Surg. Reporter:—

I have found nothing so efficient in relieving the burning and itching sensations of the eruption of scarlet fever as the inunction of the whole body with vaseline. The vaseline is simply used by being well rubbed upon the surface of the body with the hand, once or twice, a day, and continued as long as the patient complains of burning and itching of the skin. These inunctions soothe and calm the patient in an astonishing manner, and are rarely required beyond two or three days. On the appearance of the stage of desquamation, I have the whole body well sponged once a day for a week with the following wash:

℞.	Hyposulphite of soda,	℥ viij.
	Carbolic acid, No. 1,	℥ j.
	Glycerine,	℥ jss.
	Aqua,	℥ viij.

M. S.—Shake well, and sponge the body well after the wash has been made tepid by placing the vial containing it in a pan of hot water.

This sponging should be conducted in a room of equal temperature; and immediately after each sponging the body should be well dried with a soft towel, and the patient protected against taking cold. This process should be continued for at least a week; and it has not only the advantage of healing the new skin, but that of disinfecting the particles of desquamated skin, and thereby lessens the infectious character of the period of desquamation.

J. B. Johnson, M. D.

Washington, D. C.

News and Miscellany.

American Ophthalmological Society.

The nineteenth annual meeting was held at Kaaterskill, N. Y., July 18 and 19, and the following papers were read:

"Influence on Refraction of Four Years of College Life; Illustrated by Statistics of the Last Four Classes Graduated from Amherst College," by Dr. Hasket Derby, of Boston.

"Some Improvements in Instruments and Appliances for Cataract Operations," by Dr. Russell Murdock, of Baltimore.

"Tubercle of the Iris," by Dr. Henry S. Schell, of Philadelphia.

"Tuberculosis of the Ciliary Muscle and Iris," by Dr. O. F. Wadsworth, of Boston.

"A Personal Experience with Prismatic Glasses," by Dr. S. F. McFarland, of Oxford, N. Y.

Dr. O. F. Wadsworth, of Boston, then read a paper on the "Apparent Curvature of Surface Produced by Prisms."

Dr. S. W. Burnett, of Washington, on invitation, presented a specimen of tubercle of the choroid.

Dr, J. A. Spaulding, of Portland, Me., then read a paper in which he reported a case of sympathetic neuro-retinitis.

Dr. David Webster, of New York, then reported thirty-five cases of cataract extraction.

"Notes on Ocular Therapeutics," by Dr. W. W. Seely, of Cincinnati.

"The Treatment of Detachment of the Retina," by Dr. W. F. Mittendorf, of New York.

Dr. William S. Little, of Philadelphia, then reported two cases of congenital ectopia lentis, one symmetrical, the other non-symmetrical.

Dr. George T. Stevens, of New York, then read a paper on "The Employment of Nitrous Oxide as an Anæsthetic in Ophthalmic Operations."

Dr. Albert G. Heyl, of Philadelphia, then presented a contribution to the operative treatment of glaucoma.

Dr. Gustavus Hay, of Boston, then made a communication on the "Astigmatic Pencil."

Dr. Charles J. Kipp, of Newark, N. J., reported cases of sarcoma of the choroid with interesting clinical features.

"Trituration of the Cortex," by Dr. S. Theobald, of Baltimore.

"Vaseline Cerate a Convenient Basis for Ointments Intended for Applications to the Eyelids," by Dr. Theobald, of Baltimore.

Dr. H. Knapp, of New York, then read a paper in which he reported a case of blindness from retinal thrombus in consequence of facial erysipelas.

Dr. W. H. Carmalt, of New Haven, Conn., read a paper on "Changes in Refraction Resulting from a Blow."

"A Further Modification in Cataract Extraction," by Dr. E. W. Bartlett, of Milwaukee.

Dr. Gruening, of New York, then read a paper entitled "Blepharoplasty according to the English Method."

Dr. McKay, of Wilmington, reported a case of loss of an eye from sewer-gas after extraction of a cataract, and a case of sympathetic neuro-retinitis occurring during pregnancy.

Dr. L. Howe, of Buffalo, then read a brief paper and presented a specimen which illustrated the difficulties in making a differential diagnosis in glaucoma.

"Commotio Retinæ, or Some of the Effects of Direct and Indirect Blows to the Eye." by Dr. E. E. Holt, of Portland, Me.

A paper entitled "Two Cases of Ophthalmoplegia Externa, Associated with Disease of the Optic Nerves from Brain Tumor, with an Account of the Post Mortem Examination," by Dr. Charles Steadman Bull, of New York, was read by title and referred to the Committee on Publication.

"Injury to the Eyes by Hanging," by Dr. F. B. Loring, of Washington.

"Coloboma of the Choroid," by Dr. McKay, of Wilmington, Delaware.

The following officers were elected for the ensuing year:

Pesident—Dr. H. D. Noyes, of New York.

Vice President—Dr. William F. Morris, Philadelphia.

Secretary and Treasurer—Dr. R. H. Derby, of New York.

Publication Committee—Drs. E. G. Loring and D. B. St. John Roosa, of New York.

The place of holding the next annual meeting is Kaaterskill, N. Y., and the time the third Wednesday in July.

American Otological Society.

At the recent meeting held at the Hotel Kaaterskill, Catskill Mountains, July 17, the following papers were read:

"A case of Primary Epithelioma of the Auricle —removal of the entire auricle by thermo-cautery," by Dr. W. W. Seely, of Cincinnati.

"The Recognition of Brain Complications in Aural Affections," by Dr. Andrews.

A paper "On the Intermittent Perception of Sound as Conveyed through the Air and the Cranial Bones, with a Brief Summary of the Results of Treatment in Chronic Aural Affections with Impaired hearing," by Dr. J. A. Andrews, of Clifton, Staten Island.

A paper by Dr. Sexton, of New York, entitled "External and Internal Inflammation of the Mastoid, with Cases." was read by title and referred to the Committee on Publication.

Dr. Read J. McKay, of Wilmington, Del., then reported a case of "Acute Desquamative Inflammation of the External Auditory Canal—Acute Otitis Media—Mastoiditis and Chronic Meningitis —Recovery."

Dr. Charles H. Burnett, of Philadelphia, read a paper entitled "A Case of Mastoid Disease—Artificial Perforation of the Bone—Temporary Relief—Death from Pyæmia."

"Teratoid Tumor of both Auricles," by Dr. E. E. Holt, of Portland, Me.

Dr. Sexton, of New York, presented a patient who had formerly been under his care for "Chronic Inflammation of the Mastoid Cells without Perforation of the Membrana Tympani." When under his treatment the case was complicated with ozena.

"Observations on the Hearing Power in Dif-

ferent Conditions," by Dr. E. E. Holt, of Portland, Me.

Dr. Kipp, of Newark, N. J., read a paper entitled "On the Association of Aural Disease with Simple Sparkling Synchisis of the Vitreous Humor."

A paper by Dr. Charles A. Todd, of St. Louis, on "Anomalous Sebaceous Gland in Immediate Proximity to the Auricle," was read by title and referred to the Committee on Publication.

Dr. Sexton, of New York, then read a paper on "The Significance of th Transmission of Sound to the Ear Through the Tissues in Aural Disease."

Dr. Sexton then exhibited fourteen photographs of various forms of ear affections; also two ear-syringes, together with a *hooked curette* for removing foreign bodies from the ear, where it is necessary to use forceps.

Dr. H. Knapp, of New York, read a paper on "Obstinate Purulent Desquamative Otitis Media."

OFFICERS FOR ENSUING YEAR.

President—Dr. Charles H. Burnett, of Philadelphia, Pa.

Vice-President—Dr. J. S. Prout, of Brooklyn, N. Y.

Secretary and Treasurer—Dr. J. J. B. Vermyne, of New Bedford, Mass.

Committee on Membership—Drs. John Green, of St. Louis, Mo.; H. G. Miller, of Providence, R. I.; and A. Matthewson, of Brooklyn, N. Y.

The Lehigh Valley Medical Association.

This Association holds its third annual meeting in Easton, Pa., August 15.

The members of the Association in Easton will make provision to convey those attending the meeting from the town up the hill to the College. As far as possible stages will be at the station. The down-town headquarters will be at the United States Hotel, where stages can also be found. They will be marked *Lehigh Valley Medical Association.*

Arrangements have been made to have the annual dinner served at the *United States Hotel.* It would be a matter of great convenience if those proposing to attend the dinner would notify the Secretary not later than the 13th.

The Executive Committee will be in session in the morning, and during the recess, to act upon applications for membership. Blank applications can be obtained of the Secretary.

Every one, visitors as well as members, are requested to register on arrival in the book provided.

Members-elect will please also sign the Constitution.

It will be a great convenience to the Secretary if the members will pay their annual fee upon registering.

During the day the various departments of Pardee Hall, containing collections of public interest, will be open for the inspection of those attending the meeting of the Association.

Malaria in Italy.

A project has been prepared for making the malaria regions in Italy healthy. For this purpose a map has been drawn out, which shows plainly the desolation of the Neapolitan provinces. The malarial regions are divided into three classes, namely, weak, serious, and most serious. Thirteen provinces are classified as having weak malaria, twenty-nine as serious, and twenty-one as most dangerous. The new project will give to the Government the right of expropriating territories lying in the region of the most serious malaria, contiguous to the lines of railway for a distance of 200 metres on each side, unless the proprietors have themselves undertaken the work of improvement. For ten years from the passing of the law, prizes and indemnifications will be granted to any one in the circle of malaria who makes a plantation of eucalyptus trees. The Government provinces and communes are also authorized to grant subsidies. All proposals relating to sanitary works will be examined by an executive committee.

French Brandy.

In a recent return of the French Minister of Agriculture on the wines of 1882, it appears that the vineyards of the two Charentes, which alone supply the genuine wine brandy, are irretrievably ruined. These two departments, which were devoted almost wholly to grape-culture, gave 311 million gallons of wine in 1875. Last year they gave only one-eighth that quantity, being a falling off of 273 million gallons, and the quality was execrable. The condition of Charente proper, which produced the true cognac, is even worse, for the vintage—if it can still be called so—only gave the twenty-second part of the yield of 1875, and the ravages of the phylloxera are each successive year going from bad to worse. In fact, the pest has now utterly destroyed throughout France nearly two millions acres of vineyards.

Poisonous Colors.

A decree prohibiting poisonous coloring of certain articles of food came into operation in Germany on April 1. Poisonous colors within the meaning of the act are any containing antimony, arsenic, barium (except sulphate of baryta), lead, chromium (except pure chromic oxide), cadmium, copper, mercury (excepting cinnabar), zinc, tin, gamboge, picric acid. The use of packings colored with any of the above is likewise prohibited, and, except in certain varnishes, these must not be used for coloring playthings. The use of colors prepared with arsenic for the manufacture of paper-hangings, as well as that of pigments containing copper prepared with arsenic, and of matters containing similar colors for the manufacture of materials of dress, is prohibited.

Consumption in Victoria.

In a recent treatise, Mr. William Thomson, a well-known medical man in Melbourne, shows from statistics that the mortality from consumption in Victoria is greatly on the increase. Thus, taking all ages, it has increased from 11.49 per 1,000 in 1871 to 13.90 in 1881; and it is pointed out that this is not to be accounted for by any influx of dying visitors to the colony, but is largely due to an increasing death-rate among Victoria-born persons. Mr. Thomson maintains

that phthisis is a specific poison disease; that it is never of climatic origin, nor due to dampness of soil or depressing circumstances of life; that it has been imported into Australia by invalids from Europe, etc.

Poor Dr. Parrish!

From the Philadelphia letter to the *Journal of the American Medical Association* (issue of July 21, 1883), we learn the following:

"On Friday, June 30, the Muller modification of the Porro operation, in turn a modification of the Cæsarian section, was performed at the Philadelphia almshouse, *Dr. W. H. Parrish, of this city, the subject being a dwarf aged forty years.*"

This is the first intimation we have had of the Doctor's deformity and of the terrible operation to which he has been subjected. We extend our heartfelt sympathy.

Sudden Loss of Hair from Fright.

The Newcastle-on-the-Tyne correspondent of the *Lancet* relates the following case:

The patient was a man aged thirty-nine, and under treatment for an aural affection. It was noticed that he wore a wig, and was completely bald. On inquiry into the case, he stated that up to five years of age he had a good growth of curly hair, but when playing in bed with his mother the bed accidentally caught fire. On hearing the screams of both, his father came into the room, and he sprang into his arms from a distance that was considered very great for a child of his age. From this time his hair fell out, and never grew again.

A New Winter Resort.

It is said that Nice and Mentone are likely to be rivaled by the discovery of a new winter resort in Austria. The name of the place is Appazia, which new Mecca for pulmonary patients lies within an hour's ride by stage from Fiume, in a small bay protected by high mountains against easterly, northerly, and westerly winds, and sheltered against the sirocco by the island of Veglia on the south. The administration of the Austrian Southern Railway is already erecting a large hotel at Appazia, which may be reached from Vienna in fourteen hours.

Let Us Follow Suit.

The Prefect of Police of Paris has issued new and special instructions in order to reduce the too frequent occurrence of accidents in the building of houses, etc. The local chiefs of the police are ordered to visit every scaffold in their district before work is begun. In the event of any workman or pedestrian being wounded, the building contractors are to be at once prosecuted before the police or correctional tribunals.

Blood Globules.

The *Medical Press*, May 30, 1883, says that Wurtz, in his *Chimie Biologique*, says that in man the average volume of a red globule is 0mm. c. 000.000,072. According to Vievordt and Welcker, a cubic millimetre of blood contains about 5,000,000 red globules. The blood of women contains less. In ten litres of blood the number of globules would be about 50,000 milliards; and the superficies of these globules has been said to be 2,816 square metres.

To Prevent Conception.

The Australian *Medical Gazette* gives some of the methods employed by the aborigines of central Australia to prevent conception. One mode is to make an opening into the male urethra just anterior to the scrotum; another is to slit up the entire urethra so as to entirely destroy the urethral canal from the scrotum to the base of the glans penis.

The Medical Society of Louisville.

This is the name of a new medical society in Louisville, Ky., of which Dr. Preston B. Scott has been elected president, Dr. L. P. Yandell first vice-president, Dr. Coleman Rogers second vice-president, Dr. W. B. Doherty secretary, and Dr. D. W. Yandell, Dr. Turner Anderson, Dr. H. K. Pusey, Dr. William Bailey, and Dr. J. A. Octerlony, a judicial council.

OBITUARY NOTICES.

B. RUSH BATEMAN, M. D.

Dr. B. Rush Bateman, of Cedarville, N. J., died at his home, July 23, 1883, in the seventy-seventh year of his age. He graduated from the Jefferson Medical College in 1828, and was a classmate of the distinguished surgeon, Prof. Gross. Dr. Bateman was engaged in the active practice of medicine for about forty years, and possessed the confidence and esteem of a large circle of patients. He was widely known throughout the State, and had filled many offices of honor and trust, both in and out of the profession. He was President of the New Jersey State Medical Society, and an honorary member of the Cumberland County Medical Society. He represented his county two sessions in the State Legislature, and was ever prominent in every good work. He was never known, during his professional career, to refuse the calls of any one for assistance.

QUERIES AND REPLIES.

Nymphomania.

EDS. MED. AND SURG. REP.—I have been applied to for relief in a case of that very rare disease of "nymphomania." As editors of a medical journal that treats of many different diseases, have you any experience, theoretical or otherwise, with this disease? D. T. KYNER, M. D.

Ans. This query was was referred to Dr. John M. Keating as an authority on diseases of women, and we append his reply:

"The subject of nymphomania is truly an interesting one. My experience with a few cases of it leads me to place it in the category of mental diseases, and, therefore, it is scarcely noticed by writers on diseases of women. If your correspondent would send a complete history of his case, I would gladly look the matter up as to the subject of treatment.

"JOHN M. KEATING, M. D., 1504 Walnut st."

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

LOCOMOTOR ATAXIA.

BY J. H. POOLEY, M. D.,

Professor of Surgery in the Toledo Medical College.

The detail of ordinary cases of this disease has long since ceased to be of any particular value or interest. It is now well known and universally recognized by the profession, and almost every practitioner has seen more or fewer examples of it, so that it no longer has any of the attraction of novelty. Nevertheless, cases which present any unusual symptom or symptoms, or run an unusual course, should be recorded, both for the sake of completing the natural history of a very multiform affection, and as possible aids in the diagnosis of ambiguous cases.

It has happened to me to see a considerable number of cases, and of these, four have presented features of a sufficiently uncommon character to make them worthy of permanent preservation. The real student of disease no longer confines himself to text-books and monographs, valuable as these may be, but runs over the files of his journals to gather up the scattered, but often most important, observations which they contain.

We have not all of us either the time or the ability to write books, but we can all of us record our cases, and thus provide material for the master-builders.

Case 1. The subject of the following case, Mrs. C——, first came under my observation September 15, 1868.

She was a large, fleshy woman, weighing about 200 pounds, sixty-one years old, and the mother of nine children.

Previous to the death of her husband, ten years before, she was uniformly in the best of health, knowing nothing of sickness except at her numerous confinements, doing a great deal of work, conducting the affairs of a large family with the greatest energy and punctuality, and always exhibiting a cheerful spirit, with a tendency to dry wit. The loss of her husband had such an effect upon her mind that she became deranged, and was more or less out of her mind for about a year; her aberration, however, was neither severe nor constant, and was of the character of religious melancholy. She recovered and began to grow fleshy, and at the same time rather clumsy and uncertain in her movements, but seemed to be in tolerable health.

Two or three years after this, as she was sitting in her chair before the fire, she lost her consciousness and fell to the floor. It is not known how long she remained unconscious. From that time her motions have been still more faltering and uncertain, and her speech thick and indistinct, although there has been no evidence of paralysis. From that time to the present, she has been less and less and less disposed to take any exercise from increasing uncertainty of gait, which makes her fearful of falling. About a year ago she had an attack of illness which began with difficult respiration, cough, and pain in the side, of which we have a very indistinct account. This attack lasted three weeks, after which she seemed as well as before, except that her power of locomotion were still more at fault, in which respect she has been steadily getting worse, until now she

can hardly walk at all. In proceeding to describe her present condition, I will begin with the most remarkable of her symptoms—the condition of her motor powers.

She lies in bed or sits in a chair all the time, and shows no disposition to move, being afraid, as she says, to walk for fear of falling. The inability to walk, however, does not result from paralysis, for on testing her muscular power I find that she can move all her limbs equally well, and that she can grasp my hand in either of hers strongly enough to be quite painful, and when her legs are flexed or extended, and she is told to resist, I can neither extend nor flex them against her will; so that so far from there being any lack of strength, her power is, for a woman, almost athletic.

In studying her defect of locomotion, it is necessary to have a person walk on each side of her to support her should she lose her balance, as she is very apt to do, in which case her tendency is to pitch forward. The following peculiarities are noticed in her gait: she lifts her feet unnecessarily high, and in putting them to the ground, which she does with an emphatic stamp, heel first, they waver about as if uncertain where to alight, deviating to the right and left, and it seems to be to overcome this tendency that she brings them down with such sudden force. On shutting her eyes, or turning, and at first starting, her gait is much worse, indeed such trials involve imminent danger of falling.

The same incoherency of action that pertains to her walk is seen also in the motions of the upper extremities, so that when she attempts to take hold of anything she is apt to miss it, her hand passing to one side of it, and in conveying food or drink to her mouth, she will put it to her eyes or nose, and spills things about in the most helpless and annoying manner. This has become such a serious evil that her friends contemplate the necessity of feeding her altogether, like a little child, as not very far distant.

While there is this great disturbance of motor power, there is very little alteration in her sensibility. But the acuteness of sensation is somewhat dulled, and on the inner and front part of the legs, half way between the knee and the ankle, she cannot distinguish the compass-points, even when they are three inches apart. She says, too, that in walking she cannot feel distinctly when her feet touch the floor—they feel as though muffled up in some thick covering.

She has no involuntary movements. She has no headache, and never has had, but has had a good deal of severe pain in the lumbar region, coming on in paroxysms, never lasting more than a day, generally for a much shorter time. This pain she has been free from for a year past.

September 20, she had a paroxysm of very severe pain in the right side of the chest, which only continued an hour or two; was not accompanied by any febrile movement, friction murmur, or local tenderness. About a month afterwards, October 18, she had a similar attack of pain on her left side, which only lasted for a short time.

Her hearing is affected. She hears imperfectly at all times, but the amount of deafness varies. At one visit I may find her almost perfectly deaf, next day perhaps scarcely at all so. There is no appearance of disease of the ears, and no pain.

Her sight is also affected. She has dimness of vision, with diplopia, and generally when her attention is directed to any object, she looks at it with the left eye, covering the right. The pupils have a cloudy, somewhat glaucomatous appearance; they are neither contracted nor dilated, and are sensitive to light. The ophthalmoscope reveals no abnormal appearance.

She has occasionally some difficulty of swallowing, which once or twice has been severe enough to lead to the apprehension that she was about to choke; she has a thick, mumbling, sputtering utterance; she protrudes her tongue readily and in a straight line, and without tremulousness.

She sleeps soundly at night, has no drowsiness in the daytime, and her mental condition, though not as bright as formerly, is not essentially impaired, and she occasionally makes remarks that remind her children of her old propensity to joke.

She has no cough; auscultation and percussion show no sign of pulmonary disease; her pulse is sixty-four to the minute, her heart sounds normal and distinct. Her appetite is good, and her digestion perfect; her bowels are obstinately constipated, never moving except under the stimulus of medicine, and it is doubtful whether they ever would. She has some incontinence of urine, passes a normal quantity; it is offensive in odor, contains a large deposit of ammoniacal phosphates and mucus; it is not albuminous. There is no evidence of any uterine disease.

The most remarkable symptom of her case—indeed, the symptom for which I have chiefly thought it worth recording—remains to be described. This is a constant, copious, and universal desquamation or exfoliation of the cuticle.

She is constantly shedding the most astonishing quantity of epidermic scales from every part of the cutaneous surface.

She says that in the morning a quart of these

scales may be gathered from her bed. This, I suppose, is an exaggeration, but the quantity is certainly most surprisingly great. These scales are rather large in size, white and thin; there is no redness or eruption, and she says there is no itching, though she shows a good deal of tendency to rub such parts of the body as are accessible. Papular and pustular eruptions are mentioned as occasional symptoms in cases of locomotor ataxia, but I have met with no recorded instance of this scaly desquamative affection of the skin, which, indeed, in the degree present in this case, would be phenomenal in any connection. Her skin is universally dry and harsh. This condition has been present for the last three years.

This patient was under my care for about a year and a half when she died rather suddenly of what appeared to be an inter-current attack of peritonitis. A *post mortem* examination could not be obtained. Various remedies were tried in her case with no good effect, except in one singular and unexpected particular. Under the use of large doses of strychnia, the scaly affection of her skin became much diminished, in fact, almost disappeared. Whether this was a pure post hoc, a mere coincidence, who can say?

Case 2. Mr. J——, a middle aged man, Irish, laborer, was under my care during the summer of 1876 in an advanced stage of locomotor ataxia, which was supposed to be of syphilitic origin, as there was a distinct history of syphilis in early life; but anti-syphilitic medication had no effect upon his disease. At the time of my taking charge of him he was so far advanced in the disease as to be confined to bed, no longer able to feed himself at all, and urinating and defæcating involuntarily. He suffered from two or three extensive bed sores.

Soon after the beginning of my attendance he developed unmistakable symptoms of insanity, and in a short time became a raving maniac.

He failed to recognize his wife or the other persons in attendance upon him, whom he at times overwhelmed with abuse, being exceedingly profane and obscene in his ravings. His principal delusion was that he was away from home and under restraint, from which he was incessantly endeavoring to escape, and in his helpless condition in constant danger of rolling out of bed and injuring himself.

He never slept a moment, day or night, except when under the influence of large doses of chloral or some other anodyne, and wore out the strength of numerous attendants in taking care of him. His appetite during all this time was perfectly ravenous, and on several occasions he attempted to eat his own excrement. At last, after two or three weeks of this condition, without any change, he succumbed, literally worn out by his perpetual exertions and want of sleep.

As far as I am aware, insanity is a rare termination of ataxia, and I am very slightly acquainted with the details of the recorded cases in which it has occurred. It has come under my observation twice, in this and in the next case, which I am about to relate.

Case 3. Mr. S——, German, aged forty-eight years; by occupation a collector, in the pursuit of which business he accomplished an enormous amount of walking.

He was also an enthusiastic fisherman, and in his fishing excursions was accustomed to stand and wade in the water for hours at a time, at all seasons of the year. He had been a foot-soldier in the late war.

In February, 1877, he slipped on the ice and sustained a fracture of the left fibula just above the ankle (Pott's fracture). There was a great deal of swelling, and the fracture could not be very accurately adjusted—at any rate it was not. He was a very self-willed and headstrong individual, and insisted on resuming his usual occupation much sooner than was considered advisable. The result was a stiff and swollen ankle, with a marked limp in his walk, and a great deal of pain in the joint. The next winter, almost at the same time, he fell again on the icy sidewalk and fractured the other leg at the same point. This fracture also did but indifferently, but so far from being in a hurry to get out on this occasion, the patient sank into a condition of deep despondency, and refused to leave the house even long after it was deemed desirable that he should begin to do so. During the ensuing summer he began to develop unmistakable symptoms of ataxia, and owing to his lameness from the double injury, it is quite probable that they had been going on some time before they began to attract attention. His disease progressed very rapidly, involving the upper extremities, and soon rendering him almost completely helpless.

As they were in poor circumstances, and his wife was obliged to work for the support of the family, there was no one at home to render him the necessary assistance and attention. He was therefore sent to the Soldiers' Home at Dayton, Ohio, and remained there until the following spring, when he came home to Columbus on a visit. Soon after coming home he became violently insane, and dangerous both to himself and others.

He died that spring or early summer. Of the termination of his case, however, I have no details, as he was sent away to an asylum, where his death took place.

In this case, the disease seems to have had a traumatic origin, being caused, in all probability, by his double injury, through reflex or secondary effect upon the cord. These fractures of the ankle, as is well known, are often extremely painful (they were in this case), and this long-continued nerve irritation, propagated to the spinal centre, might, it seems to me, very well set up after a time structural and degenerative changes, leading to the development of ataxia. But in the present state of the pathology of the disease, we are not *necessarily* led even to this assumption, for it may possibly be that ataxia at first consists in a pure neurosis of function, and the sclerosis and other changes are secondary results. There are those who hold this view, and certainly it is easier to doubt it than to disprove it.

Case 4. Mrs. T——, Toledo, Ohio, aged forty-two years, a native of the United States, mother of six children, of whom four are living; lost her husband about a year ago. Her disease began last June. The first thing she noticed was staggering in her gait, which was soon followed by tingling and pricking sensations in her hands and arms. During the latter part of last summer she suffered much pain in her chest and abdomen, with a sensation of tightness and constriction.

She has never had any darting or neuralgic pains in the legs or feet. Her condition remained about the same until November last, since when she has been rapidly growing worse. The ataxia has increased, until now it is extreme both in the upper and lower extremities. Her condition when I first saw her, May 1, 1883, was as follows:

She is a small, thin woman, weighing less than ninety pounds; of what is called sandy complexion, with light hair and eyes, of more than ordinary intelligence, and great cheerfulness and equanimity of disposition.

The muscular strength of her lower extremities, tested in the ordinary way, seems to be perfect, as it requires considerable force either to extend or flex her legs when she is told to resist the effort, and she grips strongly and equally with either hand. But ataxia of the lower limbs is almost complete; she cannot walk at all without assistance, having no control over her movements; she cannot even stand a moment with her eyes shut. When lying in bed she does not know where her legs and feet are unless she can see them. Patella tendon-reflex completely absent.

She has had some pricking sensations in the lower extremities, but never any pain. There is some anæsthesia, but not verymarked. She has also extreme ataxia of the upper extremities; she cannot button her clothes without using both hands, and proceeding with great care and deliberation, and in conveying food or drink to her mouth, is as likely to put it to her nose or chin as anywhere else, and when told to touch any given point with the end of her forefinger, she cannot, even when watching the movement and exerting the greatest care, but with her eyes shut, comes very far wide of it.

There is very marked anæsthesia of the trunk, from the first joint of the sternum to a line drawn from one iliac crest to the other. In all this region, anteriorly, posteriorly, and laterally, she feels pricking and pinching very imperfectly, hardly at all, and two compass-points six inches apart feel like one. In this region there is a very marked sensation of girdling or constriction, as though she were tightly encased in wood or iron, with occasional darting pains. She has diplopia, obstinate constipation, occasional retention, alternating with incontinence of urine; her skin is harsh, dry, and unperspirable. Her appetite is good, and for the most part she sleeps soundly at night.

She has not menstruated since last October. Her most distressing symptom is a peculiar form of dyspnœa, during which her chest is fixed, her eyes staring and prominent, and her expression that of extreme fright, but cyanosis or flushing of the face. During these paroxysms no air at all can be heard entering the chest, not a sound; they last nearly a minute, and terminate in a long drawn sonorous inspiration, something like that heard in whooping-cough.

These spells occur generally at night, sometimes in the daytime between the paroxysms which may be repeated to the number of three or four in about as many minutes, and then again after a variable interval from ten minutes up to an hour or two, her breathing is somewhat hurried and laborious. Bromide of potassium relieves her promptly.

These four cases have been taken from my note-book in the order in which they occurred, not to give a general picture of locomotor ataxia, but on account of some unusual and interesting feature that was present in each of these four instances.

In the first case, along with a typical history of the disease we have the peculiar skin affection, an enormous, and in all my experience unprecedented

exfoliation of the epidermis. In the next two we have the unusual termination in violent insanity in both of them, with the probable traumatic origin of the third, as an additional feature of interest. And in the last, the peculiar form of spasm of the glottis, for such I suppose it is, a symptom which I do not remember to have ever seen mentioned in this connection. I have seen a number of cases of ataxia in railroad men, and have often wondered whether in them it was not caused by the constant jarring and vibrations of the moving train. Standing so much as they do, these vibrations are transmitted almost directly to the spinal cord, and one can easily imagine that the long continuance of this cause might have a decided effect upon the molecular constitution of the medulla spinalis.

In conclusion, I may mention that I once saw a decided case of ataxia in a child only four years old. It was associated with a tight phimosis and long prepuce, and I attributed it to this as a cause, but was not permitted to test the correctness of this opinion by performing the operation of circumcision, as I wished to do.

I remember to have seen in some medical journal two cases of ataxia in children with phimosis, but I have been unable to verify the references.

NOTES ON THE TREATMENT OF SUMMER COMPLAINT.

BY JOHN M. KEATING, M. D.,

Obstetrician to Philadelphia Hospital.

[Reported by W. A. EDWARDS, M. D., Asst. Dem. Clin. Med., University of Pennsylvania.]

(*Continued from page* 146.)

There is another form of the very many varieties of intestinal disturbances of children, which is well worthy of consideration at this time, depending, as it does, on a catarrhal condition of the mucous membrane.

The mucous membrane of the intestine is as frequent a seat of catarrhal disorder as that of the respiratory tract, and it has all the same varieties, from a superficial catarrh to a more deep-seated lesion: in fact there is a variety which affects the sub-mucous tissue, and is accompanied by fibrinous exudation. Sudden changes of temperature are frequently the cause of the superficial catarrh, and it may be limited to a simple gastric irritation, become an entero-collitis, and finally pass off with a persistent and aggravating catarrh of the rectum, which I find is frequently overlooked, and is most difficult to treat.

At this season of the year, entero-collitis is more common, and even the greatest care will not avoid it. It is usual to note a larger number of cases occurring after a hot spell, generally making themselves evident about twenty-four hours after the fall in temperature.

Bronchitis is occasionally associated with this form of disease; the symptoms are scarcely necessary for me to note. The treatment is most important. There is usually pain, frequently in violent paroxysms, diarrhœa, which is frequent but not excessive, usually watery; vomiting, which is incessant, and shows great irritability of the stomach.

It should be borne in mind that the treatment of all lesions of the mucous membrane of simple catarrhal variety, is to endeavor in *first* stage, which is one of congestion, to bring about free secretion and thus relieve the inflammation and engorgement; and the *second* is to relieve the passages of the accumulated mucus; and *third* to bring about a healthy condition of the mucous membrane.

Treat an entero-colitis as you would a common coryza, only bear in mind the fact that the intestinal canal in children is much more important than the nasal organs. Alkalies internally, as by sodium bicarbonate or ammonium bicarbonate, if the child is very weak, with small doses of ipecac as a stimulant to the mucous membrane, or probably bromide of potassium or ammonium and minute doses of paregoric if much paroxysmal pain.

In some cases I would give the following combination:

℞.	Magnesia sulph.,	gr. iv.
	Vin. ipecac,	gtt. xvi.
	Syr. rhei aromat.,	gtt. xl.
	Spts. ammoniæ aromat.,	gtt. xvi.
	Tr. opii *camph.*,	gtt. xvi.
	Syr. lacutcarii,	fl. ʒ ii.
	Aquæ menthæ virid.,	q. s. ad fl. ℥ j.

M. Sig.—ʒ i. every hour to a child aged six months.

But should there be much pain or mucus in the stools, the treatment will resolve itself into that of the second stage, which means the use of castor oil to get rid of all mucus.

When a mother says that her child has frequent slimy curd-like passages, varigated, and that there seems to be pain, a great deal of straining, with the occasional appearance of blood, the treatment should be as follows: Emulsion of castor oil according to the following formulæ:

℞.	Ol. ricini,	fl. ℥ iss.
	Glycerinæ,	fl. ʒ ii.
	Pulv. acaciæ,	ʒ iss.
	Aq. cinamoni,	fl. ℥ i. et fl. ʒ ii.

This contains much less gum than is usually

used, so requires more time and care in its preparation.

The use of counter irritation, which, by the way, is most valuable at any stage, in form of mustard foot-baths at night and aromatic poultice to abdomen during the day.

The emulsion should be exhibited every two hours until stools begin to change color, probably four doses will be required; then the child should be placed on bismuth, and acacia in powder, until the irritability of the bowel has entirely subsided.

I frequently note the fact, that after entire relief of the catarrh of the small intestine has come about, there remains a *catarrh* of the mucous membrane of *rectum*, which is obstinate and can only be cured by use of starch-water injections, using a half ounce of starch-water with one drop tr. opii., and in ordinary cases, but one injection will be required.

The diet of these cases is as important as medicinal treatment; the rule should be that those children who are not nursed entirely, should be prohibited all farinaceous and milk food.

I spoke of the value of wine whey the other day in the diarrhœa which arise from exhaustion from heat, but in this catarrhal form I think that in the first stage stimulants are bad.

In these cases I use the following plan: If the child lives on the breast, the mother should be encouraged to nurse it frequently and to give but a small quantity at a time.

If the mother will be guarded in her own diet and will take a dose of castor oil, her milk will often be the most effectual food and medicine the child can have; it is astonishing how much control you have over the child through its mother's milk. I refer you to Dolan's extremely interesting experiments published some years ago in the *London Practitioner*.

In children who are bottle-fed, at once prohibit the ordinary diet; put the white of an egg in a tumblerful of warm water, thoroughly dissolve and slightly sweeten; if this is given instead of the usual bottle, it will be ample nourishment.

For twenty-four or forty-eight hours, until free secretion has begun to take place in the intestinal tract, until fever begins to subside and the restlessness begins to diminish, the child is better without other food. I would then gradually add either a few drops of *brandy*, to the feeding, or use alternating with egg water, small quantities of wine whey.

The next step will be the use of beef or chicken jelly, and if then the child had been accustomed to use milk, it may be placed on very small quantities of milk and lime water. For some time past I have been rather guarded with the use of lime water in children's practice, owing to its tendency to constipate, and also to the fact that I have occasionally found children who could not use it.

I have tried almost all the infant foods, and in selected cases of well children, found that experience bears out the valuable statements of Professor Leeds. Nevertheless, milk is undoubtedly the food for children, and if we can get rid of the tough, indigestible curd of cow's milk, we will accomplish all that is desired, the incorporation of small quantities of farinaceous material, the boiling with some preparation of food, will in a measure accomplish this, but not wholly.

I am now speaking of the subject of sick children, or those whose digestive organs have been weakened as the result of catarrhal disorders. If we can digest the casein, or do so in part, we will render cow's milk the most blessed and nutritive article of diet.

Some years ago my attention was called by Mr. Fairchild to a preparation called extractum pancreatis, and since then I have used this material in very large amounts, and consider it well worthy of attention in children's practice.

I have at present under my supervision a child just recovering from a severe attack of enterocollitis. The child was one year old, and it was difficult to get anything to remain on its stomach. It is now taking in twenty-four hours nearly two quarts of cow's milk prepared in this way: 5 grs. ext. pancreatis and 10 grs. bicarbonate of soda are added to a gill of water, and placed in a perfectly clean quart bottle, which is immersed in water at about the temperature that the hand will bear. This is kept at this temperature for about an hour, it is then placed on ice, and kept until it is to be warmed for the bottle. Of course, double the quantity can be made at once, as it will keep in this way during the day. It is not digested enough to give it a bitter taste. This should always be attended to. The stools have assumed a perfectly natural color, and there is no evidence of the usual curd always found in children who live exclusively on a cow's milk diet.

In convalescence, after a severe prostrating attack of this kind, it is well to give a child a mixture such as the following:

℞. Ferri et quiniæ cit., gr. iv.
Tr. nucis vomicæ, gtt. j.
Syrupi,
Aquæ, āā q. s. ad., f℥ j.

M. Sig.—A teaspoonful three times a day for child six months old.

THE RUBBER-RING TOURNIQUET.

BY ARTHUR E. SPOHN, M. D.,
Of Corpus Christi, Texas.

Since mention was made of my rubber-ring tourniquet in the MEDICAL AND SURGICAL REPORTER of February 10, I have received a great many applications for reprints of my article, published in the *Richmond and Louisville Medical Journal* for November, 1876.

It is impossible for me to furnish the pamphlets or answer each person satisfactorily; therefore I desire to do so through your columns.

I have been using the elastic-ring tourniquet since 1869—having in my possession the first rings made from rubber tubing, which I used in amputating the thigh of a young lady, accidentally shot through the knee-joint.

My attention was called to the necessity for such an instrument, by rolling bands of rubber around my finger, noticing how easily I could drive all the blood out.

Living in Mexico, remote from any instrument maker, I relied on the ordinary tubing and elastic bands for some time, and wrote to Tiemann & Co., of New York, June 17, 1875, to make me a set of rings of assorted sizes, to fit every limb. Not knowing how much rubber to use, the first rings were entirely too strong, and to lessen the strength and increase their diameter, the next set was made lighter and hollow, making them roll more easily. They were still imperfect, only one ring giving satisfaction. This ring was the size for the arm, but I have succeeded in amputating the thigh and resecting the shoulder-joint with it without losing any blood during the operation.

It is surprising how little elastic pressure will control the circulation, and in experimenting during the past twelve years I think I have succeeded in making an instrument that will meet every indication where a tourniquet may be necessary—an instrument which simply rolls up the extremity and forces the blood before it without injuring the minutest capillaries, or may be stretched and placed over the limb to control hemorrhage in cases of injury. In passing painful and diseased parts, they must be stretched so as to make as little pressure as possible. After the operation, in order to see if all the vessels have been secured, that portion of the ring over the main vessels can be raised a little to allow the blood to flow, when any bleeding points can be taken up. I have resected the shoulder-joint three times successfully—without the least hemorrhage—simply rolling a ring up the arm and over the shoulder.

I now feel no alarm after amputations—leaving a ring with the nurse with instructions to place it above the bleeding point—and on two occasions I know I have saved life from hemorrhage in gunshot wounds by this precaution, which would make this instrument invaluable on the battle-field.

I have noticed from time to time articles in several medical journals on rubber rings for controlling hemorrhage, but so long after my rings were in use and published, that I do not consider it necessary to attempt to show my priority, which certainly cannot be doubted. I have never noticed any result, in the way of injury, to the most delicate tissues, from using my tourniquet; and as the set of seven will control the circulation of seven different bleeding points, the value of such an instrument will at once be recognized in cases of railway or other accidents. and I have placed a set in each train medicine chest of the Texas, Mexican, and Mexican National railoads.

My rings have frequently been used as pessaries, and have been worn longer without giving inconvenience than any pessary I ever applied, the advantage being that they are hollow and easily indented by adjacent prominent parts, which would be subjected to uncomfortable pressure by a solid instrument.

A lady was brought to my office a few days ago with a needle in her knee-joint. It had been driven in eye foremost, and broken off. I placed a ring above the knee, and was surprised that not even a drop of blood could be pressed from the incisions, and I could and did follow the course of the needle by noticing the discolored part where it had been forced through the tissues leaving a bloody stain.

Messrs. Tiemannn & Co. are now making my tourniquet from specifications I sent them about two months ago, and I find them perfect in every way.

THE USE OF ERGOT.

H. L. W. BURRITT, M. D.,
Bridgeport, Conn.

Several articles have appeared lately on the use of *Secale C.* in midwifery, which seem to me to contain many errors. Having used this article for more than thirty years freely, and having seen no evil effects, I give the result of my experience.

1. The action of ergot in any reasonable dose is not, as often stated, *persistent*, seldom longer than any strong pain, nor do the fibres contract more than in natural labor. We were taught the shortening of the long fibres and at the same time

relaxation of the circular fibres. It sounds well in theory, but with your hand on the abdomen during pain you practically realize that the action of the muscle is even, and remarkably even, and that the action of the womb, the condition and position of the fœtus being natural, the pains come and go with regularity under the hand (and otherwise the unequal strain gives the first warning often of malposition).

2. The effect of carefully-watched doses say thirty drops each half hour, is not *continuous* or *persistent contraction*, but can be made to imitate strong and regular labor. I have seen the best effects, not as a rule, however, in the first stage, and continued with care gradually through, and with steady pains and perfect rest very often in the third stage, hours of pain and anxiety. Again, if *too large* a dose by any mischance should have been given, ¼ gr. morphine or small dose of chloral will give all the pause you want.

3. The pains *prepare* the parts for the passage of the child, not the *intermission*, as I see stated. The dilation, the secretion, the adaptation, are secured by the *pressure* of the *fœtal head*, which itself is moulded more or less by the same process. The effect of ergot in the sudden expulsion is not different from the natural strain, and neither is it very dangerous where the hand is the guide. It is the delay that causes sphacelus, perineal rupture, or fistula.

The waiting for "nature to take her course," or rather waiting for the incompetent to see "what will turn up," and leaving the steady strain and pressure of the parts by the continuous pressure and neglect to deliver by manual or instrumental force.

4. Delay, not ergot, is the cause of death to the fœtus; and a sure hand or good pair of forceps when the head is advancing slowly or low down, is what is wanted, ergot or no ergot! We have used it in hundreds of cases, and have seen no such fatality, but comfort to the mother in her long agony and viability to the child. Why recall those old errors, "The pulvis ad mortem," "Failure of the ergot after 24 hours to dilate the os," "Hour-glass contractions," "Locking up the secundines," "Dangerous in threatened abortion," "The human race better without it altogether," etc., etc. We have seen none of these terrors. Indeed we have often emptied the womb in cases of retained and ruptured placenta where the use of the hand was inadmissible, by small and repeated doses combined with quinine. Also in cases of habitual abortion at three to five months, we have restrained the tendency, and carried the patient over the dangerous point by doses of 15 drops each of tinct. opii. and ext. of ergot, morning and evening.

The uses of the secale seem indeed to be extending yearly for its tonic, astringent, and hemostatic peculiarities, and its therapeutic effects are far from being understood. In the hands of a midwife, we admit you it is very dangerous. But to the careful physician, and with pure ergot, it is his right arm in labor, relief to the suffering, and far safer than any instrument. We think that a large proportion of the profession will agree with us, and if there be dissenters, they have not carefully watched its effects. We are now using the powdered ergot in a case of developing scirrhus of the breast and epithelioma of the womb with the happiest results and surprising improvement in the discharges, and mitigation of pain, hemorrhage, and general symptoms—not to cure, but to try the effects claimed for it.

Hospital Reports.

LECTURE DELIVERED BY DR. LEWIS A. SAYRE, PROFESSOR OF ORTHOPEDIC SURGERY TO THE BELLEVUE HOSPITAL MEDICAL COLLEGE.

Reported for the Medical and Surgical Reporter by Edward Develin, M. D.

Gentlemen: This boy whom I here present to you suffering from club-foot, came to me from Sing Sing, and thinking the case would be of material interest and practical value to you, I have brought him here to-day to show you an instrument which he has been wearing, and which is called, I believe, the *extension* club-foot shoe, and is perhaps a more recent device for the treatment of this deformity than what I have hitherto brought before you.

This boy is five years of age, and last fall the parents state that they noticed "that the left foot was turning over and inwards." In January, 1883 he was taken to the University College, and from there he was sent to the Dispensary at Fifty-ninth street, where they applied this extension club-foot shoe. The parents inform me that this instrument was applied four times daily, being left upon the foot for five minutes at each application. This is the second case that has recently come under my notice in which this instrument has been applied, and I cannot condemn its application too strongly, as being most inhuman in such cases as this.

But before applying this instrument to the foot let us carefully examine this case before us and ascertain the condition of these tissues, which, at first appearance look to be contracted, but which as I have previously examined the case I know to be *contractured;* by this term I mean that these tissues have undergone structural change. To ascertain if this be true we now endeavor to flex the

foot upon the leg, and by this means put both plantar fascia and tendo Achillis upon the stretch. You will now observe that my assistant holding the foot in this position, I make point pressure upon these contractured muscles with my thumb, and instantly there is a spasm passes up the leg, and the boy cries with pain. This reflex spasm which you here observe we secure in both tendo Achillis and plantar fascia, indicates that both tendon and fascia have undergone structural change, and are then what I call contractured. And no effort to stretch these tissues to their normal length short of rupturing them, can afford the slightest possible relief. On the contrary it only causes inflammation in the parts and increases the deformity.

The mother told me that the extension was made with these instruments to the greatest point of endurance of the boy from January until the latter part of March, and that during this time the deformity has gradually been growing worse, and the boy has become so irritable and nervous from the torture he has endured from these instruments that she can do nothing with him, and has abandoned all treatment.

I cannot impress upon you too strongly that when any tendon, muscle or fascia has undergone this structural shortening, no amount of force short of actual rupture of the tissues can remove the deformity. Why, then, should you subject your patient to this constant agony of useless efforts to secure impossible results by such means as I have just shown you. How far more skillful and creditable then is it to the profession to perform the simple operation of tenotomy in such cases as these; you, by this means, at once relieve your patient of his deformity, and the pain compared to rupture by mechanical force is insignificant.

You effect a grand result by a simple touch of the knife in a moment, instead of subjecting your patients to unavailing efforts on your part, which result in nothing but suffering to them. This subject of tenotomy is one which the ordinary practitioner should be well acquainted with; he should learn to diagnosticate this condition, which I call contractured, so that in all cases of congenital club-foot he may rectify this deformity soon after the birth of the child.

In this case before us, the deformity has been *acquired*, both feet being affected, the left one however, being a little varus. In this case I shall not administer chloroform as I sometimes do, for as I have told you, the pain is but slight during the operation, and this boy is perfectly healthy.

My assistant now bringing the plantar fascia upon the stretch, as I before showed you, I insert my tenotome, flat ways, under the tendon, then turning the edge towards the contractured tissues, I, with a short sawing motion, at the same time pressing upon the fascia externally, completely sever the tissues; then instantly turning the tenotome on the flat side, I withdraw it, at the same time slipping my thumb over the wound; I then hermetically close the wound with a small piece of adhesive plaster, and, as you observe, this slight operation has been performed without the loss of a single drop of blood.

We will now, in like manner, divide the tendo Achillis.

This is a most simple operation, as you observe, and the result is at once shown as we can at once bring the foot to more than a right angle with the leg.

I now envelop the foot in cotton and bandage it with a roller bandage and it is ready to apply the foot-board, which will retain it at a right angle. This foot-board consists of simply a piece of cigar-box, a little longer and wider than the foot of the patient; I then take a piece of adhesive plaster which is long enough to pass from the heel of the board and over the instep of the foot and is fastened under the anterior portion of the foot-board after it is applied. This strip at the heel of the board is securely held by a broad band of adhesive plaster from two to three inches wide, according to the size of the patient, which is long enough to pass from the under surface of the board, anteriorly, up over the toe of the board and thence back to the heel, then under the board again to the front where it is brought from the toe up to about the middle or upper third of tibia, and in very young children up to the thigh.

Having now arranged your adhesive plaster upon your foot piece, you pack cotton under the plaster, and thus make a soft tense cushion for the foot, and then secure the whole with a roller bandage.

With this brief description, and as I here show you the board now ready for application, you cannot fail in your preparation of the same.

I now as you observe, place the board upon the sole of the foot and bring the heel straps over the instep and secure it to the under surface of the foot-board, as I have just stated was requisite. Now, do not pass the broad band of adhesive plaster up the leg yet, but have your assistant, as you observe my son is now doing, hold the foot at a right angle; then securely bind the foot to the board with a roller bandage, leaving the toes exposed in order that you may observe if circulation has been cut off, for should this occur you must at once loosen your bandage. You can now pass your adhesive plaster up the tibia from the toes, and gradually pass your roller up the leg and over the plaster at such a point as to retain the foot at a right angle, but not more than a right angle, reversing the end of your adhesive plaster at the top in order to make your dressing more secure. In this case we have also a varus of the left foot. I therefore deem it necessary to have a guy upon the outside of the leg to secure eversion of the foot to the desired point; this guy is simply formed of another strip of adhesive plaster about one and a half inches wide, and which starting from the top of the foot is passed to the inner side and then under the foot to the outer side, where it is passed up as you observe to the outer side of the leg, and the required eversion of the foot is secured by this means; this also being secured by a few turns of the roller bandage around both foot and leg.

We will now operate upon the right foot in precisely the same manner as in this left one, severing both tendo Achillis and plantar fascia; in this foot, however, the varus is but slight, and will not need a guy as in the right foot. (The operation was then performed and the foot dressed precisely the same as the left foot with the exception of the guy.)

You have here seen, gentlemen, the whole of the operation of tenotomy, and the appropriate dressings for the relief of club-foot after the operation. It is so simple and the dressing required so easily obtainable that none of you need send these cases to the specialist, if you thoroughly understand the anatomy of the foot and leg, and have besides some little mechanical ingenuity in accurately applying your dressings at the requisite points. The dressing which you have seen me apply we will allow to remain for some seven to twelve days, at which time it can then be removed and the wounds examined. You will then doubtless find that you have complete union of the severed tissues, and that the gastrocnemius can draw the heel of the foot upwards. The dressing will then be again applied for about ten days, when if necessary a club-foot shoe can be worn; in this case, however, I do not think it will be necessary. In our next case I hope to demonstrate to you the union of the severed tissues after tenotomy in club-foot, and will now remove the dressing for the first time since the operation.

Case 2.—This little girl, aged eight years, was brought to me ten days ago suffering from talipes equinus and plantaris. She was perfectly healthy until she was two years of age, when she was suddenly taken with paralysis of both legs, the bladder, and the rectum. No cause could be assigned for this difficulty; the attending physician, however, who was called in, attributed it to worms.

Six weeks after the attack, she commenced to recover, and a year from that time the right leg had assumed its normal functions; the left one, however, the mother states, the child dragged behind her, there being all loss of muscular power. It, however, has gradually, but slowly improved, but for the past year the tendo Achillis has contracted, drawing the heel of the foot up until it assumed a perfect equinus in connection with plantaris, and for the last six months she has complained of severe pain in the limb.

At the time I saw her, both the tendo Achillis and plantar fascia were *contractured*, which was diagnosticated by putting these tissues upon the stretch, and upon point pressure being made upon them, a strong reflex spasm was obtained.

I therefore determined upon division of these tissues, and placing the child under the influence of chloroform, I divided both tendo Achillis and plantar fascia, immediately closing the wounds hermetically with a piece of adhesive plaster, not a drop of blood being lost during the operation. The foot was at once brought to a right angle with the leg, and the dressing applied in precisely the same manner as in the previous case.

I bring her here to-day to show you the result of the operation, and will now remove the dressing and examine the condition of the wound, noticing the function of the gastrocnemius and soleus muscles, and observe if union of the severed ends of the tendo Achillis has been secured.

Having now removed the dressings, you will notice that the wounds are entirely closed, and that the foot is now retained at a right-angle to the leg. We will note the action of the gastrocnemius and soleus muscles when irritated. You here see that by pinching these muscles, I secure such contraction as to draw the heel up almost to an equinus: showing that union of the severed tissues has been perfect and complete. As I before stated, this left leg has been gradually improving, and now that the reflex irritation induced by this pain recently complained of, has been removed, I hope by the aid of massage, electricity, and the use of my club-foot shoe to secure such perfect development of the limb as to render it as useful and normal in its functions as the other. In a week or ten days this dressing can be permanently removed, and my club-foot shoe substituted in its place.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Aneurism of Abdominal Aorta.

The patient is 37 years old. His occupation is a bar-tender. Is married. His father was always well, and died of old age two years ago. His mother was also healthy. He has not been a hard drinker, though he would sometimes have a spree for a day or two at a time, and then would stop drinking for a month or two. He was never sick before, except that he had bilious fever for three days, and he had an attack of rheumatism five years ago, but was not laid up with it. He has also had syphilis. He was first taken sick with his present trouble a year ago, in the middle of September. He first experienced a pain in the back at night. Two months later this pain was so intense that he could not sleep, though he continued his work during the day without any pain. By the third month the pain became very troublesome in the day-time also, and he has never had a single hour's sound sleep since then.

The important symptom in this case is the presence of pain at the beginning, middle, and end of his illness. This pain seems to start from his back, and extends around in front of his abdomen on both sides, forming a sort of girdle. This shows that it has a central origin in the spinal cord, and it is due to pressure in such a position as to produce irritation on the nerves issuing from both sides of the spinal canal.

Inspection.—There is nothing of especial interest to be seen unless it be a few white spots on the abdomen, which he says were due to the pox, and an almost imperceptible tumor on the left side of the epigastric region.

Palpation.—A well-marked epigastric pulsation is felt just below and to the left of the ensiform cartilage of the sternum.

Percussion.—This reveals nothing of special note. A systematic percussion of the abdominal cavity should begin by defining its margins; by percussing first over the chest, and noticing the change from the pulmonary resonance to dullness as the borders of the abdominal organs are reached. Sometimes the colon passes up higher than usual, and lies between the anterior margin of the liver and the chest wall, and so we will get tympanitic resonance instead of normal liver dullness here.

Auscultation.—A loud and distinct blowing mur-

mur is heard over the point where the pulsation was felt, and can only be due to an abdominal aneurism. Here we see the diagnosis must be made from one important subjective sign, pain, which is confirmed by the objective signs of a pulsation and murmur.

The most important cause of a bilateral pain forming a girdle around the body is Pott's disease, and the next in importance is abdominal aneurism, and the diagnosis must be made between these.

In abdominal aneurism, pain is invariable, and a very important subjective symptom. Of course, abdominal pain is quite common in itself, but in this disease it is peculiar in being of a boring character, and apparently located in the spine, and radiating towards the front of the body.

Another point with regard to the pulsation in the epigastrium as an important objective phenomenon. An abdominal pulsation in the aorta is not confined to aneurism, but is common in sickly, feeble, and thin persons, and in those who are very anæmic, and in whom the aorta is easily felt by compressing the thin, flaccid abdominal walls. And mistakes have been made in supposing that this pulsation indicated the presence of an aneurismal tumor, when it was due to nothing more than an imperfectly filled artery in an anæmic and thin person. The characteristic feature of an aneurismal pulsation is that it imparts a lifting and a lateral sensation to the finger, when pushed down close to the body of the vertebra.

Nevertheless it is somewhat difficult to make out the true significance of such a pulsation, and to determine whether it is due to an aneurismal or some other variety of tumor, and whether the tumor is not an independent growth, which, merely overlying the artery, imparts a transmitted pulsation to the finger. But when in addition you get a distinct bruit as in this case, it is hardly possible to mistake the diagnosis. Yet you do sometimes get this in anæmia also. So here is a source of fallacy which must be guarded against. For we may both hear a murmur and feel an abdominal pulsation, and yet there may be no aneurism. We have therefore got to consider the pain, the bruit, and the pulsation altogether, as co-existing phenomena which indicate only aneurism.

One other point is brought out in the history of this patient, which bears as well on all the cases which appear in this clinic. That is the history of syphilis. Every year I am more and more struck with the observation that syphilis is one of the commonest causes of degeneration in the walls of the blood-vessels. A large proportion of the patients with aneurism who come to the hospital have a distinct history of syphilis. So this is a very valuable point in making the diagnosis.

Treatment.—It is of course impossible to tie the aorta for abdominal aneurism, as has been suggested, and so surgical procedures cannot be considered in this case. The medical treatment is a large subject, and I will not take the time to consider it now. There is not much to do for this man except to make him as comfortable as possible and to relieve his pains, and so he is receiving all the opium needed for this.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

A Clinical Study of the Cranial Nerves.

BY HARRISON ALLEN, M. D.,

Professor of Physiology in the University of Pennsylvania.

[Read June 6, 1883.]

The cranial nerves at their nuclei of origin and in the course of their intrinsic fibres may be involved in diseased action. It would seem to be more than a coincidence that the nuclei of the ninth, tenth, and eleventh nerves are arranged in a definite series, forming the trineural fasciculus; and that the nerves themselves are associated in function. But this line of reflection is useless when applied to the nuclei of the sixth and seventh nerves. These nerves appear to have no function in common, and yet they arise, in part at least, from the same nucleus. In their range of variation they have no relation with one another; nor in any animal known to the writer does the sixth nerve spring from the facial trunk, but always (in variations from the human type) from the third. The third, fourth, and sixth nerves are naturally associated; but no reason is assigned for the withdrawal of the nucleus of the sixth from the mid-brain, where the nuclei of the third and fourth nerves lie, to the hind-brain, where it is in association with an alien, namely, the seventh. Associated paralysis of the third, fourth, and sixth nerves is common; but paralysis of the sixth and seventh is rare.

The different symptoms of encranial paralysis may be assigned to one or two groups of causes, viz., to pressure, or to injury. Pressure may affect a nerve remote from the origin of the pressure. A tumor of the cerebellum, for example, has been found to be associated with a facial palsy, although neither the nuclei nor the intrinsic fibres of the seventh were involved. Clinical reports do not discriminate between the direct effects of injury and the indirect effects of pressure. Until the influence of this pressure is known and in each case eliminated, the study of localization of diseased action in the brain must remain in an unsatisfactory state.

Among the localities in which the effects of local pressure have been determined, may be mentioned the pontal portion of the medulla oblongata, at which place the inferior vermiform processs of the cerebellum may press against the nuclei of the cranial nerves there situated; the third ventricle, where from a tumor in the corpora quadrigemina, or the pineal body, the lymph of the lateral and third ventricles accumulates in these chambers, and presses downward, notably at the floor of the third ventricle and the lamina cinerea; the region of the hippocampus in the descending horn of the lateral ventricle, which may be distended by the accumulation of fluid in the senile states of the brain. Even where the fluid from the larger ventricles is conceived to pass freely along the iter to the fourth ventricle, it is fair to suppose that if this fluid is excessive in quantity, undue pressure will be exerted on the walls of the iter, and that some instances of par-

alysis of the third and fourth nerves might have their origin in this way.

The causes due to injury of the nerves are of two kinds; primary, when the lesion is due to the direct pressure of a tumor, or a clot of blood; and secondary, when it is caused by the deteriorating influence of a tract of degeneration in the neighborhood.

Of the first-mentioned, that is to say, of the effects of primary pressure, there is abundant clinical evidence; indeed, it is the only evidence which is indubitable. Of the second, it must be acknowledged that the evidence is purely hypothetical; and as far as the writer knows no case can be adduced in its support. It may be more than a coincidence that the study of frontal (transverse) sections of the medulla and of the stem of the brain shows that the nerves most commonly paralyzed in hemiplegia of encephalic origin are those whose intrinsic fibres lie in the immediate neighborhood of the pyramidal tract, as this has been defined by Türck, Flechsig, and Charcot. Thus the third, sixth, seventh, and twelfth nerves would be easily influenced by a diffusion from the track of degeneration, while the remaining nerves of the series would escape.

[After the reading of the preceding paper:]

Dr. Charles. K. Mills said: That the subject touched upon by Dr. Allen was one of great interest to him. With reference to the effects of pressure upon the nuclei of the cranial nerves, he said that, without doubt, some extraordinary and apparently inexplicable affections of the cranial nerves were due to such pressure. Intraventricular effusion, however, such as occurs in hydrocephalus, was not likely to produce local paralysis or spasm, because, owing to the free communication between the various ventricles, unless such effusion took place suddenly, the nerve-centres and conductors seemed to accommodate themselves to the pressure, which was distributed over a large area and over nearly all districts alike.

Those cranial nerves which had the greatest peripheral exposure, and the longest and most tortuous course in bone and membrane (the facial, oculo-motor, etc.) were most liable to be affected by syphilitic, rheumatic, gouty, and other similar diseases.

He supposed that the facial and abducens were so often affected independently, because paralyses of these nerves were usually peripheral; the lesions causing them being situated not only beyond the nuclei, but commonly beyond the superficial origins of these nerves. Besides, some authorities claimed separate, although near, nuclei for the sixth and seventh. He had, however, seen more than one case of conjoint paralysis of the abducens and portio dura, presumably due to degeneration of the combined nuclei.

He recalled one case which he did not think had been put on record, but was well worthy of being detailed in connection with a study of these affections of cranial nuclei. The patient was sent from the South to the Hospital of the University of Pennsylvania by Dr. John Guitéras, and was the victim of complete double oculo-motor paralysis. Associated with this was advanced atrophy and paralysis of both upper extremities. Here he believed the lesion to have been bilateral degeneration of the nuclei of the cervico-brachial nerves and also the oculo-motor nuclei. One of the strange features of the case was the fact that the cranial nuclei between the oculo-motor and cervical regions (those of the pathetic, trigeminal, facial, abducens, glosso-pharyngeal, etc.) had escaped.

Dr. Mills said, also, that the present was perhaps a good opportunity to put on record an observation on cerebral glosso-labio-pharyngeal paralysis. It is well known that this affection is usually attributed to degeneration of the cranial nuclei; in fact, it is often called "bulbar paralysis." A patient presenting the oral, labial, lingual, and pharyngeal symptoms of this disorder, had died about two years before at the Philadelphia Hospital. Examination showed no lesion of pons or medulla. Along the outer border of both lenticular nuclei, and extending into the external capsule and claustrum, were long, narrow, and somewhat irregular areas of degeneration; softened or broken-down districts surrounded by walls of harder, darker tissue. Kirchoff and others had since reported similar cases, but up to the time of making the observation he had never seen such a case reported.

In conclusion, he said that Dr. Allen had discussed the probability of lateral diffusion of descending degeneration. He thought this lateral extension of degeneration more likely to occur at the top of the system than in the motor tracts, from cell to cell in the central zones rather than from fibre to fibre in the conducting columns. He confirmed Dr. Allen's remarks with reference to the practicability of naked-eye observations of degenerated areas and tracts; and spoke of the brain of a hemiplegic negro murderer, presented by him to the Philadelphia Pathological Society, which showed atrophy of the right cerebral and of the left cerebellar hemisphere, and a connecting tract of degeneration through the pons.

Dr. W. W. Keen referred to one point mentioned by Dr. Allen, the question of the common nucleus for the sixth and seventh nerves, and called attention to an extremely rare and interesting

CASE OF CONGENITAL AND BILATERAL PARALYSIS OF THE SIXTH AND SEVENTH NERVES.

This case he had been requested to see by Dr. Geo. C. Harlan on account of its bearing on the artistic anatomy of the face. Dr. Harlan had reported it in full in the *Trans. Amer. Ophthal. Soc.* for 1881. Dr. Keen had had his face photographed as well as copies taken of a photograph in child hood.

At the date of examination he was eighteen years old. His expression in the second photograph had scarcely changed at all from that of the earlier one. His face had simply enlarged. The condition had existed from birth. Not a muscle of the face responded either to the will or to the battery. The corner of the mouth could be slightly depressed by the platysma. Salivation was normal; hearing was good; speech perfectly intelligible, and only affected by the want of control over the lips; taste and sensation in the tongue were unaffected.

There was double internal strabismus; the cornea was slightly dull; vision O. D. $\frac{20}{120}$ and O. S. $\frac{20}{C}$; not improved by glasses; the impairment

was chiefly due, apparently, to constant epiphora; ophthalmoscopic examination unsatisfactory, but the fundus seemed normal. Fixation was with the macula in each eye. No diplopia.

The absolute, bilateral and congenital absence of function of the sixth and seventh nerves, without any involvement of the chorda tympani, points clearly to defective development of the nucleus common to the sixth and seventh nerves, and tends to confirm the assertion of Sapolini (*Amer. Journ., Otology*, October, 1881, p. 312) of the differentiation of the chorda by origin from a distinct nucleus as a thirteenth cranial nerve.

In reply to the discussion elicited by his remarks, Dr. Allen thought that the manner in which the effects of locomotor ataxia are witnessed in the spinal cord, confirmed his own impressions with respect to the manner by which diffusion can take place about a tract of degeneration. It is well known that in this disease the central ravages are not confined to the postero-lateral column in which they are initiated, but extend to the postero-median column, and may even pass over the postero-median fissure. A yet more striking instance is seen in the experiment of Gudden, who extirpated the eyes of rabbits and observed the change that took place in the optic tracts. It was found that the paths of degeneration were not limited to the visual lobes of the corpora quadrigemina, but had involved adjacent structures by diffusion. The effects of degeneration seen in the peripheral nerve trunks, where they were strictly limited by reason of the medullary sheaths, would not serve as precedents for the localization of similar effects in the central nervous system where such sheaths are so often absent.

Editorial Department.

Periscope.

Frightened to Death.

The *British Medical Journal*, April 7, 1883, says:

The serious effects of shock to the nervous system, especially by fright, are constantly witnessed, the results being most commonly syncope and convulsions. Death itself is, fortunately, comparatively rare. It is reported in the newspapers to have occurred at Brockley, on March 21, in the case of a girl, aged eighteen, who was frightened to death by a man dressed as a ghost, near the Deptford cemetery. The pathology of emotional death is of great interest, and varies in different cases. In some instances, a fatal issue results from sanguineous apoplexy; in others, and much more frequently, from shock to the heart. Examples of the former are recorded by Dr. D. Hack Tuke, in his "Influence of the Mind upon the Body." Thus, a woman at Bradford received a fright from a man throwing a stone against her window. He had previously threatened her. She soon afterwards complained of numbness, and rapidly became insensible. There was right hemiplegia. She died in seven hours; and, on *post mortem* examination, a clot of blood was found in the left lateral ventricle. The cerebral vessels appeared to be healthy. In the well-known example of death from the heart which occurred in John Hunter's own case, we have an illustration of the cardiac class. This organ was extensively diseased, and the left ventricle was strongly contracted. Other instances of death from emotion, in which the stress had evidently fallen upon the heart, and not upon the brain, are recorded in the collection of cases of death from powerful emotion to which we have referred. In some cases, however, there was no evidence of disease of the heart or of any organ of the body, as might, indeed, be expected. For instance, a man is reported to have died at Twickenham after witnessing the death of a neighbor. He made the remark: "I have never seen any one dead before, and hope I never shall again." There was a *post mortem* examination made by Dr. Ward, but nothing was found to account for death; both ventricles of the heart contained only a little fluid blood, the organ itself being normal in size, and healthy. There is no reason to doubt that, in such instances, fatal syncope may arise simply from the action of the heart being inhibited, whether by direct excitation of the vagus, as maintained by Brown-Séquard, or of the accelerators of the heart in the first instance, followed by exhaustion, and the unantagonized play of the former. Any way, if the heart, as in Hunter's case, be strongly contracted on its contents, and the blood expelled, one efficient cause of syncope with fatal results is present. Probably this was the pathological explanation of this unfortunate girl's death, from the silly practical joke played upon her. She arrived home after her fright, in the road by the Deptford Cemetery, at Brockley, looking very ill and excited. She is said to have taken off her waterproof, drawn a chair to the table to take supper, then fallen forward with her head on the table, and died after a short struggle. Mr. Hollis, the medical man who was called in, made a *post mortem* examination, and reported that all the organs were healthy, but that the state of the heart, combined with the fright, would account for death. We should be interested in knowing whether this is meant to imply organic disease of the heart, or only the condition of the walls of the heart and its contents—the result of the shock. We conclude the latter. It is to be hoped the miscreant will be discovered, and receive the utmost punishment which the law allows. The coroner stated at the inquest that five other persons had been frightened at the same spot. We do not know why the jury did not record a verdict of "manslaughter" against some unknown person.

The Influence of Calomel on Digestion.

The *Brit. Med. Jour.*, July 7, 1883, says that Dr. Vassilieff has found, from experiment, that the presence of calomel, at least up to the amount of five grammes, in the alimentary canal, does not interfere with the gastric juice, nor affect the triple influence of the pancreatic fluid on albumen, fat, and starch; on mixing the latter fluid with fibrin and calomel, the formation of certain products, indol, etc., always appearing as a result of prolonged digestion under normal circumstances, is prevented. The gases generated in the process of pancreatic digestion contain none of the usual products of fermentation and decomposition when calomel is present: sulphuretted hydrogen and pure hydrogen are absent, carbonic acid is diminished to from two to ten per cent.; whilst, under natural circumstances, from fourteen to fifty-four per cent. is found in the gases evolved by the action of the pancreatic fluid. In fact, calomel prevents all other changes in nutritious substances, save those produced entirely by the digestive secretions, decomposition and retrogressive processes in albumens being entirely checked. Calomel also prevents butyric acid fermentation, as Vassilieff found by experiments on cheese. The action of calomel readily explains the cause of the green color of fæces passed by patients to whom that drug has been administered. Hoppe-Seyler rightly attributed this coloration to the presence of unaltered bile. Now, under normal conditions, bilirubin and biliverdin are changed, by a process of decomposition, into hydrobilirubin, and thus become no longer recognizable in the excretion; but this process is arrested by calomel, and the coloring agents, unaltered, give the fæces their peculiar bright green hue.

These researches are described at length by Dr. Vassilieff, in the *Zeitschrift für Physiologische Chemie*, vol. vi., page 112. He has found that this action of calomel is due to its power over the micro-organisms intimately associated with the process of decomposition which takes place in food during digestion. The drug prevents the development of micro-organisms in the digestive fluids, and also destroys any bacteria and micrococci already developed. This fact was proved first by artificial digestion. Vassilieff then made a series of experiments to find whether calomel had the same influence in natural digestion. Thirty grains of calomel were administered to a dog, in two doses, and the animal was killed a few hours later. Under all precautions, the contents of the intestines were then carefully analyzed. Neither indol nor phenol could be found; and it will not be forgotten by those who study contemporaneous physiological research, that other agents—such as salicylic acid—prevent the formation of indol; and that pancreatic mixtures, formed from natural pancreatic juice, or infusion of pancreatic glandular tissue, undergo septic changes with very great rapidity, in spite of all precautions. None of these changes, nor any formation of indol, occurred in the food taken by dogs to which Vassilieff administered calomel. On the other hand, leucin and tyrosin were found in abundance. Under natural circumstances, these products of pancreatic digestion are so rapidly decomposed, that they cannot be detected in semi-digested food. Hence calomel has no influence on the action of the digestive fluids, but entirely prevents those true retrogressive and putrefactive changes whereby the highly unstable products of these fluids are rapidly decomposed, and micro-organisms quickly developed in great numbers. When calomel enters the alimentary canal, leucin, tyrosin, bilirubin, and other substances, remain unchanged, and bacteria are checked and killed.

Infected Oysters.

The *Medical Herald*, April, 1883, contains the following by Fred. Eklund, M. D., of Stockholm:

It sometimes happens with us, as with others where oysters are consumed as luxuries in large quantities, and by epicures, that the consumers are affected with various malaises. In this regard Baudrimont also says that oysters have frequently been the cause of accidents, which seem to be the result of a disease in the mollusk, or of a certain condition of the stomachs of persons who have eaten them.

Immediately a question arises—it has not yet been proved that the morbid condition developed by the oyster may not be due to the presence of copper in the mollusk. Professor Maurice Nielly raises the following question: Does the blood-poisoning by oysters, muscles and cetena arise at the time they are consumed, or from the minerals or vegetation upon which they have lived, the diseases with which they are tainted, or from their accidental putrefaction? So many questions to be settled by observations in which we are deficient.

In a microscopical examination of the juice, and also of the parenchyma of the liver of oysters supposed to be fresh, I observed that they contained representatives of two innumerable multitudes of schizomycetes. We must recognize the plax scindens as the determinate cause of scarlatina, which, according to the observations of the very learned Professor Octerlony, of Louisville, Kentucky, who has verified my researches, is now well established. In the light of these observations I find a plausible explanation of the cases of scarlatina produced in the children of our families, and our young women who have not been previously affected by the disease in question, after the ingestion of the oysters, and in which case it has been impossible to state each contagion in the usual sense, nor to explain the thing in another way. To me it seems an incontestable consequence that we possess in oysters infected by the cells of plax scindens, a very sensible reagent for experimenting, and to be grateful for, as a person possessing the privilege of being perfect, to be relatively greater or less in regard to scarlatina, which in this case does not manifest itself by scarlatina-form eruptions. After the natural attenuation, in which one finds the contagion in question in many oysters supposed to be fresh, that may permit me to put the question if the repeated methodical ingestion of oysters, that contain the plax scindens in their juice, by our healthy children to be able to become a perfect means to prevent scarlatina as is shown in vaccination to prevent smallpox? I mean to say that healthy people, since it seems evident to me that children whose organisms are already predisposed to disease by the continued respiration of excrementitious gases, the ingestion of the virus, too, will determine the gravest cases.

It is noteworthy in the oyster-bed all the time, that the sea-water in the reservoirs is not renewed too often, but abandoned to putrefaction, which is abolished on the invasion of myriads of vibrions blown in the beard of the oyster. J. Arnould says that the ingestion of mussels, and perhaps some other shell-fish, is now and then followed by gastro-intestinal disorders, the fever, the burning eruption, with tumefaction of the tongue, the pharynx, and the eyelids. Some reports of causation show these derangements of the digestion, the absorption of a mass unaccustomed to putrid matters, and perhaps the germs of the same vibrions as the nettle-rash, angio-neurotic fever, with the vibrions aforesaid. It is this that renders it impossible to discriminate to-day, notwithstanding microscopical observations.

The Treatment of Hay Fever.

Mr. W. F. Phillips writes in the *Brit. Med. Jour.*, July 14, 1883:

"It is just over five weeks since a lady placed herself under my care for the treatment of hay-fever, or summer catarrh—a very much better name. She had suffered severely for many years, and sometimes from the end of May to near the end of July with little or no intermission unless she kept indoors. Her mother, it is worthy of remark, was very sensitive to the odor of certain flowers, and was affected by some of them even to the extent of fainting. She was not subject, however, to summer catarrh.

"Knowing how exceedingly unsatisfactory is the treatment recommended and practiced for this disease, as is sufficiently evident from the recent communications to the *Journal* on the subject, I sought for rational indications that might guide me to the selection of a remedy. I thought of the neurosis that seems to underlie most cases of this kind, and to constitute the essential cause or predispositions on which the disease depends; of the characteristic symptoms of the malady: the injection of the conjunctiva, the hyperæmia and hyperæsthesia of the nasal cavities, the excessive secretion of tears and mucus; and then I bethought me of a drug whose physiological action might indicate the possession of the power to control such symptoms. Belladonna was the drug that suggested itself at once, and I determined to give it a trial, all the more hopefully because I remembered how strikingly useful on similar indications, and by a parity of reasoning, I had often found it in ordinary conjunctivitis and simple catarrh. I began with the following prescription:

℞. Succi belladonnæ, ♏ xxiv.
Aquam ad, ℥ iij.

Misce. A teaspoonful to be taken every hour till relief is obtained.

"The medicine was taken without the production of any undesirable effect, and with very marked advantage indeed—an advantage that became still more evident and unmistakable, both to the patient and myself, when the dose was increased from one minim to one and a quarter, (half a drachm in three ounces). Once, too, when the eyelids were especially tender, the patient was advised to use the mixture as a lotion to the affected parts, and this local application was found to be a most useful addition to the internal administration of the remedy. Repeatedly, when the symptoms of an attack had been allowed to begin, the patient found prompt relief after a few doses of the drug, the catarrhal affection disappearing first, and then the asthmatic; and on taking it regularly every day after the malady had been subdued, she has found to her delight that she can take her walks abroad through blooming grass and flowers without the least protection or precaution—a thing she has not been able to do for years before.

"The patient, remembering no doubt the failure of past treatment, pronounces the remedy 'a great success;' but, however satisfactory the case may be, it is, as far as I know, a solitary one, and therefore stands in need of confirmation and support."

The Early Symptoms of General Paralysis of the Insane.

Dr. W. B. Goldsmith contributes an article on this subject to the *Archives of Medicine*, August, 1883, which concludes as follows:

1. That the striking and characteristic group of symptoms ascribed to the disease by Calmeil in 1826, and having greatest prominence in most text-books, since, is to be found only exceptionally in the cases of to-day at the time when the diagnosis is most important.

2. That physical and mental symptoms usually appear nearly synchronously, so that the physician has the presence or history of both to aid him when called upon for a diagnosis, and it is probable that most of those who report cases of general paralysis without mental impairment are not sufficiently expert to recognize a moderate degree of dementia.

3. That their observations agree with those of most writers in making defective articulation the most frequent and characteristic early motor symptom.

4. That changes in the pupils and disorders of gait are less frequent and have less value in diagnosis than is usually ascribed to them, and that given pupillary changes are no more frequent in one stage of the disease than in another.

5. That the patellar-tendon reflex is found markedly supra-normal in nearly twenty-five per cent. of general paralytics, and that the presence of this symptom is of strong corroborative value in diagnosis, though its absence has none, and that no peculiar condition of the patellar-tendon reflex can be associated with any given stage of the disease.

6. That hallucination or impaired function of the special senses is very rare as an early symptom; hallucination (auditory) having been noticed first in but one case, and impaired vision but once in a syphilitic case. The diminution in the sense of smell, which Voisin thinks very frequent in the early stages, was not noticed in any of my cases, though it may have been present and escaped attention in some, as slight failure is difficult to recognize.

7. That it is of great importance in the case of a patient showing mental symptoms to inquire carefully for a history of convulsions or loss of consciousness, as these were the first motor symptoms in twenty of my cases.

8. That among mental symptoms the marked exhilaration, with delusions of wealth and greatness, which is usually considered the characteristic mental symptom, is present early in less than one-fourth of the cases, and that simple failure of mental capacity and activity, and mental depression are the more frequent first mental changes.

Cysticercus in the Eye.

Dr. W. J. Collins reports this case in the *Lancet*, May 26, 1883:

A. F. R——, aged six, a fair-haired, blue-eyed child, the daughter of a laborer living at Holloway, was recently seen at the hospital. The following notes were taken: She has been suffering, according to the mother's account, from severe headache and night screaming for the last six months, and it has been noticed that the child squinted with the right eye, and has been in the habit of rubbing or covering that eye with her hand. Has not had any fits. The external appearance of the eyes is normal, with the exception of slight external strabismus of the right eye, but she can fix an object with either eye. The media are clear, the tension normal; the vision of the left eye $= \frac{5}{5}$, of the right $\frac{5}{5^0_0}$. On examination with the ophthalmoscope a brilliant white reflex from the posterior pole of the right eye is at once discerned, and on closer examination a sharply defined subglobular mass, about six or seven times the size of the optic disc, is made out, set in the fundus to the outer side of the disc, but projecting into the vitreous and overlapping and obscuring the inner third of the area of the optic papilla. The outline of the mass is more or less circular everywhere, except at the upper and outer part, where it is rectangular. Along the outer and lower border is seen a crescentic area of a greenish-grey color, but shading off into healthy fundus, and over which small vessels run, and then dip down to pass beneath the white mass, under and through which a very tortuous artery can be seen. Again, at the lower and inner part the retina is raised and detached over a small area of hemispherical shape, as if stretched over some subjacent mass. The optic disc is in a state of intense hyperæmia with effusion, and exhibits a striated woolly appearance; while its vessels are large and tortuous, and in parts buried by the effusion and proliferated fibres through which they run. The diameter of the cystic mass is estimated at nine or ten millimetres, and it is in a plane anterior to the retinal vessels. Nothing, certainly, resembling a head, hooklets, or suckers can be made out, and no spontaneous movements have been observed during any of the many examinations which have been made of it. The remainder of the fundus is healthy, with the exception of two or three hyaline, streaky, and slightly pigmented patches in the choroid. The fundus of the left eye is natural. The child has suffered from threadworms, but there is no history of tapeworm, and a dose of male fern failed to bring any away. The girl has no special predilection for pork, but has partaken of it at various times.

How to Catheterize the Pancreatic Duct.

The *Weekly Medical Review*, June 23, 1883, tells us that the Experimental Physiologists recently in attendance upon the American Medical Association at Cleveland, Ohio, were greatly interested in Prof. L. B. Tuckerman's demonstration of a method by which the pancreatic duct — like Steno's duct—can be catheterized at will. The methods now in vogue for obtaining the pancreatic secretion are imperfect, and their results misleading. Tuckerman makes a permanent duodenal fistula opening into the intestine just opposite the mouth of the pancreatic duct, a peculiar canula is inserted, and in the animal he brought before the section, the orifice of the pancreatic duct occupied the center of the area of intestine visible at the inner extremity of the canula. By placing the animal on its left side, and throwing light into the canula from a head mirror, a catheter could be passed into the pancreatic duct without disturbing or distressing the animal in the slightest. By keeping this catheter in place for a short time a transparent, strongly alkaline fluid was collected, that possessed well marked amylolytic, proteolytic, and emulsive properties. The advantages claimed for Tuckerman's method are:

1. The healthy condition of the animal from which the fluid is obtained.

2. The fact that the secretion thus obtained is free from admixture with other fluids.

3. The power of procuring pancreatic secretion at any time and under all circumstances.

The lines along which Tuckerman holds his method will advance positive knowledge are:

1. The variations (if any) in pancreatic secretion during different periods of digestion.

2. The influence of diet upon the amylolytic, proteolytic, or emulsive properties of pancreatic juice; and,

3. The relations of the spleen to the secretion of trypsin.

The Significance of the Transmission of Sound to the Ear Through the Tissues in Aural Disease.

Dr. Samuel Sexton thus concludes his paper on this subject in the *Medical Record*, July 28, 1883:

I. When the vibrating tuning-fork, placed on teeth or vertex is better heard through the tissues on one side, it simply indicates that the better ear excludes wholly or in part such (tissue) transmission, but it does not prove that the auditory nerve in either ear is affected.

(Of course, if the nerve of audition be gravely affected, sound will not be heard by any method of conduction.)

II. If the conductive mechanism is absent or greatly damaged in one ear, while the other remains more or less normal, aërial transmission will be found to be ineffectual in the diseased ear, while the tuning-fork allowed to vibrate as before will, therefore, be best heard in the diseased ear, and its vibrations will be almost entirely excluded from the healthy ear.

III. In deafness from labyrinthine disease, pure and simple, the middle ear being normal, the tuning-fork would be best heard, if heard in any degree, by aërial conduction, because bone conduction would be excluded.

(In those extreme cases where destructive disease of the nerve has taken place, impulses of sound may be appreciated irrespective of either the transmitting or labyrinthine structures; thus the deaf-mute is conscious of the sound of thun-

der, artillery, drums, stamping with the foot upon a floor, and the like.)

IV. If the above deductions be true, we may conclude that the tuning-fork is of less value than has been supposed in the differentiation of aural disease.

Chyluria with Filaria Sanguinis.

The following case is given in the *Centralblatt für die Med. Wiss.*, February 17 (from Virchow's *Archiv*, Band xxxix.):

A woman, aged thirty-two, after violent bodily exertion, suddenly passed chylous urine; she had some time previously suffered from a dull pain in the left hypogastrium. The urine looked like milk, had acid reaction, and contained albumen but no sugar; its specific gravity was 1018. Lumps of fibrin were sometimes evacuated, and the microscope detected in these oil-globules, white and red blood-corpuscles, and filaria in the sediment. Examination of the bladder, and catheterization of the left ureter, were effected after dilatation of the urethra. The withdrawal of the catheter was followed by a flow of milky urine into the bladder. A great number of filariæ were found in the blood, especially between nine and eleven o'clock at night; after two o'clock none were passed. The patient's health gradually failed more and more; chylous diarrhœa occurred, and death took place about six months after the accident. The *post mortem* examination could only be imperfectly performed. On the left side of the pelvis there was found a large multilocular sac distended with chylous fluid. The enlarged urinary bladder which appeared imbedded in a fold of this sac, communicated therewith by an aperture in its upper wall. The abdominal lymphatic glands and lacteal vessels were enlarged and dilated. This cystic tumor the author considered to have had its origin in the fusion of the lymphatic vessels, and dilatation through thrombosis, with the presence of filaria.

Salicylic Acid in Skin Diseases.

The *Med. News*, June 9, 1883, says that Dr. Rabitsch has used with success, in some affections of the skin, an alcoholic solution of salicylic acid, having the strength of ten per cent. (10 parts of salicylic acid, 90 parts of alcohol). Sometimes the affected parts are merely sponged with this solution; in other instances, bandages, moistened with the solution, are applied. The cases thus treated consisted of herpes tonsurans, involving most of the scalp, the ears, and the neck, and large patches had formed on the thighs and limbs; two of pityriasis versicolor, two of eczema marginatum. Most of these cases appeared to be of long standing, and yet they yielded completely, and, comparatively speaking very rapidly, to applications of the salicylic acid solution. Dr. Rabitsch prepares the parts for the treatment by the preliminary application of glycerine, followed by soap and water, to secure the detachment of crusts, and then the solution is freely used in the modes above described. How much of the result may be due to the alcohol, and how much to the salicylic acid, does not appear.

Reviews and Book Notices.

BOOK NOTICES.

A Compend on Materia Medica and Therapeutics with Especial Reference to the Physiological Actions of Drugs, Based on the Sixth Decennial Revision of the U. S. Pharmacopœia and including many Unofficial Remedies. By Samuel O. L. Potter, M. D., Acting Assistant Surgeon, U. S. Army. Pp. 140. Philadelphia. P. Blakiston Son & Co., 1883. Price, $1.00.

This is a very good little volume, and one well calculated to serve its purpose. While we fear that "compends" have a tendency to tempt students to neglect a more exhaustive and complete study of the subject, yet we know that they are in demand, and that their use is extensive. Such being the case, we are glad when called upon to notice as good a specimen of this class of literature as the one before us.

The Natural Cure of Consumption, Constipation, Bright's Disease, Neuralgia, Rheumatism, "Colds" (Fevers), etc. By C. E. Page, M. D., 278 pp. 12mo. Price, $1.00. New York, Fowler & Wells, Publishers, 753 Broadway.

By this term of "natural cure," the author means to designate a work on popular hygiene, which aims to impart to the public the knowledge necessary to enable them to avoid the predisposing and exciting causes of the various diseased conditions that are discussed. The mission of these rapidly accumulating works on prevention is a most noble one, and they deserve extensive popularity and wide reading.

Treatment of Diseases of Infancy and Childhood, by Charles H. Goodwin, M. D. New York. C. H. Goodwin, M. D., 245 W. 53d St., 1883, pp. 284, price $2.50.

While we cannot recommend this book as absolutely essential to the physician, yet we would say that beyond doubt he can derive some practically valuable information from its pages. It would seem that one of the characteristics of our day and generation is to allow others to do our thinking for us, and while thus inducing habits of dependence on others, throwing our independence into the background; yet such practices are not really so censurable as might at first seem, for they serve, through the agency of such books as the one before us, to bring home to the far away physicians, the thoughts, experience and teaching of the leaders of the profession. This book contains over four hundred formulæ from the services of such men as Flint, Hammond, Gaillard Thomas, Sayre, Alonzo Clark, and a host of others.

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HYPNOPTIC PROPERTIES OF THE ACETALS.

Diethylacetal ($C^6H^{14}O^2$) has been recently presented by M. Von Mering (*Berliner Klin. Wochen*), as an excellent substitute for chloral. It is a substance of a bitter, slightly burning taste, soluble in eighteen times its volume of water, and freely in alcohol. From experiments on animals the author concludes that the acetals, and particularly diethylacetal, have a special action on the nerve centres, suspending their functions, commencing by the brain, and extending to the medulla and bulb. In toxic doses, these substances produce arrest of respiration, and, later, arrest of the heart.

At the dose of from ten to twelve grams, this new medicament produced sleep lasting an entire day in six subjects, and induced a marked attenuation in subjects suffering from severe injuries.

The clinical observations published by M. Stoltenhoff are favorable to the conclusions arrived at by M. Von Mering. In a case of dementia, where continual agitation and persistent insomnia were the main features, an entire night's rest was obtained after the administration of five grams of this medicament, and the patient remained calm all the following day. This salutary effect continued, and up to the present time the patient has absorbed 320 grams of this substance.

In two other cases of dementia, and in a case of furious mania, equally good results were obtained, and in the latter case it was administered at the dose of five grams for thirteen consecutive days; the sedative and hypnotic effects of the drug usually supervened in from five to thirty minutes after its ingestion, and lasted from four to ten hours. Both of these observers remarked no subsequent derangement of the functions after administration of the medicament.

However, two other clinicians, M. Berger (*Breslauer Aertzl. Zeitschr.*), and Prof. Leyden (*Deut. Med. Woch.*), found that it required large doses (ten to twelve or eighteen grams) to obtain any positive effects, and that these were of short duration, from twenty minutes to one hour. It was remarked, also, that the caustic action on the mucous surfaces induced nausea and vomiting on

the following day. In fact, in the opinion of Prof. Leyden, acetal is much less active than chloral, and offers disadvantages not possessed by chloral.

HOW TO AVERT THE CHOLERA.

Now, when each morning, as we pick up the paper, we tremble lest we may read the unwelcome news that cholera is with us; the following forcible remarks from the *London Lancet*, possess a peculiar interest:

"What, however, we do assert, is that medicine, as a preventive art, in its dealings with the germs of disease, ought to be able to grapple instantly and successfully with cholera. We know that it is propagated solely through excreta, and that water is the great carrier of the infective germs. Obviously, if the excreta of a cholera patient are allowed to dry in contact with the air, they may float away in the atmosphere, and the air will then become infected; but in a primary sense it is the water to which we must look. In any case, it has been demonstrated that, provided all the excreta from a cholera patient are instantly destroyed—not merely disinfected—the disease will not spread. The malady can no more develop *de novo* than a plant can grow without seed. It is no use waiting until the disease has effected a lodgment in our midst. If choleraic dejecta have passed into the sewers before the nature of the disease has been recognized, as is most likely to happen, the seed has been already sown broadcast, and the production of a crop of cases in such a locality—it may be seemingly far from the first case, but in connection with it—will be inevitable. The only effectual safeguard against the epidemic we desire to avoid is to begin at once to destroy *all* diarrhœa stools, lest too late they may be found to have been choleraic! As a matter of precaution we ought always to destroy the stools of fever and diarrhœa. It is wanton recklessness to allow them to pass into the sewers. This is how disease is spread and perpetuated, when it should be stamped out. Whatever disinfectant we employ should be used *at once*, and of strength sufficient to accomplish the object in view. These are hints which should be reduced to practice without delay."

SPONTANEOUS DEVELOPMENT OF GAS IN THE BLADDER.

In a recent number of the *Annales des Mal. des Organes Gen. Urin.*, M. Guiard makes a complete study of this symptom, which he terms "Diabetic Pneumaturia," to which we have already briefly referred.

The emission of gas from the urethra at the same time with the urine, is a relatively rare symptom, occuring under two different abnormal conditions: either the gas comes from the intestinal tube through an abnormal communication or fistula existing between the bladder or urethra and the intestine, or on the other hand, it may be developed in the urinary organs, and particularly in the bladder. It is this last form which M. Guiard has considered in his memoir, attempting to elucidate its pathogenesis and semeiologic value.

From the observation of a number of cases, he has arrived at the conclusion that pneumaturia is a symptom of saccharine diabetes. The glucose contained in diabetic urine would, according to his ideas, undergo alcoholic fermentation in the bladder, through the introduction of an organized ferment during catheterism, and, in such case, the sugar would form alcohol and carbonic acid; the alcohol remaining mixed with the urine and the carbonic acid expelled from the urethra during micturition.

To establish the truth of this theory it would be necessary to demonstrate the presence of alcohol in the urine, and the fact that the gases expelled are composed entirely of carbonic acid.

The treatment of this troublesome affection consists of intra-vesical injections of nitrate of silver (1–500), or of boracic acid (1–20).

Treatment of Lupus Erythematosus.

Dr. Fox, of New York (*Journal of Cutaneous and Venereal Diseases*, Vol. i., No. 5), recommends the following application as being useful in lupus erythematosus: Chrysarobin, 15 parts; salicylic acid, 10 parts; calamine, 5 parts; ether, 10 parts; flexible collodion, 60 parts.

Notes and Comments.

The Connection Between Diseases of the Abdomen and of the Right Heart.

The *London Medical Record*, March, 1883, says: Dr. Passerini, in a short but weighty article (*Gazz. degli Ospitali*, January 3), gives his views on this subject. Potain, in 1878, was the first to call attention to the fact that affections of the digestive apparatus may give rise to disease of the right side of the heart. With the exception of Tessier and Frank, who wrote in 1879 and 1880, respectively, no other author has written on this relationship. The author relates three cases of tricuspid insufficiency due indirectly to peritoneal effusion. Auscultation revealed at the tricuspid orifice a prolonged first sound, and a regurgitant murmur. The second sound was accentuated, more especially over the pulmonary orifice. When the fluid in the peritoneum was removed, there was marked improvement in the character of the heart-sounds. The mode in which the derangement of the heart is effected is regarded as purely mechanical. Owing to the compression, there is in the abdomen a venous ischæmia, whereby in the thorax there is induced a venous hyperæmia. The right side of the heart thus becomes engorged. Moreover, owing to the pressure from below, the diaphragm becomes fixed; the lungs cannot expand freely and express their contained blood. The consequence is that the flow of blood from the pulmonary arteries through the lungs is obstructed. Thus the right heart is exposed to a twofold strain; the greater pressure of the incoming blood from the thoracic venous hyperæmia; and the obstruction to the outgoing blood from the inefficient expansion of the lungs. In confirmation of these views, the author brings forward other facts. He quotes the observation of Larcher (1859) and of Depaul (1880), frequently verified by himself, that in advanced pregnancy the first sound over the pulmonary orifice becomes accentuated, and that sometimes the first sound over the xiphoid cartilage becomes prolonged and blowing. The same phenomena are observed in cases of ovarian cysts and other large abdominal tumors. Moreover, it is possible in perfectly healthy persons to induce a well-marked accentuation of the sound at the pulmonary orifice by compressing the abdomen, or even by simply causing the subject to hold his breath. From a practical point of view, it would often be of the greatest importance to know whether the abdominal affection was the cause of the heart-mischief.

The Effect of Alcohol on the Fœtus, through the Blood of the Mother.

Dr. W. H. McDaniel writes on this subject, as follows, to the *Maryland Med. Jour.*, May 19, 1883:

"My experience as a medical practitioner for the past twelve years has taught me that it requires a very small dose of alcohol to produce fatal resuts to infants or young children, and the fact that more infants are not still-born from maternal intoxication is really owing to the fact that such conditions of the mother, during parturition, are fortunately very rare. That cases of this nature, however, do happen, I have not the least doubt, as I have had at least eight in my own practice, which could not be accounted for in any other way. For instance: three years ago I was called about 6 o'clock one morning to a woman who had been put to bed the previous evening in a beastly state of intoxication. I found her still drunk, and unable to articulate so as to be easily understood when she attempted to speak. In the bed beside her lay a large, healthy-looking male child with the umbilical cord and placenta attached. There was nothing to indicate that the child died of anything else than alcoholic poisoning contracted by absorption from the mother's blood. The mother herself had no recollection afterwards when or how her offspring came into the world. The husband, who is a sober, industrious man, had slept in the same bed with his wife, but had no knowledge of the birth till just before he summoned me. In the case of prostitutes, we often find that the decomposed bodies of infants will come away from them at any time from the fourth to the ninth month, and still no syphilitic history nor attempts at abortion in the ordinary ways, can be found to explain the cause. A succession of alcoholic debauches might, I think, be very likely to cause the death of the fœtus in utero, just as surely as it is liable to do in the cases of those whose constitutions are calculated to resist the effects of so powerful a poison, with plenty of pure air and physical maturity to back them up. If the fœtus during its intra-uterine life is in any degree liable to suffer from alcoholic intoxication on the part of the mother, then how much more pernicious must the effects of the maternal intoxication be on the fœtus after birth, when it is altogether dependent on its own organs for existence? Dr. Carpenter speaks very plainly on this point, and leaves no room for argument to the contrary."

Iron in Heart Diseases.

According to statements published in his work,

to cases reported by his pupils, and to comments made by the *French Medical Press*, few physicians have been as successful in treatment of cardiac affection as Dr. Constantine Paul. In cases of hypertrophy of the heart, following lesions of the arch of the aorta (endarteritis), or more remote morbid conditions, as that pathological state of the capillaries frequently preceding and always accompanying chronic cases of morbus Brightii, he found for the anæmia which characterizes such cases, no medicine as effectful as the following:

℞.	Syrup. simplic.	260 (f. ℥ viii.)
	Syrup. flor. aurant.	60 (f. ℥ xv.)
	Ferr. citr. ammon. pyrophosph.	3 (gr. xlviii.)
	Solut. Fowleri	1.50 (m. xxiv.)

M. S. Dose.—Tablespoonful.

Malignant Pustule Communicated by a Fly.

The *Jour. Cut. and Ven. Dis.*, for August, 1883, reports the following:

A somewhat remarkable case is reported in the *Gaz. des Hôpitaux*, No. 102, for September 5th, as having occurred in the service of M. Mollière, surgeon-in-chief to the Hôtel Dieu at Lyons. The patient was bitten on the cheek by a large black fly which he immediately killed. The bitten spot in a few hours began to itch violently, but no swelling appeared until the next day. When the patient entered the hospital the whole cheek was of a livid color and enormously swollen, especially over the malar bone, the centre of which region was occupied by a small black phlyctena surrounded by a number of transparent vesicles. The eyelids were considerably swollen, and one of the submaxillary glands was enlarged and tender. There was no fever or other constitutional symptom. M. Mollière's treatment was prompt and energetic. He first completely destroyed the pustule by means of the thermocautery, and then injected the swollen parts, including the submaxillary gland, with a twenty per cent. solution of phenic acid. The only internal remedy employed was alcohol, which was administered in enormous quantities without producing the slightest sign of intoxication. The affected surface began to slough off on the third day, and in another week was entirely detached. The healing process proceeded rapidly, and at the end of three weeks the patient was discharged. Blood and serum drawn from the vicinity of the pustule having been forwarded to an eminent expert for examination, he succeeded in detecting a few filaments of the bacillus anthracis, and a cobaye which was inoculated with the fluids, died in a few hours with all the signs of specific gangrenous infection.

Absence of Vagina, Uterus, Ovaries — Enormous Distention of Urethra, without Incontinence.

From the *Med. Record*, July 28, 1883, we note that Dr. James F. Ferguson, Visiting Surgeon to the Charity Hospital, New York, relates the history of a prostitute admitted October 25, 1881. Father was consumptive; mother died of pulmonary hemorrhage. The patient was the tenth child. She denied all previous venereal trouble. Although eighteen, had never menstruated, nor did she give any history of vicarious phenomena. She noticed a pimple on the posterior commissure at the time of admission, followed by a discharge, with scalding on micturition. There were three small chancroids in the posterior commissure. The chancroids were touched with carbolic acid, and dressed with iodoform. On the 29th of November, the parts having healed, a further examination was made, when no vagina was found; the meatus urinarius and urethra were very much enlarged. The sores above mentioned prevented an earlier examination. The labia are well developed. An examination was made by Dr. Ferguson, with Dr. Walter R. Gillette and Dr. E. S. Peck. They failed to find a uterus or ovaries. Investigation was made by the finger in the urethra; also bimanual touch through the rectum, and by sounds. The outer portion of the urethra was greatly dilated; she did not have incontinence of urine. She was well developed—breasts well formed, also the nipples. The mons of normal size. The labia, nymphæ and clitoris presented the usual appearance. In this very remarkable case the unusual feature is exhibited of a urethra largely distended, with no incontinence of urine.

Removal of a Mass of Hair from the Stomach.

From the *Medical Record*, July 15, 1883, we learn that at the twelfth meeting of the German Surgical Association in Berlin, on April 5, Dr. Schönborn, of Königsberg, showed a mass of hair which had been removed from the stomach of a young girl, in whom the presence of a tumor had been diagnosed for one and a half years. The tumor was in the left epigastrium, and was taken for a splenic growth or a floating kidney. Digestion was normal, but fits of vomiting came on at intervals of from three to five days. An opening about five inches long was made in the anterior wall of the stomach, the mass of hair was turned

out, and convalescence followed rapidly. The tumor consisted of innumerable short pieces of hair, which had become felted together, constituting a mass weighing 381 grammes (over 13½ ozs). The girl and her companions had been in the habit of biting off the ends of their plaits of hair and swallowing them, in the belief that they would thereby attain a fine voice. There are seven similar cases in medical literature, all of which, with the exception of one half-grown boy, were met with in the female sex, and none of which were mentally diseased. None of those other cases were diagnosed during life, but all died with symptoms of peritonitis, so that this is the first case of cure.

Xeroderma Pigmentosum.

Kaposi, in 1870, in the text-book of skin-diseases, of which he was the author, jointly with the late Professor Hebra, described under the name *Xeroderma*, a disease of which he had observed two examples. He now (*Wiener Med. Jahrb.*, 1882, p. 619) describes six additional cases of the disease, making in all eight cases, and he proposes to describe it more definitely as *Xeroderma Pigmentosum*. It is a disease of young persons, all the cases hitherto observed having occurred between the age of early childhood and eighteen years. In this sense it seems to be a congenital disease. Twice it occurred in two sisters. The essential features of the disease are pigmented spots intersected with skin free from pigment, a contraction of the surface of the skin, which is thin, and not easily drawn up into folds, and teleangiectasis in the unpigmented parts. The face and extensor surfaces of the arms and legs are the parts first and chiefly affected. The tendency to epithelial carcinoma is very strong, which is the more remarkable when the youthful age of the patients is considered.

Neisser (*Viertelj. für Derm. und Syph.*, 1883, Heft 1) reports a case of xeroderma pigmentosum associated with imbecility and carcinoma. He gives a table of all the cases hitherto published, amounting to twenty-seven in number, and accepts Kaposi's description in all essential particulars. He prefers the term *cum melanosi* to *pigmentosum*, because the pigment is of the melanotic kind, and not the pigment left by blood-extravasation.

Crotalus in Malignant (Hemorrhagic) Scarlatina.

In the *Lancet*, July 14, 1883, Dr. John W. Haywood describes two very grave cases that resisted all ordinary treatment and seemed doomed.

The cuticle was consequently removed from round the throat by a cantharides blister, and to the exposed cutis a wet compress sprinkled with crotalus was applied, and renewed at first every half an hour, and then every three hours, also a dose dissolved in a teaspoonful of water was dropped on the tongue every half hour.

The symptoms all began to improve at once, and the author thus concludes:

"The above notes of these two interesting cases were written at the time, and have been preserved, and withheld from publication in order to test the drug in similar cases before publishing them. This has now been done over and over again, until the writer is thoroughly convinced that the above facts were no mere coincidences, and he now lays them before his colleagues in the hope that the drug will be used in similar cases, for which hitherto there has been no adequate remedy."

Removal of the Gall Bladder.

At the meeting of the German Surgical Congress in Berlin on April 7 (*Wien. Med. Blätter*, May 31), Dr. Langenbuch, of Berlin, showed a woman, aged 34, from whom he had removed the gall-bladder. The patient had suffered from gall-stones for nine months; the gall-bladder was felt as a hard, prominent, sensitive tumor. On opening the abdomen, the gall-bladder was found to be hypertrophied and adherent to the neighboring tissues, and to contain a large number of stones, some of them adherent to the walls, and threatening perforation. The viscus was emptied by a Pravaz's syringe, and then easily detached behind the cystic duct; and the patient now looked well and blooming, although she had had a floating kidney removed in 1881. Langenbuch had operated before on a man who had been taking morphia for years on account of the pain. The operation was successful, and the wound healed well; but the patient died from cerebral anæmia.

Treatment of Lupus.

Aubert (*Annales de Derm. et de Syph.*, Vol. iv., No. 3) relates that at the Hospital l'Antiquille, at Lyons, the actual cautery is still much resorted to in the treatment of lupus. The author himself prefers to use it when the disease is on parts of the body which are generally covered, or where a little additional size of the cicatrix is not important. He prefers it in such cases because the cure is quick, because it exposes less to relapse, and because the future condition of the cicatrix requires less careful watching. When the disease is on the face, he prefers the treatment by scarification.

Special Report.

NO. XIV.—OPHTHALMOLOGY.

BY CHAS. S. TURNBULL, M. D.

(*Continued from page* 165.)

The Maturity of Cataract, its Artificial Ripening, etc.—The Progress of Ophthalmology for the first quarter of 1882—Comparative Studies on the Finer Structure of the Iris—On Induced Fluorescence in the Eye—The Nutrition of the Cornea—The Significance of Fluoresceïn for the Exchange of Liquids in the Eye—Congenital Filiform Anchyloblepharon—Ectropion Successfully Treated by Transplantation of Skin from the Arm.

We quote a few pointed "mature" facts, by Prof. R. Forster, M. D., of Breslau, who contributes an instructive paper "On the maturity of cataract, its artificial ripening, corelysis, and extraction of the anterior capsule," which is translated by J. A. Spalding, M. D., Portland, Me. (A. f. O., Vol. xi, No. iii.)

I.—Maturity of Cataract.

It is generally easy to tell with absolute certainty whether a cataract is perfectly mature or not. Still there are some cases in which this point is difficult to decide, from the insufficiency of the well-known criteria for the maturity of cataract, viz., that the iris should not cast a shadow against the lens, and that the pupil, artificially dilated by atropia, should not be illuminable with the ophthalmoscope. There are cataracts which have been mature for years, in which the iris, however, still throws a shadow, and the dilated pupil is more or less illuminable by the ophthalmoscope; while on the contrary, there are cases of immature cataract in which the iris does not throw a shadow on the lens—nor does the dilated pupil give the slightest red reflex from the fundus of the eye when illuminated with the ophthalmoscope.

In order to avoid misunderstandings, we must first agree upon what is meant by a "mature" cataract. As v. Arlt says of mature cataract, "the lens lies in the capsule like a ripe fruit." Hence, by "ripe" or "mature" cataract, we might as well agree to understand one whose whole substance can be evacuated by the operation, without the necessity of any portion of the peripheral layers being left behind by adhering to the capsule.

A mature cataract, consequently, is one in which we can positively assert before the operation that there are no longer any cortical layers which will adhere to the capsule and undergo secondary opacification—even if the pupil can still be illuminated, and the iris still throws a shadow. An immature cataract is one of the consistency which experience teaches us is liable to be accompanied with a layer of cortex adhering closely to the capsule, even if the pupil cannot be illuminated and the iris throws no shadow.

We can declare with confidence that when the anterior surface of a cataract is divided off into sectors, which shine like mother-of-pearl, the cataract is not yet mature. If we wait a few months for the operation, the sectors lose their sharp contours, break down, begin to grow invisible, and finally disappear entirely.

Complete maturity in the above-mentioned sense has now ensued, and we can depend upon a favorable exit of the whole cataract. At a still later stage, the yellow nucleus which had hitherto been remarkably well concealed, becomes somewhat more marked in color, the cortex appears thinner, as if desiccated upon the nucleus, and provided with a few whitish radiating lines—in a word, the cataract is becoming hypermature.

II.—Artificial Ripening of Cataract by Trituration of the Cortex.

The painful period for patients afflicted with cataracts is that which lies between the day when they can no longer read, and the time when the cataract becomes mature. This interval may extend over several years, but fortunately it is often rendered much more endurable by the circumstance that the two eyes are not generally affected is an equal degree at the same time. But when a cataract makes the head of the family incapable of work for year after year, the occurrence becomes a family affliction. The patient thinks that he ought to be operated upon the moment that the cataract incapacitates him for work, whilst the surgeon feels obliged to wait till the favorable moment, the maturity of the cataract, has at last arrived.

Desirous as the surgeon is to do everything that is compatible with safety, he is often inclined, in such cases, to seek experimentally for some operation which may hasten the cataract toward complete maturity.

It is well known that puncture (incision) of the anterior capsule has long been resorted to to produce rapid artificial maturity in cataracts. But the method has not been universally adopted from the dread that it might set up iritis from excessive swelling of the cataract, and lead to complications unfavorable for the subsequent extraction

Personally, I have never seen iritis or cyclitis after puncture of the capsule in cases of senile cataract, while, on the contrary, I have often been greatly surprised at the comparatively slight and rather unsatisfactory effect of the capsular incision in hastening the opacification of a lens with a large nucleus more or less advanced in cataractous degeneration. It has happened to me to observe that an irideetomy occasionally hastens the maturity of cataracts.

We may assume under such circumstances that, owing to the alteration in form to which the lens is subjected by being pushed forward after the escape of the aqueous humor, the connection between the opaque and transparent fibres on the cataract is loosened, and the degeneration of the cortical layers hastened. We may undoubtedly further this condition of things directly after the iridectomy by gently rubbing or stroking the cornea with the blunt angle of a strabismus hook, or the closed iris forceps. It is astonishing to see the effect which is produced upon the lenticular substance by pressing gently upon a cornea which has thus been temporarily deprived of its normal tension. If mother-of-pearl sectors were already present on the anterior surface of the lens, we immediately notice how they break up and intermingle with one another after this manipulation. But even if the sectors had not previously made their appearance, the crushing effect upon the cortex, as thus produced, is easily recognizable by the increased opacification which takes place in the layers which were still transparent, even within the space of only a few days.

I have known cataracts that were illuminable before the operation, to become so opaque six days later, as entirely to cut off the red reflex from the fundus of the eye. The shadow of the iris generally disappears, but not wholly; the white nucleus of Becker's nuclear cataract becomes almost wholly concealed by the opacified cortex. In the same way the senile, yellowish-gray nucleus which had hitherto been visible through the transparent layer of cortex disappears beneath the advancing opacification of the peripheral layers of the lens. Extraction can generally be undertaken in from four to eight weeks after the operation, without the dread of any lenticular fibres adhering to capsule. It is very rare for us to be obliged to postpone the extraction to a later date. The only difficulty in this manipulation lies perhaps in an accurate calculation of the pressure to be applied. If the pressure is excessive, the zonula may easily be ruptured, and when we subsequently perform the extraction, unavoidable loss of vitreous, and difficult delivery of the lens itself, would ensue. I should not think that there was any danger of rupturing the capsule. If, on the contrary, too gentle pressure is brought to bear, the connection between the lenticular fibres will be too slightly disturbed, and speedy maturity will not occur. Both these difficulties are really only imaginary.

The Progress of Ophthalmology During the First Quarter of the Year 1882. By H. Magnus, Breslau, C. Horstmann, Berlin, and A. Nieden, Bochum, and Others. Archives Ophthal., Vol. xi. No. iii.

Bull, C. S. *Treatment of Facial Scars Affecting the Lids Either Directly or Indirectly.* Trans. Amer. Ophth. Soc., 1881. Bull advises the systematic use of massage, and relates three cases in which this mode of treatment produced good results.

White, J. A. *A Simple Way of Performing Optico-Ciliary Neurotomy.* Va. Med. Monthly, December, 1881. He makes the incision in the conjunctiva between the upper and outer recti. A strabismus-hook is then inserted under each of these muscles, and by them the eye is pulled down and toward the nose. The wound is then rendered more open by inserting a lid-elevator under the upper lid of the incision. Through this opening the scissors are introduced and the nerves divided. The eye is then rotated on its axis by the double hook of Knapp, and the posterior part of the sclerotic is carefully cleaned. He has operated on three cases with success by this method.

Chisolm, J. J. *A Singular Case of Hostility to the Local Use of Atropia and Duboisia: the First Causing Facial Erysipelas: the Second, Temporary Insanity in a Patient Seventy Years of Age.* Maryland Med. Jour., December 15, 1881.

Cuisnier. *Pilocarpine in Ophthalmology.* Semaine Med., January, 1882, No. 4. In incipient atrophy of the optic nerve. Care must be taken in patients suffering from heart disease or atheromatous degeneration.

Emmert. *Hyoscinum Hydrojodatum.* A. f. A., vol. xi., 2. Its myotic action is very powerful and is surpassed by no other remedy. A solution of 0.01:10.0 is sufficient. The conjunctiva bears it well.

Fronmüller. *Poisoning by Pilocarpine.* Atropine as an antidote, also homatropine. Memorabilien, vol. ii., 1.

Juhàsz. *Case of Atropine Poisoning Cured by Pilocarpine.* Klin. Monatsbl., March.

Lange. *Iodoform in Blennorrhœa Neonatorum.* Petersburg, Med. Wochenschr., 1882, No. 10. Acts injuriously; luxuriating granulations develop upon the conjunctiva, which finally become so ex-

tensive as to injure the nutrition of the cornea, and thus favor the development of corneal lesions.

Pajzderski. *The Action of Iodoform Salve in Ophthalmology.* Inaug. Dissert., Greifswalde, 1882. One part of iodoform to fifteen of vaseline. Contra-indicated in iritis. Very useful in clearing up the cornea in scrofulous panus and maculæ corneæ.

Berger. *Remarks on the Capsule of the Lens.* Centralbl. f. Prakt. Augenheilk., January, 1882. The capsule consists of lamellæ, of which the outermost one is connected with the zonula zinii; the lamellæ are united by cement, which is loosened or dissolved in a solution of permanganate of potash. There are nuclei in the lens-capsule of the fœtus. The lens-capsule may be classed as a connective tissue.

Eversbusch. *Comparative Studies on the Finer Structure of the Iris.* 1. The anatomical reason of the slip-shaped pupil. First communication. Zeitschr. für Vergleich, Augenheilk, 1882. 1. The following observations were made on the horse: 1. An uninterrupted muscular layer, as it has been described in man and the rabbit, does not exist in the iris of the horse. There are no arcades as can be shown to exist between the dilatator and the sphincter pupillæ in the man and the rabbit. The connecting links between the dilatator and sphincter pupillæ are simply muscular bands, the arrangement of which may be best compared to the spokes of a wheel. The oblong shape of the pupil of the horse is explained by the existence of an auxilliary apparatus which is attached to the posterior surface of the lens at points corresponding to the shorter diameter, which might be called ligamentum inhibitorium or triangularie iridis.

Preiss. *The Lymph Spaces of Descemet's Membrane, and their Connection with the Cornea.* At the same time a contribution to the knowledge of the anastomosing corneal cells, and their termination on the surface of the endothelium. Virchow, Arch. vol. lxxxvii. 1. On the posterior surface of the cornea a system of tubes (lymph ducts) can be demonstrated, which lie within endothelium cells and their immediate substratum. The tubes are connected with the spaces between the endothelium cells and their nuclear membranes, and also with the lacunar spaces.

Risley, S. D. *A New Trial-glass Frame.* Trans. Amer. Ophth. Soc., 1881. Two bars which slide past each other through a wedge-shaped block, have attached to them the two semi-circular grooves for holding two lenses, with some hooks by which an additional lens can be added. This arrangement allows of a lateral movement of the lenses amounting to 16 mm., or a pupillary distance varying from 50 to 66 mm. It can be held in the hand by means of a handle, or the ordinary spectacle bows can be attached. To be had of Ivan Fox, Optician, 1635 Chestnut St., Philadelphia.

Ehrlich. *On Induced Fluorescence in the Eye. Deutsche Med. Wochenschr.*, 1882. Nos. 2–4. Ehrlich recommends subcutaneous injections of fluorescein for studying the changes of nutrition which cause very intense phenomena of fluorescence of the eye. He has shown by these experiments that the anterior surface of the iris has nothing to do with the reproduction of the aqueous humor, which comes entirely from the posterior chamber. The liquid is not derived from the vitreous by transudation, but is principally secreted by the blood vessels of the ciliary body. Under normal conditions the aqueous humor is secreted in an entirely different manner; two centres of secretion exist at the periphery of the iris, an anterior nasal and a temporary one; they throw the liquid with a certain force, and in a fixed direction upon the posterior surface of the cornea, after which the stream moves in a horizontal direction. An angle is formed at the point where the currents meet. The secretion of the posterior chamber is widely different from the aqueous humor.

Gradenigo. *Auscultation of the Eye.* Ann. d' Ottalm., Vol. x. 6. Three kinds of sounds may be heard on the eye: 1. A muscle-sound, resembling the humming of flying insects. 2. Sounds heard at in- and expiration, and due to the respiratory organs, as the nose, etc. 3. A sound heard when the muscles contract; it is clearly defined, and can be easily distinguished from the others.

Kroner. *The Perceptions of the New-Born.* Breslauer Arztl. Zeitschr., February 18, 1882, No. 4. A new-born child cannot control the motions of the muscles of the eye. There is perception of light. The reflex-arch from the optic nerve to the facial nerve supplying the lid and the branch of the oculomotor nerve supplying the iris is completely developed. In regard to the motion of the eyes, he is inclined to think that at birth there is no preformed nervous mechanism ready to exercise binocular symmetrical vision.

Pflüger. *The Nutrition of the Cornea.* Klin Monatsbl., March. The cornea is not nourished by the aqueous humor, as Knies and Weiss erroneously maintained, but from the conjunctiva and sclera. In general, the conjunctiva nourishes the superficial, the sclera the deeper layers of the cornea. Within the cornea the lymph-current flows in a centripetal direction from all points of

the periphery, then turns inward and enters the aqueous humor. No centrifugal counter-current of any consequence from the aqueous humor into the cornea exists.

Schöler and Uhthoff. *The Significance of Fluorescein for the Exchange of Liquids in the Eye.* Annual report for 1881, Berlin, 1882. They come to the following results:

1. Under normal conditions the iris does not cut off the communication between the anterior and posterior thambers, the aqueous humor being constantly renewed from the latter.

2. A current passing from the vitreous through the zonula of Petit's canal and the iris into the anterior chamber does not exist.

3. The anterior surface of the iris does not take part in the renewal of the aqueous humor, which is derived from the blood-vessels of the ciliary body and the posterior surface of the iris, the "secretory angle." This current gives rise to Ehrlich's line, which always begins behind the iris at the edge of the pupil.

4. The secretion from the "angle" does not take place simultaneously over its whole surface.

5. The greater part of the current which exists in the eye flows along the iris through the pupil into the anterior chamber, a smaller portion of it going into the lens through Petit's canal and into the vitreous. Vitreous and anterior chamber are, therefore, not separated from each other.

6. If the fluorescein, before its discharge, has passed the vascular system of the eye (subcutaneous injection), only a small part of it enters the lens and vitreous, the effect of which soon disappears. If, however, it is injected into the anterior chamber, a large proportion is absorbed by the lens; but when injected into the vitreous, it enters the lens only when it has previously passed into the anterior chamber.

7. The colored fluid is absorbed by the lens from the corticalis toward the nucleus, and disappears in the same order. The innermost parts of nucleus become colored only after two to three weeks.

8. The vitreous does not participate in the nutrition of the lens, as the latter remains uncolored for days, though the whole vitreous is deeply stained, provided the aqueous humor had not previously become colored. The latter event, after an injection to the vitreous, favored and produced as it is by an increase of tension in the vitreous and a decrease in the anterior chamber, does not take place through physiologically pre-existing paths.

9. Opening the anterior chamber (puncture, sclerotomy, iridectomy) changes both the quantity and quality of the fluid discharged from the secretory angle, and in this manner influences the nutrition of the lens and vitreous.

10. The secretion of the aqueous humor is controlled by nervous influence. Division of the cervical branch of the sympathetic nerve, with or without excision of the superior cervical ganglion, causes the appearance of the colored secretion in half the normal time, and decreases the quality of the secreted liquid. The subcutaneous injection of fluorescein is, therefore, a new method of determining trophoneuroses of the eye, which thus far could not be diagnosticated. Secretory and oculo-pupillary fibres of the sympathetic nerve spring with separate roots from the spinal cord, so there are special secretory nerves for the eye.

11. Intracranial division of the trigeminus hastens, increases, and changes the secretion of the eyes still more than division of the cervical branch of the sympathetic nerve.

12. As division of three-fourths of the nerve in the posterior section of Gasser's ganglion does not alter the secretion in the eye, provided the most medial part be preserved, the secretory fibres must be within the medial fourth.

Schmidt-Rimpler. *The Specific Reaction of the Optic Nerve for Mechanical Irritation.* Centralbl. f. d. Med. Wissensch., 1882, No. 1. Direct irritation of the optic nerve with a pear-shaped electrode in patients whose eyes had recently been enucleated, showed that the optic nerve has a specific reaction, which manifested itself to the patients as a sensation of light.

Häuselmann. *Popular Treatise on Color-perception.* Zurich, 1882. With eight colored plates. For use in academies, high schools, seminaries, trade schools, and self-instruction of artists and laymen. It is divided into a theoretical and a practical part. The former contains the commonest physiological and physical phenomena; the latter treats of the use of colors in painting. He accepts of the evolution of the color-sense from light-sense, and advocates educating the color-sense.

Hasner. *Ankyloblepharon Filiforme Adnatum.* Zeitsch. f. Heilk., vol. ii., p. 429. In a child two days old a thread of skin 1 cm. long and as thick as a thread, was found stretching from the outer margin of one lid to the other, which tore on the fourth day. It consisted of neoplastic fibrillary tissue.

Lewkowitsch. *Congenital Partial Symblepharon.* Klin. Monatsbl. f. Augenheilk., vol. xx., p. 14. In a boy twelve years old a horizontal bridge of

mucous membrane without blood-vessels was found, which sprang from the inner surface of the outer canthus and ended with a fan-shaped insertion on the posterior part of the conjunctiva.

Tosswill. *Ectropion Successfully Treated by Transplantation of Skin from the Arm.* Mr. Louis Tosswill, of Exeter, reports a case of ectropion, due to an extensive burn, which was successfully treated by this method. The eversion of the lids was so extensive before the operation that the globe was exposed during sleep. This was rectified by the operation, and the transparency of the inflamed and opaque cornea was restored.—*Brit. Med. Jour.*, January 7, 1882, p. 9.

(*To be continued.*)

Correspondence.

Foreign Correspondence.

Brussels, *July* 28, 1883.

Eds. Med. and Surg. Reporter:—

A short visit to London enabled me to collect a number of medical items which I thought might interest your readers. It is singular what a healthy summer resort that greatest of cities is! You will probably be surprised, as I was, to find out that from the mortality reports it is actually more conducive to longevity to live in town than in the country. At any rate, I noted several weeks when the London mortality showed an annual average of about 17.5 per thousand against 18.5 for the rest of England. I recollect that a few years ago some pessimist undertook to prove that the difficulty of sanitation drew a natural limit to the growth of cities. This don't look like it.

It is only a fair result of this that medical men as a class are extremely highly respected in England. Their value to the commonwealth is daily growing in appreciation. Two whose names are familiar to Americans were baronetted last month, Mr. P. G. Hewett, whose *Surgery* is a hand-book with us, and Dr. Andrew Clark, whose various works on clinical medicine, of which he is professor at the London Hospital, are in many of your readers' libraries.

That the profession intends to maintain its position by a rigid criticism of applicants for its honors is also evident. The final examination at the Royal College of Surgeons was held a week or two ago, and out of 769 candidates the pretty large figure of 281—considerably over one-third, you will notice—were rejected. Did anything of the kind ever occur at an American college? I never heard of it.

I must of course say something of the cholera. It has been a leading topic in all the papers for a month. The old quarrel about the efficacy of strict quarantine has been revived with vigor. The Latin nations approve of the old plan, but the English condemn it as useless at best, and an unwarranted torture. The French and Italians very openly hint that the English opinion is based rather on the detriment of quarantine to the immense English shipping interests than on scientific observations. We had the same discussion about quarantine in yellow fever in the States a few years ago. The scientifice point was not settled, but the practical value of a "shot-gun quarantine" was tolerably well demonstrated down South.

Fortunately, up to this date no cases of epidemic cholera have been determined on European soil. The dozen or so reported at different points are all, from the best observations accessible to me, of undoubted sporadic type. A high authority, Dr. Fauvel, of Paris, argues that the precedents of epidemics of cholera show that it requires *two* years to travel from India to England. The rapidity of travel he does not think of much importance. The "atmospheric constitution" must be imported, or must come along also, and this moves slowly, and is not carried by steamships. A doubtful theory.

The authorities in Alexandria are offering $500 and $600 a month to European physician who will face the plague in the infected districts. But even at those terms they have not enough applicants to supply their wants. Voyageur.

News and Miscellany.

Medical Dermatological Association.

The seventh annual meeting will be held at the Sagamore House, Green Island, Lake George, on Wednesday, Thursday, and Friday, August 29, 30, and 31. Papers will be read by the following gentlemen:

Dr. Piffard, "Treatment of Acne."

Dr. Hyde, "A Study of the Coincidence of Syphilitic and Non-Syphilitic Affections of the Skin."

Dr. Graham, "General Exfoliative Dermatitis."

Dr. Stelwagon, "Impetigo Contagiosa."

Dr. Robinson, "Alopecia Areata."

Dr. Duhring, 1. "On the Value of a Lotion of Sulphide of Zinc in the Treatment of Lupus Erythematosns." 2. "Report of a Case of Ainhum with Microscopic Examination."

Dr. Atkinson, "A Case of Multiple Cachetic Ulceration."

Dr. Sherwell, 1. "Pseudo-Psoriasis of the Palm." 2. "Malignant Papillary Dermatitis."

Dr. Bulkley, 1. "A Hitherto Undescribed Vegetable Parasite Found on the Human Skin." 2. "A Clinical and Experimental Study on Pruritus."

Dr. Van Harlingen, "Experiments in the Use of Naphthol."

Dr. Fox, "A Trip to Tracadie."

Arthur Van Harlingen, M. D.,
Secretary.

The Bread-pill Cure of Hysteria.

MM. Landouzy and Ballet, in the *Revue Mensuelle de Médicine*, give the history of an hysterical patient to which it is well to give an extended publicity, not because it presents any novel feature, but as a proof of the scientific errors of those ill-trained minds which attribute the cure of hysteria to supernatural influences. An hysterical patient, twenty-six years of age, who had previ-

ously suffered from chorea, was received in the wards of the Charité. There was very marked contraction of the lower limbs, and the patient was unable to execute the slightest movement, not being even able to raise herself in bed. After one or two hypodermic injections of morphia, given at her express desire, she was told that she should have a more energetic remedy, and must use it cautiously. On October 7, bread-pills were prescribed, and the next morning she related that wishing to poison herself, she had swallowed the pills; at once the effect was terrible, but soon after she was able to walk a little, and eagerly asked to have another pill; this was accorded, and resulted in her complete recovery. Two days later on, she helped to clean the wards. In a month's time she left the hospital.

Errata.

Read "The fluid extract of Gelseminum may be given in *three or four* drop doses A DAY," and not three times a day as is read on page 117 of the issue of August 4, 1883.

On page 165 (August 11) for hypo-sulphite of soda ℥ viij. read ʒ viij.; for aqua ʒ viij. read ℥ viij.

Items.

—An ear-ring—a convention of otologists.—*Puck.*

—M. Dujardin-Beaumetz has been made an officer of the *Legion d' Honneur.*

—The degree of LL. D. has been conferred on Dr. H. C. Wood by Lafayette College, Pa.

—To administer cod-liver oil, add to the dose thirty drops of sulphuric ether, and have both *cold.*

—In addition to the cholera, leprosy is said to have become very prevalent of late in the neighborhood of Damietta.

—A number of young doctors in Cincinnati have organized a "Drake Medical Society." More *quackery* in the profession.

—There are more physicians in Denver in proportion to the population than in any other city in the United States, says the Denver *Medical Times.* A Microscopical Society has recently been organized, and a Woman's Hospital established.

OBITUARY NOTICES.

W. B. RIZNER, M. D.

Dr. W. B. Rizner, a prominent physician of Cleveland, dropped dead in his residence in Huron street, that city, at three o'clock, July 22. He was fifty-nine years old. He was the inventor of a mechanical finger used in microscopy, and President of the Cleveland Microscopical Society.

QUERIES AND REPLIES.

A Question in Ethics.

EDS. MED. AND SURG. REP.—Will be glad to have your opinion as regards the violation of or non-violation of the Code of Ethics in the following detailed case:

Mr. X., the client, after a few days, becomes dissatisfied with Dr. A's treatment, and determines to have either Dr. Y. or Dr. Z. to attend him.

Mr. X.'s messenger goes for Dr. Y. and fails to find him in his office. He next goes to Dr. Z.'s office, finds him, and asks him to go, six miles into the country, to see Mr. X., stating that he came for Dr. Y. or Dr. Z. (Dr. A.'s office is in a short distance of Dr. Y.'s and Dr. Z.'s.) Dr. Z., without further inquiry, goes to see Mr. X., and upon questioning him, learns that Dr. A. had called in the forenoon and also on the day preceding.

Mr. X. was found to be suffering very much. Dr. Z. prescribed, and on the following day wrote Dr. A. a card stating to him that he (Dr. Z.) had seen a Mr. X. the evening before. Dr. A. replied, asking the circumstances under which Dr. Z. was called. He was interviewed by Dr. Z., and Dr. Z.'s action in the case seemed to be approved of by Dr. A., but Dr. A. stated to Dr. Z. that Mr. X. had treated him very badly, and in the future he scarcely thought he'd respond to a call from him.

The following day Mr. X.'s messenger came to Dr. Z. for prescription. Dr. Z. refused to give it until Dr. A. had been notified of the dissatisfaction of Mr. X. by his messenger. Messenger went to Dr. A.'s office, told him Mr. X. did not longer desire his services, and would allow Dr. Z. to continue in the case. Dr. A. said: "I will not have anything to do with the case, nor shall Dr. Z.; if you want some one else, go for Dr. Y." Messenger went back to Dr. Z., stated the case, and Dr. Z. prescribed, and still continues in the case.

Did or has Dr. Z. violated the spirit of the Code of Ethics as adopted by the American Medical Association?

We will be glad to hear from you immediately.

DUNLAP & KELLEAM, Ft. Smith, Ark.

Ans.—There are so many little points involved in these ethical questions that it is very difficult to give an answer, unless acquainted with all the details. To answer the question as stated above, we would say that Dr. Z. had not violated the Code, since he only prescribed in an emergency, then notified Dr. A. of what he had done, and gave no further attendance to the case until Dr. A. had been dismissed, and had refused further attendance. If Dr. Z. said nothing disparaging to Dr. A., then we fail to see wherein he did wrong. EDS. MED. AND SURG. REP.

MARRIAGES.

CLAYTON—BRACE.—In the Presbyterian church in Blackwood, N. J., July 11, by Rev. F. R. Brace, William G. Clayton, M. D., of Point Pleasant, N. J., and Mary B. Brace, daughter of the officiating clergyman.

SKEELS—ECKLEY.—At the residence of the bride's parents, July 12, 1883, by Rev. R. R. Gailey, assisted by Rev. J. D. Vail, Dr. Wm. O. Skeels and Miss M. L. Eckley, all of Carrollton, Ohio.

DEATHS.

ESS.—In Memphis, Tenn., July 13, 1883, Dr. Henry Ess, aged thirty-two years.

FERRIS.—At his late residence, 341 George street, Cincinnati, Ohio, at two o'clock p. m., July 19, Dr. F. W. Ferris, aged sixty years.

HEMPTTEAD.—At Portsmouth, Ohio, July 9, 1883, Dr. G. S. B. Hempstead.

L'HOMMEDIEU.—At Riverside, near Cincinnati, Ohio, Thursday, July 12, Dr. S. S. L'Hommedieu, in the forty-first year of his age.

WARDER.—At his residence, Aston, North Bend, Ohio, July 14, 1883, John A. Warder, M. D., in the seventy-second year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1382.] PHILADELPHIA, AUGUST 25, 1883. [Vol. XLIX.—No. 8.

ORIGINAL DEPARTMENT.

LECTURE.

PARALYSIS IN CHILDREN AND PARALYTIC CONTRACTIONS.

A CLINICAL LECTURE DELIVERED BY EDW. BORCK, A. M., M. D.,

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GENTLEMEN: To-day we will take up the subject of "Paralysis in Children."

This remarkable disease, which so gravely impairs the function of the extremities, and which is only observed in children, and which for want of a positive nature is termed infantile paralysis, or the paralysis of children, is also known under the name of spinal paralysis, but this last nomenclature I think is in advance of our present knowledge. However, it may be well to search for the cause of this disease in the spinal cord, but positive proof that we may find it there, is wanting. We may take for granted that with the first invasion, the disturbance is a diffuse one, that the brain and all its membranes are implicated; but what kind of process it is that acts so quickly, lies in darkness. It is remarkable that all traces of any irritation should disappear so rapidly that they cannot come under observation; but the disease is frequent, and we meet with many cases, etc. (here followed cases).

They are always small children that are thus attacked, from seven months until two years of age. Some of the children so attacked are dangerously sick, but only for a few days; sometimes we see distinct symptoms of hyperæmia of the brain, or if you please, meningitical symptoms, at other times severe eclamptic attacks.

Then again others will show only a slight indisposition, a little fever for a day or two, as it often occurs during this period of life without leaving any bad sequel, and without any possibility of knowing the cause of such fever.

Again, others are put to rest perfectly well in the evening, and apparently awake well in the morning, but to our horror paralysis has done its work during their sweet slumber. As a rule, and in the majority of cases, only one limb is affected, generally the right foot (monoplegia), very seldom one arm alone, but sometimes both feet (paraplegia), or a hand and a foot on the same side (hemiplegia), occasionally three, but rarely four extremities are affected.

Some contend that the hemiplegic form never occurs, or that what does appear as hemiplitic in children, does not come within the domain of paralysis of children, and from this they tried to prove that the nature of the disease was spinal. I think, however, they were mistaken, for we will meet with cases of hemiplegia that act exactly in every respect, and especially under the behavior of the electric current, as a mono-or paraplegic form. The affection, however, appears very often as hemiplegia, and one of the two extremities, the arm more often than the foot, gains its function rapidly again, and a monoplegia will alone remain, as illustrated in our first case. We also will meet with patients sometimes, where the quick development of a hemiplegia is hardly observed by the mother, and may remain so for a time; then the patient regains the function of his

limb without any treatment, though never perfect; one or the other limb will remain more or less impaired. This partial restitution is very characteristic in paralysis of children, but the greatest irregularity prevails; we are never able to tell with certainty how far this paralysis may be localized. (Explained cases.)

Not only in those cases where the paralysis is extended in the beginning over several parts from whence it disappears afterwards, but also in those cases where in the beginning only a single extremity has been attacked, the disturbance is more extensive, as we may have expected it to be, though later isolated muscles, or groups of muscles, may regain their function nearly perfectly.

The motor paralysis is in the beginning almost a total one upon the affected limb; later on, it restricts itself only to certain parts, and all this takes place quickly. In a few weeks we can decide which part will remain paralyzed and which will not remain so; and in those parts which remain stationary we cannot expect any improvement hereafter. And herein differs the paralysis in children from any other form of paralysis. We see then that it may occur that the muscles of a limb may remain paralyzed, and see that the reverse may be the case, they may all recover! This latter has been described as "temporary paralysis."

The sensibility is never disturbed in this peculiar paralysis of children. We are convinced of the truth of this by trying the electric current; small children will scream most horribly when it is applied. Neither the bladder nor rectum is affected, nor the sexual power impaired; for we will meet with paralyzed adults (paraplegia) which depends upon paralysis in childhood, who enjoy a splendid appetite for sexual indulgence; neither is the mental development retarded.

Therapeutics in this disease can accomplish nothing. If one should try to cure or relieve this affection, it would be only a hopeless attempt. We will not succeed in a single instance; even the so-much-praised electricity can accomplish little or nothing, no matter whether the inducted or the continuous current is employed; all is in vain after the lapse of a month. Right in the beginning isolated muscles, or groups of muscles, regain their function with the electric treatment more rapidly, but as far as I am concerned, I feel confident that they would have recovered spontaneously. Whatever does not respond after the existence of the disease of one month, will remain paralyzed forever, no matter what treatment we may institute. Surely this seems to be a sad confession. But it leaves a vast field open for the neurologist to explore; for us the main purpose of this lecture is to consider the surgical side of the question.

In no case, where the connection from the central organs to the apparatus of motion is separated, are such grave secondary disturbances developed so quickly as in this disturbance of children. And, first of all, a considerable general impairment of the nutrition of the affected member ensues, which begins to be very distinct in a few weeks or a month after the accident, that extremity is cold, has a bluish appearance, the pulse is weakened, the skin looks withered, the fat tissue disappears, muscles atrophy, the bones project, and the natural roundness of the limb is lost. The growth of the bones will not keep pace with the bones of the other side, the paralyzed limb will be in a more or less time shortened; and that this disturbance of nourishment and growth cannot altogether be attributed to the want of the use of the limb is evident. For we will meet with cases, for example, where, upon the foot only, but few muscles remain paralyzed, and the deformity is but slight, the child limps but little, and is playing about all day, but nevertheless the affected limb is far behind his fellow. And, in temporary paralysis, where the recovery is complete in all the muscles, still nutritive disturbance will take place, and will remain for the balance of life. These cases, therefore, are very valuable for the history of the diseases of children. Let us take especial notice of the fact, which deserves our attention, and the great extension of nutritive deficiency in every case, no matter how slightly a limb or a part of it has been attacked with paralysis, atrophy takes place over the whole extremity. We can trace it from the foot to the leg, from the leg to the thigh and pelvis, yes! even up to the shoulders and the head. The deduction from this is, that some of the muscles that were paralyzed in the commencement, regain their functions; but as far as the paralysis has extended, a certain amount of weakness does remain; these unfortunate children never recover completely from such a severe blow. Then, the secondary changes are added to this already impaired useful function. That is, the facets of the joints will be displaced; they will change their position into all kinds of abnormal forms; in short, the various kinds of club-feet will be developed—the so-called paralytic contractions. We have mentioned already that the paralysis will soon be stationary, and that the atrophy of the limb also reaches its maximum in a comparatively

short time, beyond which they do not extend. However, the bones show the greatest tendency of increase in displacement until the growths of the skeleton are completed. The majority of club-feet developed after birth depend upon that form of paralysis in childhood which I described. And as a general rule, a *talipes equinus* is developed; *talipes valgus* not so frequently, and a *talipes calcaneans* still less frequently, and the complicated form—*calcaneous valgus*—such as you see here, very seldom. Upon the knee and hip joint you can observe some slight changes of their mechanic form, and no contraction occurs here, even not in the severest form. But in the upper extremities, if they remain paralyzed, the fingers and wrist joint acquire a permanent position of flexion, but the elbow joint is exempt; in the shoulder joint, the function of motion is lost in that in that direction, which seem to be unnecessary for the paralyzed arm, that is, the elevation of the same. The pectoralis and the latissimus are more or less contracted. The foot receives the most unfavorable position; the deformities developed there are of a character that interfere the most; a paralyzed foot must be used to the best advantage, and many of those children so affected walk in time without crutches, though locomotion is imperfect, while a paralyzed arm is used but very little or not at all.

What are the causes of this paralytic contraction? How is it produced?

The theory which we find in most text-books is the so-called antagonistic, that takes it for granted that whenever paralysis produces deformities, the paralysis as always but a partial one. Those muscles not at all or very little affected draw the limb to their side; the shortening thereby is functional in the beginning, but in time the muscles will lose the power of extension, and this was termed *retraction*, to distinguish it from contraction. This is a simple theory; the question is only, What is the exciting cause that stimulates the non- or partially paralyzed muscles to a non-interrupted contraction? The exciting cause was believed to be the Tonus (tonic contractions), that the muscles were at all times in activity, and that continually a stimulus for contraction passes from the spinal cord to all muscles, even upon those apparently at rest; and when the function of the antagonist ceases the result would be the position of the part which they had maintained when at rest (explanation upon blackboard). Now, in regard to the voluntary muscles, the existence of a tonic contraction is certainly very doubtful; the surgeon, however, may leave this question at rest; for him it does not matter, whether a tonus, ever so small, does exist in the voluntary muscles or not. For him the question would be, whether the tonus of the non-paralyzed antagonist will be able to overcome the weight of the limb, or a part of the same. This would be necessary if the tonus theory is used for explanation of an abnormal position. Gentlemen, of such a power we do not speak; it is not present, and we may prove this by the single fact of the pendulous motion of the shoulder and the elbow joint, in the act of walking; the slightest change of the centre of gravity is followed by movement in these joints.

The slightly bent position of the elbow-joint, if the arm hangs down relaxed, does not depend upon the continuate drawing of the muscles upon the joint, neither that the flexor muscles are the strongest in action, as some have imagined, but it depends upon all the elastic extension which forms the joints and their surrounding parts. And remains after death.

Many others have written against the tonus theory as a production of paralytic deformity, and many of them have therefore fallen into errors with their substitutes. But there is one fact which we may think is self-understood, and cannot be denied, it is this: that a muscle may actively contract, but cannot actively extend itself. For instance, if the extensors of a limb are paralyzed, the flexors not, the limb will be in flexion as soon as the patient makes use of this muscle, and if the limb does not fall back by its own weight, or is returned by the hand or some kind of apparatus, it must remain flexed, and if it remains in that position for a long time a permanent flexion will be the result. (Explanation of facial paralysis followed here).

It is the foot that interests us the most to-day, and the antagonistic theory does not hold good here in all cases. If those that favor the theory would inquire whether in every deformity the limb is not turned always to that side where the muscles are not or partially paralyzed, they would find that the reverse is often the case. Let us examine carefully and we shall observe:

1. That in total paralyzation of all the muscles of the lower extremities, grave forms of club-feet may be developed. In total paralysis of the muscles of the forearm, we will find grave contractions of the hand and fingers only.

2. In non-complete, but wide-spread paralysis, both upon the forearm and upon the feet, are very often only those muscles paralyzed in preference, that are attached upon the concave side (the shorter muscles), while in accordance with

the antagonistic theory, the opposite should have been affected.

3. Even in distinct paralysis of a single group of muscles, the deviation may be found in the direction of the paralyzed side.

And this would prove to us that, at least in a great many cases, deformities are not produced by muscular power or tonicity alone. (Like in this case of talipes equinus before you.)

Now the position that the foot assumes, that is left to itself, and where all muscular power has been removed, is the same as we observed in deformities, and is produced by the influence of weight, which we have ample opportunity to see; for instance, in complicated fracture of the lower extremities, that have been treated in splints or suspension apparatuses, that do not fix the foot properly or support the sole, we will have a position of talipes equinus; and I called your attention to it, when we had fracture of the leg under consideration. This is produced, evidently, by the weight of the toes and metatarsal joint, which gradually sink down, and the shortening of the muscles and soft parts are secondary. This may also be produced by long continuance in bed without fracture. After this what has been pointed out, we certainly must attribute a good part of the mechanical influence as productive of club-foot. In a number of cases we see other and opposite forms of club-foot; how are we to explain this without the active assistance of the muscles? Again, how are the contractions produced upon the other joints? To answer this question, let the children walk and study carefully the way they do walk; look at the relation of the knee-joint; we will not find a perfect contraction there, even if the paralysis does extend upon the thigh, but on the contrary, the knee-joint is too movable, the thigh and leg forms an obtuse open augle (genu recurvatum); it is seldom in a high degree developed, except in exceptional cases, and then the knee may become perfectly dangling. In the hip-joint we find the same condition; we have always abnormal placidness of the capsular ligament, and we can produce upon the paralyzed side movements, that are impossible to accomplish upon the sound side, without producing pain.

A genu recurvatum is always accompanied with a relaxed condition or an incomplete paralysis of the quadriceps femoris muscle, and in complete paralysis of this muscle, a genu recurvatum may be produced, or the flexor muscles may maintain their full function, and then we have one of those cases, where the deviation is exactly towards the side of the paralyzed muscles; and that no contraction towards the side of flexion takes place under this condition is evident, for in the erect as well as in the recumbent position the extremities will fall on their own account and by their own weight in the position of extension, and the flexors of the knee will be sufficiently exercised without the help of their antagonist not to become shortened.

But how is this over-twisting and turning of this muscle produced? we may ask. We answer, shortly, that the patient, in the act of walking, does so, if possible, without the aid of the quadriceps; the walk is exactly like one whose thigh has been amputated and is using an artificial foot. (Explanation of mechanism of artificial limb was here given.)

We will also meet with cases where the patient in consequence of a sustained paralysis in early life, all the muscles that move the knee-joint remained totally paralyzed, and notwithstanding the walk without crutches. In others again, the extensors only remained paralyzed, and the function of the flexors was perfect; and many others, where only a more or less feebleness of the whole group of extensors exist, but the mechanic in the act of walking are all alike. They bring the paralyzed foot forwards, which in severe cases can only be accomplished by a swinging motion, whereby the weight of the body is thrown upon the knee, and brought into the extension, and is kept there. The leg can neither bend forward nor cave in behind, for anteriorly the weight of the body presses upon the planes of the joints of the femur and tibia close upon one another, and posteriorly the ligaments prevent the separation of the joint. Ligaments and bones must carry the whole weight of the body, and in consequence of this, the whole check apparatus must be injured; and especially on account of the general atrophy, the nourishment of isolated parts has been already impaired; and if you please, we may say the whole material of which this mechanical apparatus consists is not good. The ligaments in the knee-joint give way, and the bones abnormally burdened, become too low in front, the knee is overstretched or over-extended, a genu recurvatum is developed. This latter, if not in excess, is rather an assistance than an impediment in walking. And exactly the same conditions take place in the hip-joints. Then the cause of a number of paralytic deformities of the joints may be attributed to the fact that the patient can not use the simple movable segments of the skeleton, or cannot in a sufficient degree maintain their equilibrium by the muscles, and thereby drives the motion of the joint into its utmost limit, where the physiological

check apparatus interferes, and then with the help of the weight of the body, then the limb is at last useful as a firm and inflexible support.

The habitual scoliosis, the ordinary flatfoot, and genu valgum, depends upon the same cause, whenever bones or ligaments are burdened with weight, and work that should be performed by muscles, then these deformities are developed—in both the same mechanical conditions are present. If we now look back for a moment, we will see that we have three mechanical movements that are productive in the development of paralytic deformities:

1. The weight of the joints implicated.
2. The abnormal burden by its use.
3. The eventual inability to correct the position of the joint, that was produced by the motion of the non-paralyzed muscles; this last has the least influence, because the parts will be returned to their original position by their own weight, in the absence of their antagonist.

By the right combination of these three moments, each single case can be explained. The most frequent is talipes equinus varus; the most seldom, talipes calcaneous.

Let us say a few words of the upper extremities; here the same, the most intensely paralyzed muscles are the peripheric, and paralysis and atrophy disappear towards the trunk, and the most intense change takes places upon the hand and shoulder joint; the elbow joint is always exempt. This does not correspond with our previous perception, but it cannot be strange, for the arm hangs down extended in the elbow joint; in the act of walking, he sways forwards and backwards; in the sitting position the patient rests the arm upon his lap. How can a contraction be produced? But we may rest assured, if we meet with a patient who had paralysis as a child, and has carried his arm in a sling for a long time on account of the paralysis, that we may also meet with paralysis of the arm. We will also find a disturbance in the elbow joint; supination is lost or partially lost. Why? Because the patient, if the paralysis is very grave, so that he cannot use his hand, does not exercise supination; in a pending, useless arm the dorsal side of the hand is turned towards the front and outwards. This corresponds with a slight position of pronation. Such patient has no occasion to make use of his shoulder joint; the upper arm lies against the thorax, and elevation is not practiced. Therefore, the muscles, "pectoralis major, latissimus, etc.," are not developed; they are shortened or contracted (as you see in this patient here). A paralysis of the deltoid, "which elevates the arm," cannot be made out; if present, the contraction of the shoulder joint will be increased, "*but from no antagonistic reason*," and the muscles that run from the scapula, thorax and clavicle to the arm are paralyzed or feeble; then the weight of the arm will affect the shoulder joint especially, because the arm hangs down as a continuate weight, the ligaments give way, the head of the humerus sinks down, and sometimes so extensively that our finger can be deeply pressed between it and the acromion. This is often called atonic luxation.

The most prominent changes are shown in the hand. The fingers are flexed into the palm; the carpal joint is also slightly bent; extension meets with resistance; if we make strong flexion upon the fingers, we make passive extension, and the carpal joint will resist extension still more. The muscles and ligaments that run over the hand and finger joint are too short. Upon examination we find the flexors less paralyzed than the extensors, the last only may be paralyzed, or both sets may be so. Again, the extensors may be paralyzed; then the flexors or the last may be exempt altogether, and notwithstanding the contraction is towards the flexor side. This same phenomenon may be observed in fracture of the forearm where the dressing has been applied too tight. (Here followed cases in point.)

There can be no doubt, then, that contraction of the fingers, in paralysis of the muscles of the forearm, depends upon the position which the fingers assume upon itself depending; the fingers are not so heavy that they can fall into passive extension in the pending arm. They remain in a slightly-flexed position in spite of the pendulated motion of the shoulder and elbow joint in walking; this is a middle position, and depends upon the elastic tension of the ligaments and muscles, and the position of the planes of the joints, etc., etc., and this position remains upon the already putrefied cadaver. Upon the non-use depend all contractions.

In regard to the treatment, the mechanical support is the only remedy we possess; the various apparatuses I have explained to you already, and showed you the applications.

COMMUNICATIONS.

PREACHER-DOCTORS.

(FROM A REGULAR SUBSCRIBER.)

The subject of "preacher-doctors" seems to be attracting considerable professional attention at

present from various parts of the country, showing that this class of practitioners are either largely on the increase, or are becoming more aggressive and offensive.

It is no doubt high time that the question should be met, dispassionately discussed, and effectually disposed of. The ranks of the regular profession have become so overcrowded that all manner of tricks, schemes, intrigues, artifices, indeed every conceivable manœuvre short of an open, bold, flagrant violation of the American Code of Ethics, is resorted to by would-be reputable and regular physicians in their struggle for existence, for the impression the exercise of such diabolical diplomacy may make on an unsuspecting, harmless public.

It is not necessary for the enterprising newsgatherer or reporter to inconvenience himself in the least to interview this class of physicians: one of their daily duties is to hunt up a reporter and fill him up with news, having special reference to the great skill and ability of Dr. So-and-so. Positions of honor are vigorously sought after and from time to time advertised, together with little operations or attentions upon patients, in the public press.

One would suppose that a *preacher*-doctor would do the least to offend the Code of Ethics in the matter of public advertising; but some of the cutest, slyest, most cunning and most frequent advertisers I ever knew belonged to this class of physicians, which fact has, no doubt, among others, led the profession generally to believe that the pulpit is also used for no very pure purpose. They are unequalled in working up public presentations, and in appearing to be taken so completely by surprise when their presents are formally presented.

In a valedictory address a few years ago, Prof. Bartholow alluded in unmistakable language to this class of practitioners.

In a paper read recently before the Indiana State Medical Society on "Quacks and Quackery in Indiana," Dr. W. H. Lopp, of Columbus, Indiana, referred to them in no uncertain sound. And now comes Dr. A. L. Knight, of West Columbia, West Virginia, with a lecture on the same subject, which he delivered before the Ohio Valley Medical Society at Jackson, Ohio, May 10, 1883.

The following notes of Dr. Knight's lecture may not be uninteresting to your readers:

"Please notice that I use the word profession in the singular. I say, without fear of successful contradiction, that it is not within the intellectual capacity of any man to successfully and practically follow any two or more of the learned professions. He should give no more than, as it were, a recreative attention to the fine arts, politics, commerce, stock brokerage, agriculture, or, in fact, any of the active business affairs of life. If he give more than that, he has discounted his professional usefulness to the extent of the misspent time. One of Germany's favorite poets, the world-famed Goethe, was so well aware of the truth of this proposition, that he uses the following phrase in his sonnet to Art and Nature: 'Wer grosses will mus sich zusammenraffen, in der Beschrænkung zeigt sich erst der Meister"—He who would be great must concentrate; for in concentration only is shown the mas .

"It is said that the Hon. Daniel Webster in his boyhood asked his father what he should do to become great. His father, pointing to a nail in the floor, said: 'Fix your eyes and attention on that nail, and think of nothing but the nail, its composition, mechanism, and use, for ten minutes; if you can do that, you are already on the road to greatness.' Webster said that he tried it and failed; but it taught him one of the best lessons of his life: necessity of concentration.

"Now I have the highest respect for the man of God who walks in the footsteps of his Divine Master, who, with a contrite, humble heart, strives by constant meditation to learn the true mysteries of godliness; who searches the Scriptures in all their various reading, reads the multitudinous commentators who have labored in the same cause; who in fact devotes his best energies in the cause of his profession, and for no other motive than the salvation of souls. But for the local preacher with a secular business, who invades the sanctuary in a hypocritical spirit, and simply uses the pulpit as an advertising medium for his business, trade, or profession, I have the most supreme contempt. In fact, such rascals are beneath contempt.

"Thus I have endeavored to impress you with the idea of the necessity of concentration and a continued effort in any and all avocations, and especially in either of the learned professions, whose vast array of intellectual labor is enough, and more than enough, for the most gigantic minds of this or any other country.

"Writers on political economy urge a division of labor as the most conducive means to skilled labor. The truth of this proposition has very properly led to a division of the medical profession.

"You are doubtless aware that there is a class of physicians found here and there throughout the

United States, known and classified by naturalists as 'preacher-doctors,' a class of doctors styled by a professional friend 'medico-theological quacks, and the most diabolical frauds that infest society.' If the few specimens of these spiritual mountebanks which I have examined are representatives of their class, those epithets are not misapplied.

"Before proceeding in my analysis of these local specimens of hybridity, pseudo-preachers and pseudo-doctors, 'half-and-half,' I beg of you not to attribute my remarks to a spirit of jealous rivalship, for it is not the rivalry which induces me to speak of them, but the prostitution of the sacred cause of religion to the base purpose of winning unmerited favor and patronage, and their general inefficiency and hypocritical duplicity; also for the excess of confidence displayed by that class of physicians who no doubt have argued themselves into the erroneous idea that they are just the men to save both souls and bodies.

"Apologists for this class of physicians are wont to remind us that St. Luke, the evangelist, was styled the 'good physician,' and preacher-doctors themselves will deliver sermons upon 'the relations of Christianity to the practice of medicine,' based upon the text of 'Luke, the beloved physician,' in order to convince, if possible, the more intelligent and thinking portion of the populace, who cannot exactly see the propriety of a man pursuing both professions. St. Luke, we infer, was a practicing physician prior to his conversion, and we are inclined to believe that he discontinued the business soon after; be this true or not, the history of medicine informs us that the science of medicine in his day was but little understood, if we except the fact that, like our modern Lukes, the physicians of that almost barbarous age of the world knew how to charge for service rendered.

"I think it is Dr. Luke who tells us in his sacred writings of a lady who had spent all her *substance* among the physicians, and was not cured. Such things happen in our own enlightened age, but not with the same disease with which that woman was afflicted. Such afflictions are sometimes troublesome to cure; but in the hands of a skillful physician a cure generally follows, and the fees therefor are not excessive.

"A few years since I attended the funeral of a lady friend who had died of the same disease. The funeral service was by the gentleman who had rendered her medical service. I do not know what it was that prompted me to attend. You are aware, perhaps, that physicians as a rule do not like to attend funerals. But I did attend on the occasion referred to, perhaps out of curiosity to learn how the gentleman would likely succeed in the two professions. Well, in due time the doctor put in his appearance, dressed in the unexceptionable sacerdotal costume, even to the white neck-tie. He was so completely transformed, or disguised, that had I not known the reverend doctor I should have taken him for a preacher indeed, instead of the spiritual mountebank that he was. His countenance was that of melancholy personified, and seemed to be overflowing with sympathy for the relatives of the deceased.

"I thought his text was quite appropriate, which was, 'Behold, I come as a thief in the night.' These may not have been the exact words of the text, but they were something like that.

"It was his closing remarks that gave an increase to my disgust. Referring to the departed, he read from a slip of paper: 'Sister Jane Hyffman was born July 10, 1836, and died yesterday, aged thirty-eight years, five months, and eighteen days,' and then in a style of the greatest lachrymose: 'The Lord in his inscrutable providence has called her to mansions prepared for her. At this very moment she is casting her crown of glory at the feet of her Redeemer. Angel friends with harps in their hands are greeting her with smiles as she walks the jasper-paved streets of the New Jerusalem. Our loss is her eternal gain. The tears and prayers of her loving earthly friends could not stay the hand of the messenger sent by her Creator. Still, it is a great consolation to the weeping friends to know that she died firm in her faith in Jesus, and it is a further consolation to feel that all had been done for her that loving hearts and willing hands could do for her. The physician tried the best remedies known to the medical profession, yet God, in his mercy, called her hence. Therefore, my friends, watch and pray, for ye know not in what hour the Son of man cometh.'

"Now, that woman, in the prime of life, died under the treatment of that half-and-half rascal, who, had she been treated by a skillful physician, that is, one who gives his undivided attention to the study and treatment of disease, would doubtless have recovered. She had the same disease as that spoken of by the sacred writer, who had spent all her substance, etc., etc.

"I always admired the verse which reads: 'How beautiful are the feet of those who stand on Zion's hill.' But here, you see, 'distance lends enchantment to the view.' So you will perceive that the

No. 9's standing at the bedside of those sick unto death, to the exclusion of their superiors in the healing art, is enough to knock the poetry contained in those beautiful lines into a cocked hat.

"Our profession holds that a physician who resorts to any trick or artifice in order to bring himself into notice, is presumed to not have even ordinary skill, and is therefore guilty of quackery. Now, if the various self-imposed tasks which these gentlemen take upon themselves are not a means of advertising themselves, then what are they? I know of a certain professor of surgery at the capital of your State, who, when he has a little operation to perform, manages somehow to get a good crowd of the brethren in to witness the operation, and before beginning it says in a sanctified manner, 'Let's pray.' That is quackery in the high places.

"Again, these half-and-half fellows rarely or never contribute anything to medical literature. There was a preacher-doctor who resides in Fort Wayne, Ind., who contributed a paper on 'Gallstones' to the State Society, written, however, by a friend of his. After the transactions were published, he exhibited the article around among his patients for their admiration. Such doings as that the profession condemns as quackery."

Hospital Reports.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. R. J. LEVIS.

Selected Cases Reported by Dr. Geo. F. Souwers.

Varicocele.

In considering the treatment of varicocele you must recollect that there is an element, and at times a very decided element, of danger in performing the operations ordinarily in vogue for the relief of this affection. Not only is there the danger due to the inflammatory condition set up in the veins when these are ligated as in the common practice, but there is the further, and not less to be dreaded, effect on the testicle itself. While no actual acute inflammation may be set up in the testicle, yet it not unfrequently happens that a slow change takes place in the organ, which, if continued, eventually terminates in the emasculation of the individual so far as the testicle operated upon is concerned. In addition to this, where the button is employed, we have the sharp edges of the metal cutting into the integument, and proving a source of annoyance to the patient. Further, at times a higher degree of inflammation takes place in the veins, owing to the traumatism to which they have been subjected, than is necessary for their mere occlusion; in fact, this may go on to the occurrence of a pronounced erysipelas, which may involve the whole of the scrotum and surrounding cellular tissue. In all cases of varicocele we find a marked redundance of the scrotal integument, such a redundance that the testicles and the structures connected with them do not receive the necessary support. With this condition as a starting point, it is a question whether an operation that is not modern, having been performed by Sir Astley Cooper, but which has been lately revived, has not more claims in its favor than any of the so-called ligation operations; for, while in these the vas deferens and other tissues beside the worm bunches of veins intended to be sacrificed, may be included in the ligature in the hands of unskilled, inexperienced or careless operators, by means of this revived operation such accidents are impossible, or at any rate are minimized. The cardinal point aimed at is support of the testicle and the enlarged veins; if now we retract the scrotal integument we gain the desideratum aimed at. The question of how best to do this to leave such a quantity of scrotum as will just answer the purpose desired, and at the same time not to sacrifice too much, but to obtain an artistic, natural-appearing scrotum after the performance of the operation, is an important one. I think that by the employment of the clamp invented by Dr. Henry, we attain the desired results. The superabundant scrotal tissues being grasped by the fingers, are introduced between the clamp-serrated jaws of the instrument, it being well first to shave the surrounding tissues of hair. In order to avoid the inclusion of the tunica vaginalis in the portion to be excised, the integument about to be amputated must be stretched between the fingers, and light allowed to pass through. If translucent, the next step of the operation is proceeded with; if not, the undesired tissue is pushed out of the grasp of the instrument. All being right, the thumb-screw in the clamp is screwed down, the effect and object of this constriction being two-fold: first, hemorrhage is controlled by the pressure; and, secondly, the integument is held firmly from gliding or slipping away from the knife, which is now drawn along the convex surface or edge of the clamp. This edge being convex, the knife following it gives a circumferential scar or cicatrix on the lower and outer aspect of the scrotum. The superabundant skin having been cut off by any ordinary scalpel, sufficient sutures are introdnced to retain the edges of the wound in apposition during healing. The clamp is then removed, and the operation is finished. Healing takes place as in any ordinary skin wound, and the inconvenience and pain of daily tightening ligatures is avoided. The after-treatment consists simply in the employment of carbolized (1 to 20) water dressing, elevation or support of the testicles, and, if required, applications of the lead water and laudanum lotion.

As a companion picture to scrotal redundancy, I shall exhibit to you one where something similar obtains at the head of the penis, a condition that is provocative, in childhood especially, of various reflex irritations that find their expression in general irritability, masturbation, discharges, milky or cheesy in character from beneath the foreskin, wetting of the bed at night by unconscious urination, and in cases of older patients, by morbid erections and seminal emissions. In cases of unexplained and seemingly unexplainable nervous and dyspeptic states in boys, it is

always well to extend your examination to the sexual apparatus. If in later life many female troubles seem to originate in some morbid or diseased condition of the genitalia, the same rule may be said to largely apply to the male sex in the years of its early development, that is, as I have said, where obscure irritation is the source of the disease. When you find an elongated, tightened prepuce, that by the action of its mechanism is bound to retain secretions, and thus cause irritation, local and constitutional, it becomes your bounden duty to operate, and to remedy the defect *sufficiently*. Various means have been and are still pursued in order to accomplish the end in view. Heretofore it has been the custom to remove by means of the knife, at a single sweep, all the excessive skin and mucous membrane, the raw edges of the skin and mucous tissue being then brought into apposition by means of sutures. I do not, however, consider it necessary to proceed to this extremity. If we study the conditions carefully we find that, as a rule, it is not the skin, the integument, that is so much at fault, that this is not what acts so much as a constrictor, but that it is the mucous membrane that is at the root of the evil. The skin is freely dilatable, as any one may prove in his own person, not only so but it is in superabundance; whereas the mucous membrane, in the case of phimosis, is rigid, thus dragging down and holding the skin in its indirectly abnormal state. Such being the case, it is not absolutely essential that the integument shall be sacrificed, for if it be not bound down in position, it can readily be stripped back and ablution of the parts performed, it simply being the want of cleanliness that causes indirectly the reflex irritations. With this idea in view, and in order to simplify an operation that has sometimes resulted rather disastrously in some hands, owing to the forgetfulness of the operator of the great resiliency of the skin, I have invented what I style the phimosis forceps. Under the plan of amputation of the foreskin as generally pursued, it has happened that the skin having been drawn down too much and too much tissue removed, when the foreskin remaining left the hand of the operator it stripped back away beyond the point at which the foreskin should be found, much to the chagrin of both the surgeon and the patient. This forceps consists of two rather wide forceps blades articulated by a hinge and separable by means of a thumb-screw, and deeply serrated on the outer side of the legs. The narrow points of the blades having been introduced closed into the aperture in the foreskin, are pushed well up and then allowed to spring apart, or gradually screwed apart, the folds of mucous membrane falling between the serrations are caught and the instrument gradually withdrawn. The mucous membrane is thus brought out beyond the line of the integument sufficiently to be cut off by a circular sweep of the knife. The skin can then be stitched to the stump of mucous membrane, making a foreskin that can readily be stripped back.

The wound heals in a very few days; a few sutures are usually employed.

From the penis we will now go backwards and consider the case of Andrew R., 40 years of age, and married. For the past eighteen months this man has suffered pain both day and night, commencing with slight pain at the time of defecation, which pain lasted for a longer or shorter time after each act. It has gone on till the man is a physical wreck from the constant aching and shooting pain day and night, which deprives him of sleep even when under quarter-grain doses of morphia. He has not complained of the loss of much, if any blood, and his appetite has remained fairly good for a man in his condition. From the condition of his face and hands you see that he must have lost large quantities of flesh from the wasting and suffering through which he has passed. His stools, from being natural, have gone through various transitions, have been ribbon-shaped, but are now loose and wasting. On introducing my finger into the rectum I find about half an inch above the external orifice a hard, more or less nodular and annular mass, which is sensitive on pressure. What is to be done? There are but two operations for the man's relief; by one he prolongs life, voids his fæces by a painless artificial opening; by the other, he risks death on the table, but is radically relieved of the cause of his suffering. By the former the cause and hence the effect remain; by the latter he hopes to get more or less permanent relief; and, as he insists that he wants no temporizing, that life to him with this cancerous rectum is not only useless but absolutely distasteful, I have yielded to his wishes and will remove a portion of the rectum. The patient being etherized deeply, an elliptical incision is made that involves the whole of the sphincter muscle around its outer border. An instrument which consists of a series of sharp claws is now passed through the incision thus made, and reaching above the cancerous mass, is fastened into position by means of a sliding ring. The idea of this is that a hold is thus obtained on the gut, by which it may be readily drawn down. It is well to remember in excision of the rectum, that at the moment of excision there is apt to be very profound shock, so much so that it is at this time that death is apt to take place suddenly; and hence you must be on your guard. If it does happen, hypodermics of brandy, and heart stimulants, digitalis, etc., should be employed, hot bottles placed around the patient, and the head and shoulders depressed.

The gut being dragged down, the offending mass is cut off, involving, in this case, over two inches of the rectum, and being hard and gristly to the touch. The rectum must now be tightly packed with lint saturated with carbolized oil, in order to avoid hemorrhage as much as possible. The patient is wrapped in blankets, enclosing bottles of hot water, and has a hypodermic of one-fourth of a grain of morphia administered. The after-treatment will consist of tonics and stimulants with morphia, guarded by atropia, and nourishment of a fluid character must be administered every two hours. The urine will be drawn off by the catheter. Locally, lint and carbolized oil, and after some days rectal irrigations of carbolized water (one to twenty) will be used.

Reporter's Note.—This case progressed very satisfactorily from the first, nourishment was taken and retained, and the patient gained strength. There was a good deal of pain complained of for many days after the operation, it seemingly being,

by what the man described to me, rather spasmodic in character, and situated low down in the pelvis. The patient found more ease while in the lateral decubitus than when lying either on the face or back, still the pain was not of that agonizing character that it had been before. While at the time of the operation there was a good deal of blood lost, yet the hemorrhage was not comparatively nearly so great as I have repeatedly seen in operations of much less gravity, and I am not aware that he lost much subsequently to the operation. Dr. Levis, who saw the case long after I did, tells me that the curious point in the case is that the man is, or was when he last saw him, able to retain his fæces, that they were completely under his volition, and that altogether he might be considered a successful recovery.

The man not being a resident of this city, I have not been able to learn anything further of him.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Cardiac Hypertrophy.

The patient is a druggist, aged fifty-three years; married; has been a steady drinker; his father was subject to rheumatism, and he died with dropsy; his mother died of cancer of the stomach. Patient had his first attack of rheumatism at the age of thirty-eight, or fifteen years ago, in the knee and ankle-joints. He has had frequent attacks every two or three years since then; has had gonorrhœa, but no syphilis, and no malaria. One year ago he noticed that he began to lose his appetite and to suffer from dyspeptic symptoms, and he became short of breath on exertion. Four months ago his feet and ankles became swollen. These symptoms increased in severity, and two months ago he was obliged to give up work. He has now lost sixty pounds in weight, and complains of anorexia and palpitation of the heart, in consequence of which he cannot lie on his back.

Gentlemen, you have now heard the subjective history of this patient, and there is one point of interest in the family history, and that is, that his father was subject to rheumatism. In his own history we learn that he was a drinker; and also he has had attacks of rheumatism every two or three years. His general health was good until one year ago; but then it failed quite suddenly, and he began to suffer from dyspnœa, and other evidences of obstruction to the circulation. This history leads us at once to the probable seat of the disease. We will now examine him objectively for further information.

Inspection.—The patient looks older than he is; has light hair, now turned gray, and blue eyes; is of robust build, but the muscles are somewhat emaciated; he breathes through his mouth because of dyspnœa. A plaster of oil-silk and cotton, four by six inches, lies over the upper part of the chest. Respiration is mostly thoracic and labored. The abdomen is distended. The legs are slightly swollen, and the veins are somewhat varicose, and there is a mild eczematous eruption upon them. He lies in bed in a semi-reclining posture, with his head and shoulders propped up by pillows.

Palpation.—On tapping with the fingers at the side of the abdomen, a sense of fluctuation is appreciated by the hand on the opposite side. There is a diffused area of pulsation of the heart, and on expiration the apex beat can be distinguished at a point two and a half inches to the left of the nipple and in the sixth intercostal space, and so is much farther to the left, and a little higher up than normal. The legs pit on pressure.

Auscultation.—The heart beats rapidly. Over the third intercostal space at the left border of the sternum, a reduplication of the first sound of the heart is heard. And there is a sound like the crackling of a piece of leather, which is synchronous with the respiratory movement. It is evidently a friction sound, and is heard both on inspiration and expiration, and so must be a pleuritic and not a pericardial friction murmur. At the upper part of the right lung there is no respiratory murmur, though the chest moves freely. It is exaggerated on the left. Lower down on the right, the vocal resonance and the respiratory murmur are more distinct. At the base of the left lung there is absence of respiratory murmur, but a friction sound is heard.

Gentlemen, it will be interesting to seek the cause of this peculiar absence of respiratory murmur in the upper part of this man's right lung, although the chest expands freely. There has probably been, at some time, some consolidation of the upper portion of the right lung, as a result of bronchitis, or more probably in this case from an old pleurisy in which there was an exudation, which resulted in the formation of new tissue, which by gradual contraction has resulted in condensation of the lung, which in its superficial portions is thus made impervious to the entrance of air. It is important that you should know and recognize the signs of an impervious lung, which consist in an absence of the respiratory murmur, while you get an effort at breathing, and hear a faint murmur which seems to come from a point near the surface of the lung; but this sound has none of the characteristics of a true respiratory murmur. In examining the chest you must always have distinctly in mind the characters of the normal respiratory murmur, in order to recognize abnormal sounds; and if at any moment you forget them, you should go immediately to another part of the chest and listen until you get them fixed in the mind, and then return to the examination over the suspected region.

We have not yet completed the objective examination, but we have gone as far as we can here. It remains yet to inquire into the condition of the urine, as to whether or not it contains albumen or casts, and as to the amount passed, and the frequency of passing it. He says that he has been accustomed to examining it for albumen until two weeks ago, but he found none. But since he came into the hospital, it has been found to be present. The amount passed is considerably diminished, and its specific gravity is 1022.

Let us now briefly review the symptoms which we have elicited. They are, fluid in the abdomen, enlarged liver, spleen not made out, enlargement of the heart, shown by the displaced apex beat, friction sounds in the lungs, and pleuritic

effusions on the surface of both, and fluid in the lower part of the chest on the left side, and condensation of the upper part of the right lung, with expansion in its lower portion. These objective signs, with the subjective, lead us to the conclusion that there is dilatation of the heart, and as a result obstructive congestion of the kidneys and liver; though the evidences of portal obstruction are not pronounced. The hypertrophy of the heart depends either upon valvular lesions, or an adherent pericardium, the result of a pericarditis which may have followed some of his many attacks of rheumatism, fifteen or more years ago. So here again is brought to your notice a fact to which I have called your attention before, namely, that a man with heart disease may enjoy very fair health for a long time, and not be aware that there is anything wrong with his heart, until the period of compensation has passed. This man was apparently in good health until a year ago, although for nearly all of his life his heart may have been working against some obstruction, which was the result of an old pericarditis or an endocarditis. But now the compensation from hypertrophy has ceased, and the heart tissue, like all hypertrophied muscles, has undergone a degenerative change, and so has become weakened and dilated, and consequently no longer has force enough to overcome the obstruction in the circulation. As is usual, he first noticed an unusual trouble in breathing, on exertion, and then followed a succession of difficulties—general anasarca, peritoneal and pleuritic dropsy, and enlarged liver and kidneys. He has been in a pretty bad way recently, and was worse yesterday than to-day.

Patients often come into the hospital in a worse condition than this man, but under the favorable conditions of repose, good diet, and medication they get much better. They then go out again, and are quite well for a season; but from imprudence or over-exertion, they get into the same trouble again, and then they come back to the hospital; and with rest and the enjoyment of the same favorable conditions as before, their strength returns, and they so far recover that they again go out, only to return again after a time to repeat the same process. These patients, from their habit of coming to the hospital so often for the same malady, are frequently known as "repeaters."

So this patient, by reason of the advantages which the hospital offers, will probably improve and be more comfortable for a time.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Case of Extreme Mitral Stenosis: Death Resulting in a Few Months from Sequential Lesions Without General Dropsy.

BY J. T. ESKRIDGE, M. D.,

Physician to the Jefferson Medical College and St. Mary's Hospitals.

Charlie, aged fifteen years, died in St. Mary's Hospital, during the latter part of December, 1882. In February of that year, during my term of service, he first came to the hospital, suffering from acute bronchitis. The attack ran its course in a week or two, but the heart, during and after the seizure, was exceedingly irritable, frequently beating from 120 to 150 times per minute. Infrequently he complained of pain over the præcordial region. The heart was repeatedly and carefully examined, but no endocardial murmur or pericardial friction sound was heard. No thrill or friction fremitus was felt. He was kept in the recumbent posture, and counter-irritants were applied to the præcordium. At the end of about two weeks he left the hospital feeling tolerably well, although the cardiac pulsations were rarely below 100 per minute, and a little exercise, or excitement of any kind, would increase them to 120 or more.

In August, 1882, he re-entered the hospital, and was again suffering from acute bronchitis, with free secretion, attended by numerous subcrepitant and large moist bronchial rales. After the subsidence of the attack, which took place in about a week, a decidedly rough and rather long presystolic murmur was heard. During the remainder of his life he stayed in the hospital, and was engaged most of the time in waiting upon the sick in the ward. Ascending and descending stairs, and active exercise of any kind, greatly exhausted him, causing the heart to beat tumultuously, and him to pant for breath. He rapidly grew worse, and by the latter part of November he was spitting quantities of blood rather frequently. The lungs soon became so engorged that the frequent hæmoptysis did not relieve them. During most of December he remained in bed propped up by pillows. The last two weeks of his life he was air-hungry, and gasped for breath. His extremities were cool and cyanosed, his face was of a dusky hue, and he expectorated large quantities of blood and frothy mucus. No general dropsy existed. Considerable albumen was found in the urine. Physical signs of pulmonary congestion and œdema, bronchitis, pleurisy with effusion, pleuro-pericarditis, and pericarditis with effusion in the pericardium, were present during the last few weeks of his life.

Sectio Cadaveris.—Numerous recent and old pleuritic adhesions were found, especially in the neighborhood of the heart. Pleuræ were slightly adherent to the upper portion of the pericardium by means of recent exudate. Considerable fluid, containing only a trace of lymph, and no pus, was seen in the pleural sacks. The pericardium contained several ounces of nearly clear serum. Several patches of recently exuded lymph were present on the outer surface of the ventricles. The weight and size of the heart were greatly increased. The right cavities of the heart were relaxed and filled with dark fluid-blood and a chicken-fat clot. The left side of the heart was less relaxed and contained a smaller quantity of blood. The wall of the right ventricle is nearly twice its usual thickness; its cavity is slightly enlarged. The right auricle is dilated. The valvular curtains at the pulmonary orifice appear competent, and show no inflammatory deposits. Tricuspid valve slightly incompetent, otherwise normal. The left auricle, with its appendix, is enormously dilated. The left ventricle is concen-

trically hypertrophied. The aortic valve curtains are somewhat thickened, but they are competent, and do not encroach upon the orifice. The mitral curtains are adherent to each other along their entire right borders, and along the external portion of their left free margins, thus leaving a space only four millimetres long by two wide for the blood to pass through. The valve has a leathery feel, but neither it nor the surface of the auricle is rough. The mitral valve does not present the funnel-shaped appearance usually seen in such cases, because, probably, the curtains had adhered to each other irregularly, and left the small opening to one side of the centre of the normal orifice. The lungs were dark, deeply congested, and more or less œdematous. Several ounces of clear serum were found in the peritoneal cavity. Liver, spleen, and kidneys dark and congested.

One point in the clinical history of this case is warthy of special attention. The first symptoms directing attention to cardiac disease, were the rapid pulse and exceedingly irritable condition of the heart. These symptoms existed for severel weeks, and probably for a few months, before a murmur was audible. An explanation of these, without the presence of a murmur, will be found by a careful study of the diseased mitral valve before us. Neither the valve nor the surface of the auricle is roughened, consequently, for the production of a presystolic murmur under such conditions, it is necessary for the blood current to meet with sufficient resistance in its passage from the auricle into the ventricle to enable it to set up decided vibration in the valve itself. Before sufficient mechanical obstruction took place at this orifice, the parts being comparatively smooth, to develop a murmur, inflammation and beginning adhesions of the curtains to each other were taking place. The latter conditions, although not sufficient to give rise to a murmur, rendered the heart irritable.

If the explanation given is the correct one, it points to the significance of some irritable hearts, where no murmur is present to announce cardiac valvular disease.

The length of the murmur was greater than that of any mitral presystolic murmur that I had heard before. It seemed to be divided into two parts, both occurring between the diastole and systole of the heart. The first part was the softer and had less intensity; the latter was very rough and ended abruptly. They corresponded to what Hayden has described as the post-diastolic and presystolic murmurs. He says they always denote great obstruction at the auriculo-ventricular orifice. The post-diastolic murmur, he thinks, is due to the passive flow of blood from the auricle into the ventricle: the presystolic taking place when the auricle contracts. If subsequent autopsies should almost constantly associate the prolonged or double presystolic murmur with great stenosis at the mitral orifice, it will be of value in prognosis, as life cannot long continue when stenosis is as great as seen in the heart I exhibit tonight.

Dr. F. P. Henry exhibited a specimen of intrathoracic aneurism, markedly sacculated, and involving the arch and descending portion of the aorta as far downward as the lower border of the sixth rib. The following notes were taken by Dr. Howard Kelly, the then resident physician, soon after the patient's admission to the Episcopal Hospital, December 7, 1882: There is a "distinctly elevated area about two inches in diameter to left of manubrium, occupying the first and second intercostal spaces, and projecting the cartilage of the second rib. This is also the seat of greatest dulness, and of strong bruit and expansile movement. Murmurs heard at apex, ensiform cartilage, and second right costal cartilage . . . . aortic sounds weak and muffled. Pulse in right radial and axillary, strong. In left radial and axillary, weak and distinctly delayed. Brachials at elbow visible, sinuous and atheromatous. Faint bruit in left axillary; none in right. Strong bruit in left carotid; faint in right. Same relation between subclavian arteries. Faint bruit in abdominal aorta. Left pupil always smaller than right."

Under the use of large doses of potassium iodide there was a decided subsidence of the external tumor, also of the pulsation and bruit. The most troublesome symptom, dyspnœa, was not, however, materially benefited. Death occured on May 13th, through rupture into the right bronchus, and was immediate.

The removal of the aneurism was rendered difficult by the adhesions to neighboring tissues, especially to the sternum and ribs in front. The fifth and sixth dorsal vertebræ were deeply eroded, and at the site of these erosions the aneurismal wall was entirely gone, its place being supplied by two masses of fibrin accurately fitting into the erosions, but unconnected organically with the sac. They merely acted as plugs. The heart was in an advanced state of fatty degeneration, and slightly enlarged. The aortic valves were perfectly healthy, but immediately above them were marked atheromatous changes. The opening into the right bronchus was about the *size of a three cent piece.*

Dr. Henry also presented specimens from a case of acute phosphorus poisoning, consisting of stomach, liver, kidneys, heart and spleen. The phosphorus was taken with suicidal intent during the night of May 7th, and was obtained by soaking the heads of a box of matches in water. Fifteen minutes after swallowing the solution the patient, a male German, æt. 22, experienced a burning sensation in the stomach, which in the course of a few hours (about six) steadily increased until the pain became excruciating. Copious and repeated attacks of vomiting then ensued, and followed every attempt to allay thirst, which was excessive. On the eighth, there was a very loose discharge from the bowels.

The patient was admitted to the hospital on the tenth. His skin was sallow and dark, but not then icteric in hue. There was tenderness over the liver, and the line of liver dulness was slightly increased. Severe pain in the abdomen was complained of, and this pain had continued with occasional intermissions since the eighth. The pulse was full and strong, 84 per minute. The temperature was 100°. The urine contained considerable albumen, but no casts nor other abnormal ingredients. I extract the following from notes taken by the resident physician, Dr. James S. Carpenter:

May 11. No pain; pulse 100; temperature 98⅘°. Patient refuses food but craves acid drinks.

May 12. Vomited once, but phosphorus not tasted by the patient as heretofore. Pulse 108 and weaker. Temperature which was 101° on the evening of the eleventh, now 98⅘°. Decided icterus. Thirst continues.

May 13. Jaundice increased; tongue dry and brown, red at edges; abdominal wall covered with numerous petechial spots; pulse 126; temperature 100°.

May 14. Intense jaundice; one clay-colored stool; pulse very weak, 32; temperature 98½°; extremities cold; bladder relieved by catheter; 48 ounces removed. The urine contained bile pigment in large amount, and had a very strong odor of phosphorus. The man died at 10.40 a. m., one week, less fourteen hours, after taking the poison. As the patient was not admitted until the third day after he had swallowed the phosphorus, the treatment was directed toward relieving pain and maintaining the strength as far as possible.

At the autopsy which was made very soon after death, the stomach was found filled with a grumous, bloody fluid, but the gastric mucous membrane was quite pale and free from erosion or any sign of inflammation. The folds of mucous membrane upon its surface were, however, unusually prominent. The liver weighed three pounds fourteen ounces. The anterior border of right lobe and the parts adjacent to the gall-bladder were yellow-mottled. Streaks of this yellow coloration extended along the borders of the fissures on the under surface; in parts these streaks were an inch in width. The bulk of the liver was normal in appearance; the gall-bladder was *empty*; heart rigid in systole; its valves healthy; slight pericardial effusions.

Lungs.—Some old pleuritic adhesions and emphysematous vesicles at both apices.

Spleen and kidneys apparently healthy.

Blood Fluid.—A microscopical examination of the liver will be made and reported upon at a future meeting.

(*To be Continued.*)

Editorial Department.

Periscope.

Leprosy and Beri-beri.

Dr. F. H. Enders writes an interesting letter from the Sandwich Islands to the *Louisville Medical News*, June 26, 1883, in the course of which he says:

The history of leprosy in these islands is very obscure. As far back as 1820, the time of the arrival of the first missionaries, we are told of the existence of a disease similar in nature to the leprosy of the present day; this was known among them as mai alii, or the disease of the chiefs. But among the first conspicuous cases after this time was that of a Chinaman, whereat the missionaries adopted the name of mai-pake, or Chinese sickness. Since then it has been known among the people by this name only, and from this fact it was supposed the disease originated among or was brought here by the Chinese, which I am not greatly inclined to believe; indeed, that the disease has existed among them from time immemorial seems to me the clearest inference to be drawn. What is leprosy? How often this question has been asked, and yet how unsatisfactory the solution. A few scientific men contend it is a form of syphilis; others, that it is a disease sui generis, greatly dependent on the habits and character of food; others, that it is of malarial origin, as stated by Sir Erasmus Wilson and my friend, Prof. L. P. Yandell; others, again, who are confident that it is caused by the inoculation of a specific bacteria. How, then, are we to reconcile these widely conflicting theories as to its relationship to syphilis?

Syphilis arises from the same character of sore, pursues precisely the same course, manifests itself in three different stages, here as elsewhere. If, then, it be akin to syphilis, it must be of some later form than the tertiary; then, if such be the case, why should this later form be inoculable, when I believe it is anaccepted fact among syphilographers that the tertiary form is not inoculable. As to it malarial origin, the fact of the great immunity suffered from this poison on these islands would rather preclude such an idea. If I were asked to describe a case of leprosy before reaching its last and most severe form, I would refer back to some reports made by Mitchell, Morehouse, and Keen, who had such large opportunities in the hospitals established during our civil war for diseases and injuries of the nervous system. The conditions they found to occur in the parts below the seat of injury were atrophy of muscles and various sub-acute inflammatory states indicated by tumefactions and congestions, edema, thickening of the cuticle, glassiness of the skin, cracks and fissures in it, eczema, curved and talon-like nails, retraction of the skin of the ungual phalanx, and exposure of the matrix, painful swelling of joints, and altered or arrested secretions. In addition to these, anesthesia, a bluish discoloration over the seat of anesthesia, and tendency to ectropion. Here we have a tolerably fair description of a case of leprosy. As it progresses, the anesthesia extends from its seat of beginning in the extremities, tumefaction increases, ulceration sets in, the flexor muscles strongly contract, the lobes of the ears and alæ of the nose are greatly hypertrophied, absorption of the bones of the hands and feet goes on, until some intercurrent disease or organic complication relieves the poor wretch and sends him to his long home. They are very liable to epidemics of phlegmonous erysipelas, the sequelæ being inflammation and suppuration of some of the lymphatics. I have operated on as high as fifty-four in one day from this cause, giving great relief to the poor victims.

There are now at the segregation about 700 inmates; the government has recently been very active in collecting and sending them to the hospital, until, in my district of about 6,000 people, we have not more than five lepers at large. But one white man has been condemned as a leper from this island since my long stay here, and he lived among them as one of them, eating from the same calabash, smoking the same pipe, etc. They are well cared for, having comfortable homes and plenty of food, and when once installed are loath to leave.

The description of a case, as given before, upholds very strongly, the theory advanced by Prof. T. G. Richardson, of New Orleans, as being a disease of the trophic nerves; and the treatment by nitrate of silver seems to sustain it, as great good has resulted when it could be tried with any degree of satisfaction, the great trouble being their diet, which is composed largely of salt fish, this rendering the nitrate inert by converting it into the insoluble chloride. Salicylate of soda is the great remedy of the day; the future will tell us more of its effects. I learn Professor Gross has recently had a case from these islands. I should like very much to be allowed to forward you a sample case for your observation and study. We have another form of disease here that is doubtless a matter of curiosity to your readers, and that is beri-beri. I have seen about sixty cases on these islands, confined entirely to recent importations of Chinese, not one having been here over two years. This I attribute to the fact of the older residents adapting themselves to the diet and customs of the natives, dispensing with the excessively greasy and strong meats and fish that are brought from China, and eating poi, rice, meal, etc.

Dr. Simmons, of Yokohoma, from whom I have recently received a letter, refers in strong terms to malaria as a cause of this disease, yet Chinamen arrive here apparently in good health, and so remain for perhaps one or two years, when they are suddenly taken with the pain in the knee and flexor muscles indicative of the approach of beriberi. It can not be malaria is the cause, for there is no country in the world which has suffered greater immunity from malarial diseases than this, unless some one eventually proves syphilis to be malarial. The first indication of the disease resembles very much that of progressive locomotor ataxia, the unsteadiness of gait, inability to stand with feet close together and eyes closed, the same difficulty in walking. But the phenomena which are generally to be found are summed up by Everard: debility, cold extremities, palpitation, dyspnœa on exertion, frequent, small and quick pulse, the bruit occasionally heard in the neck, scanty urine, torpid bowels, deadly pallor of the tongue, all indicating a condition of anemia. Treatment has but little effect, a large percentage of the cases being fatal.

The Fate of Peptones.

The *Med. Times and Gaz.*, March 31, 1883, says:

It is certain that we ought to search after some physiological principles more earnestly and constantly than we at present do. Outside the solid nucleus of acquired truth there lies a zone of fluctuating doctrine, which affords a more or less plausible excuse for disregarding in our daily practice some of the more important physiological questions. Much as the information is wanted, we are yet quite in the dark as to the nature of the majority of the chemical actions which go on inside the body. In the *Wiener Medizinische Wochenschrift*, No. 11, Professor Seegen's address before a recent meeting of the Medical Society of Vienna is recorded. The professor dealt with the greater part of the literature of the subject of the behavior of the peptones in the economy, and related some experiments conducted by himself. As all the medical world knows, the ingested proteids are largely converted into peptones by the combined action of the gastric and pancreatic digestions. Schmidt-Mülheim computed that at least three-fifths of the albuminoids were so treated by the digestive fluids. The manner of the conversion is by no means thoroughly understood. Kühne's elaborate researches clearly show that the metamorphosis is not a perfectly simple one. The immediate object of the transformation, looking at the highly diffusible nature of the easily absorbed peptones, is at once transparent, but the fate of the peptones on their arrival in the blood has yet to be thoroughly worked out. The investigations of Seegen may be regarded as attempts to resolve at least a part of this problem. Previous researches had made it highly probable that much of the hepatic glycogen was the result of the metabolism of proteid bodies. Seegen proclaims that he is the first to give the direct proof of the formation of a carbo-hydrate from an albuminoid body under the agency of the hepatic protoplasm. It is to be regretted that the experiments are not described in further detail. From the account given, we should be inclined to regard them as somewhat crude. Seegen's experiments seem to prove that by feeding animals with ready-formed peptones the amount of hepatic sugar is increased, that the liver is undoubtedly one of the principal seats for the conversion of the peptones, and that oneof the products of this transformation is hepatic glycogen. The main facts of the method adopted were to place a portion of a liver, taken from an animal recently killed, but kept supplied with oxygenated blood—on the one hand in a solution of peptones, on the other in simple water. After a certain time the amount of dextrose in each experiment was carefully estimated, when it was found that the preparation with the peptones yielded the larger percentage of sugar. The chief part of the address was taken up with the recital of the methods and results of previous workers in this department of physiological chemistry. We may mention that experiments made by Schmidt-Mülheim have proved that peptones injected into the circulation of animals exert a toxic effect on the cerebral functions; so that it would appear that the speedy metabolism of the peptones is a necessary factor for healthy life. However, the question is too intricate to be dealt with satisfactorily in the present state of our knowledge.

—A Sanitary Convention will be held at Muskegon, Mich., on August 23 and 24, under the auspices of the Michigan State Board of Health.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received a copy of an address by Reginald Harrison, F. R. C. S., before the British Medical Association at its recent meeting in Liverpool, entitled "On Some Recent Advances in the Surgery of the Urinary Organs." It was the address in the section of surgery, and is an admirable exposition of the late progress in this exceedingly important branch of surgery.

——We note the following reprints of articles by Dr. J. B. Mattison, No. 185 Livingston street, Brooklyn, N. Y., which may be procured by application to the author: "Neurotic Pyrexia, with Special Reference to Opium Addiction," "Opium Addiction Among Medical Men," "The Treatment of Opium Addiction," "The Curability of Opium Addiction," "A Personal Narrative of Opium Addiction."

——"The Country Doctor" is a pleasing little poetical effusion, from the pen of Dr. W. G. Brownson, of New Canaan, Conn. Coming to us as a reprint from the *New England Medical Monthly*, we have read it with pleasure and satisfaction. It is the annual address delivered before the last meeting of the Connecticul Medical Society.

——"The Management of Abortion" is the title of an article by Dr. Walter Coles, which comes to us as a reprint from the St. Louis *Courier of Medicine*. The author holds that it is better to let nature remove the placenta after abortion.

BOOK NOTICES.

The Essentials of Pathology. By D. Tod Gilliam, M. D., Professor of Physiology, Starling Medical College, etc. Philadelphia, P. Blakiston, Son & Co., 1883, pp. 296.

Pathology is greatly neglected by our busy practitioners, who look more towards the great practical departments of clinical medicine and therapeutics. Yet for the intelligent prosecution of the practice of medicine and for the beneficial application of our therapeutic resources, some knowledge of pathology is essential.

We cannot expect the busy physician to study the ponderous volumes on pathology, which delight the heart of the pathologist, but they can find plenty of time to read this book, which, as its name implies, contains all that is *essential* for the ordinary practitioner to know about pathology. We can heartily recommend this volume, and we would strongly urge all who feel that they are weak in pathology to buy and read it.

The Book of Prescriptions. By Henry Beasley. Sixth edition. Philadelphia: P. Blakiston, Son & Co., 1883. Price, $2.25.

This book contains upwards of 3,000 prescriptions collected from the practice of the most eminent physicians and surgeons, English and foreign.

While it is better, as a rule, for a physician to make his own combinations, yet such a book as the one before us will oftentimes prove very serviceable. Our own judgment is all the better for the assistance of that of others, and in many a trying, obstinate case, the anxious mind will be greatly relieved by the use of this book. Its arrangement is very good. First are given the drugs (alphabetically arranged) with a short description of each, then follows (under each) a lot of formulæ, their use indicated and the author's name appended.

We would suggest to the publisher, that while the price is reasonable, yet it is enough to warrant the cutting of the pages.

Transactions of the College of Physicians of Philadelphia. Third series. Vol. vi., 1883.

Most of the papers in this volume have appeared from time to time in our pages, but to any physician collecting a library, this book, neatly bound, will prove a very valuable acquisition. It contains a list of the officers and members of the college, and is in every way a valuable record of this old and eminently distinguished association of medical men. It is for sale by P. Blakiston, Son & Co., Philadelphia.

A History of Tuberculosis from the Time of Sylvius to the Present Day, Being in part a Translation, with Notes and Additions, from the German of Dr. Arnold Spina. By Eric E. Sattler, M. D., Cincinnati: Robert Clarke & Co., 1883, pp. 191. Price, $1.25.

Since the first notice of the expected publication of this work, we have looked forward to its issue with great interest; and now that we have examined it carefully, we hasten to advise others to do the same. The recent important researches on the cause of tuberculosis have lent a renewed interest to the subject, and justly created a desire to know something about the early history of this pathological process. Such curiosity will be amply satisfied by this little volume, and the reader will also find a good description of Koch's experiments with the bacilli of tubercle.

A Text-Book of General Pathological Anatomy and Pathogenesis. By Ernest Ziegler, Professor of Pathological Anatomy in the University of Tübingen. New York: Wm. Wood & Co., 1883.

This volume, translated and arranged for English students by Donald MacAlister, M. A., M. B., constitutes the July number of *Wood's Library of Standard Medical Authors*. The arrangement of the book, the division of the subjects and the style of the author, or rather the translator, are very good.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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SEMMOLA ON BRIGHT'S DISEASE.

Some time since we had occasion to note the views advanced by Professor Semmola, of Naples, concerning the etiology of Bright's Disease. It will be remembered that he considers the primary fault to exist in the blood albumen, and to consist in such changes as render this albumen unassimilable, whence it becomes excrementitious and irritating to the structure of the kidney, which eliminates it, thus causing inflammation and subsequent structural degeneration of this organ.

Further experiments tend to confirm his views.

From the *Boston Medical and Surgical Journal*, August 2, 1883, we note his experiments as follows:

"Professor Semmola, following a line of experimentation instituted by him in 1850, injects subcutaneously in dogs and other animals abnormal quantities of albumen—albumen of egg, milk, blood-serum, abumino-peptones—and speedily renders them albuminuric. The animals are killed at different periods of the experimentation. When sacrificed twenty-four hours after the injection and absorption of an excess of albumen the kidneys presented no lesion, although the urine contained in the bladder was highly albuminous. This was regarded as a temporary albuminuria, and which, left to itself, would soon get well

"When the animal was killed at the expiration of four days the kidneys were found hyperæmic. Sometimes veritable hemorrhagic infarctions were noted, even when the quantity of albumen injected was no larger than six to seven grammes per kilogramme of the animal's weight. On the tenth day there was a migration of leucocytes around the internal aspect of the capsule; the epithelia of the tubuli had commenced to degenerate fattily; the kidney was in the first stage of inflammation.

On the fifteenth day there was found to be marked augmentation of the inflammation, which kept on spreading, till about the twenty-fifth day the connective tissue fibres were seen to be involved, and the lesions of the first period of interstitial nephritis presented themselves. The ani-

mals shortly succumbed to the serious disorders produced by this experimentation.

"It was sought to demonstrate by these experiments that the injection of albumen of egg produced more speedy and more grave lesions in the renal organs than when milk or blood-serum was used. The nearer the abuminous substance used was like normal blood-albumen, the less irritating it proved to the uriniferous tubules. Professor Semmola has observed that patients in Bright's disease not only lose albumen in their urine, but also in all their secretions. If you cause them to perspire, their sweat is albuminous; if you give them pilocarpine, their saliva contains albumen in excess. Even the bile of these patients is albuminous. As a result of his experiments this writer concludes that Bright's disease is not essentially a renal affection, but a vice of nutrition, slow in its march, and produced often, if not chiefly, by suppression of the cutaneous respiratory functions, and characterized by an alteration of the albuminoid substances contained in the blood.

"This vice of nutrition prevents the albumens of the blood from being assimilable, and they are eliminated as foreign substances by all the emunctories of the economy. The kidney is only one of these emunctories. This organ, whose excretory function is of such preponderating importance, having a large proportion of this altered protein element to remove, readily suffers inflammation; but such inflammation and its consecutive degenerations are secondary to the blood vitiation and the profound constitutional disorder.

"Two of Semmola's experiments, communicated to Jaccoud, and published in the second volume of his Pathologie Interne, are so striking, and throw so much light on the question, that they are worthy of reproduction here. A robust man is suffering from Bright's disease *a frigore*. Semmola takes from him three ounces of blood, isolates the serum, and injects twelve grammes in the jugular of a dog, from which he had previously abstracted twelve ounces of blood. The urine of the dog became albuminous in two hours. Consequently, an albumen contained in the serum of the patient was in a molecular state, which rendered it unfit for assimilation. Thirty-five days later the patient is completely recovered. Semmola again takes from him a little blood and injects twelve grammes of the serum in the jugular of a dog; no trace of albumen is found in the animal's urine. Therefore, concludes this sagacious experimenter, the albumen of the first serum was, by the fact of the disease, altered and unassimilable; the albumen of the second serum has become, by virtue of the restoration to health of the patient, completely assimilable. Dogs are painted over their whole body with an impermeable varnish, and become albuminuric. The serum of these animals is injected in the jugular of other dogs, is not assimilable, and renders these animals temporarily albuminuric. The serum of healthy dogs, injected subcutaneously, or in the jugular, produces no such result."

If these results are substantiated, and we can ascertain the intimate nature and cause of this change in the albumen, and can devise some means of restoring it to its healthy condition, then have we made a great stride towards successfully combating this terrible disease, that is annually carrying off so many of our most useful citizens.

FRUIT IN SUMMER.

Nature clearly indicates that it would be well for man to make fresh vegetables and fruit his staple articles of diet in warm weather, and to relegate to the cold days of midwinter the heavy and cumbrous *roast*. No one denies—it is universally admitted—that fruit in season is very healthy, and should be freely used, but we must use judgment even here.

Fruit that will be good for one will not be wholesome to another. So reasoning, the following suggestions from the *Brit. Med. Jour.* are worthy of wide publicity:

"For diabetics, only the least desirable kinds, as certain nuts and almonds, are available; all others, as containing sugar, being forbidden. Sufferers from acid dyspepsia must select carefully, and limit their consumption to the least irritating

—few strawberries or a few grapes. Diarrhœa and dysentery preclude the use of all fruit. On the other hand, for constipated persons, it is sometimes the only reliable remedy which they can use continuously with comfort; it is also of benefit in renal diseases, by its action on the bowel. Atonic persons generally take it well, and feel the better for its digestive property. Those in normal health may eat almost any ripe fruit. The bland varieties are the most wholesome and nutritious—strawberries, apples, pears, grapes, and gooseberries. The last named, however, with currants and raspberries, are less wholesome than the others. Stone-fruits are apt to disagree with the stomach; but the more watery, as peaches and large plums, are better than the smaller and drier, as apricots and damsons. The pulp of oranges renders them heavy. Among other foreign fruits, bananas are wholesome. Dried fruits, and the skin of fruits in general, are indigestible. Nuts, the edible part of whic his really the seed, contain much albumen and some fat in a condensed form, and are particularly difficult of digestion. Fruit may be taken with a meal, or on an empty stomach. In the former case, it promotes digestion by its gently irritating effect on the mucous membrane of the stomach and intestine. If an aperient effect be desired, it had better be taken in the morning before breakfast or between meals. A succulent and pleasantly acid variety is best for both of these purposes, while it is also a food. The quantity of food which should be taken depends on the kind. If it belongs to the bland, nutritious class, a healthy person may now and then partake of it as freely as of any other wholesome food; but he will gain most benefit if he take only a little, and take it regularly. The same may be said of the invalid with whom fruit agrees. Cooking removes most of the acidity from crude fruit, and renders it lighter, as well as more palatable. So treated, it is productive of good and no harm; but it is a fundamental principle that whatever fruit is eaten uncooked must be fully ripe, and not over-ripe. This may sound trite, and indeed the principle is commonly admitted; but not, it would seem, by all, for we still find people, and not a few, who will themselves deliberately take, and worse, will give to their children, green gooseberries, green apples, etc., the very hardness of which, apart from their acid pungency, suggests their unfitness for digestion. Such people use as food an acid irritant poison, whose necessary action is to cause excessive intestinal secretion, with more or less of inflammation. Hence arises diarrhœa. On the other hand, fruit which is over-ripe, in which fermentation has begun, is a frequent cause of this disorder, and equally to be avoided, and perhaps also more difficult to avoid because the insidious beginning of decay is not easily recognized. It should never be forgotten by any who incline to follow the season in their feeding, that the want of such precautions as the above may produce that dysenteric form of diarrhœa, "British cholera," which is occasionally as rapidly fatal as the more dreaded Asiatic type of that disease.

SUGGESTIONS FOR THE TREATMENT OF CHOLERA.

In view of the possibility of an invasion by this disease, all that may aid us in combatting it will prove very valuable. Dr. T. M. Lownds, who has had much experience in the treatment of the disease, writes a somewhat lengthy communication to the *Lancet*, July 21, 1883, in which he strongly claims great benefit in the collapsed stage of cholera from the frequent administration of a form of nourishment which may be absorbed by the physical action of osmosis.

It is not offered as novel, but attention is again directed to it. The following is the formula which he has used for twenty-five years:

Mix eight ounces of recently-killed meat, chopped fine, with eighteen ounces of distilled water, to which have been added four drops of pure muriatic acid, and from half to a drachm of common salt. Stir with a stick, and after an hour throw on a hair sieve. When all the fluid has run through, half a pound more water may be added. In cases of emergency some of the red soup may be taken five or ten minutes after mixing. It should not be kept more than twelve hours in hot weather.

The doses must be small and frequently repeated, say a wineglassful every half hour.

In the same journal*, Dr Charles Egerton Jennings recommends the intravenous injection of saline fluids. Neither is this a *new* suggestion, since it was recommended by Dr. Little, many years ago; but it is well to refresh our memory on these points once in a while.

Notes and Comments.

Injections of Hot Water in Delivery.

Dr. W. Bain thus writes to the *Brit. Med. Jour.*, July 28, 1883:

"I can fully corroborate the remarks of Drs. Beckingsale and Boxall as to the utility of hot-water injections *per vaginam* in producing relaxation of a rigid and undilatable os, although, in such cases, chloral ought to be given, unless its administration is contra-indicated. There is not the slightest danger or discomfort attending the use of these injections. In tedious labors from defective expulsive power, warm-water enemata usually accelerate and strengthen uterine contractions, thereby hastening delivery; but I do not agree with Dr. Beckingsale that 'it follows that the hot enema must act as a direct and powerful stimulant to the uterine muscle.' I think it acts reflexly. As regards the injection of hot water in *post partum* hemorrhage, I believe it to be most unreliable, and I hope that, at no distant date, it will be entirely discarded. Dr. Boxall, in describing the treatment of a case of flooding after removal of an adherent placenta, where he had recourse to these injections, says: 'The administration of ergot, owing to the persistence of anæsthesia, was inadmissible.' What about the hypodermic injection of ergotin?"

And Dr. H. D. Pullan adds:

"Ever since the first mention, some years ago, in the *British Medical Journal*, of the American method of stopping hemorrhage by injection of hot water, I have adopted it with unvarying success, so that now I rely on no other method for post-partum hæmorrhage.

"A Higginson's syringe is all that is necessary to carry in the midwifery bag; and a small bottle of glycerinum acidi carbolici, or permanganate of potash, gives one the power of irrigating antiseptically at the same time.

"If labor have been prolonged, I always wash out the uterus this way after the expulsion of the placenta, and in this manner feel sure that in many cases post-partum hæmorrhage is prevented.

"I am surprised that more medical men do not use this method; they would if they once had tried it, for hot water is always to be had at a confinement, whether the patient be rich or poor. A long gum-elastic tube, with plain nozzle, is fitted to the Higginson's syringe, and the apparatus is complete for any purpose."

* *Lancet*, Sept. 23 and Dec. 30, 1882.

The Value of Moist-Sponge Dressing in Joint Amputations.

Dr. George McClellan contributes an article to the *Med. News*, August 4, 1883, illustrating the value of this dressing:

"After ligaturing the popliteal and sural vessels, the edges of the wound were carefully approximated with silver wire, and a large, soft sponge (previously soaked in carbolized water 1-40), was applied directly to the part, and held in position with broad bands of adhesive plaster, extending diametrically across the sponge and along the thigh, so as to exert equable compression upon the deep as well as the superficial structures. The ligatures were brought out at the most convenient points, and their ends embraced in the grasp of the sponge. There was no external or other dressing applied, except that a light roller bandage was run up the thigh to control muscular spasm, and the thigh itself slightly elevated upon a pillow of oakum. This dressing was not disturbed for twenty-four hours, when it was removed, and afterwards re-applied daily. One of two sponges was used alternately, and kept constantly moistened with carbolized water (1 to 40), while the other was soaking in the solution. At each removal, all the discharges were found within the meshes of the sponge, and the appearance of the wound was satisfactory, except upon the fourth day, when it became erysipelatous (from contamination of an outbreak in the ward). This was combatted by wetting the sponge with a solution of sulphate of iron (grs. x, aqua ℥ j), and the progress of the case was thereafter uninterrupted towards recovery, which was completed with firm cicatrization and entire cessation of discharges on May 20, three weeks from the date of operation."

Infantile Constipation.

While we know this to be a very common and a very troublesome condition to many physicians, yet we were hardly prepared for the numerous re-

plies which a query on the subject in the *Lancet* has brought forth. Some of them we have already given; we now note another. Dr. J. R. Seymour, in the issue of July 21, says:

"Well boil some coarse meal, stirring occasionally until the mass is reduced to a jelly (which will take some hours), then strain through muslin, and to the liquid portion strained off, add sugar to sweeten it; again boil to dissolve the sugar, stirring well the whole time to prevent burning; when the sugar is all dissolved it is ready for use, and can be kept warm on the hob. I am now able to state that my little patient is no longer troubled with constipation, his bowels being perfectly regular and healthy. Moreover, he is now contented, cheerful, has good nights, and is getting quite plump. A small quantity of milk (preferably Swiss) may be added to the food if necessary. I have found it advantageous to alternately change the diet to one of pearl barley, which is made in the same manner as the oatmeal. The oatmeal seems to rather overheat the blood (as mothers say), and causes a rash at times like strophulus, which, as far as I have been able to judge at present, may be obviated by varying the diet as proposed. As to oatmeal being a cause of rachitis, all I can state is I have not noticed any signs of it at present. In the meantime I shall continue the meal, and for children whose stomachs will not tolerate milk in any form, I consider meal is *the* thing."

The Sanitary Lessons of Indian Epidemics.

Since these lessons are not confined to *Indian* epidemics, but may be profitably remembered in connection with all epidemics, we transpose them from an address by Dr. Cunningham (*Med. Times and Gaz.*, July 21, 1883).

1. The importance of ascertaining the facts, both those respecting the localities immediately concerned and the general history of disease at the time, and of recording them *all fully*, instead of recording only those which tell either on the one side or on the other.

2. Having collected *all* the facts, we must assume nothing, and draw from them no conclusions except such as are strictly logical.

3. That, however the questions may be affected by further research, the doctrines of germs or contagia communicated from the sick to the healthy will not account for Indian epidemics, and especially not for epidemics of cholera and prevalence of enteric fever among European soldiers serving in India.

4. That to diminish fevers of all kinds, to diminish cholera, and to diminish small-pox—the three greatest forms of Indian disease—the real and only practical remedy is the improvement of local sanitary conditions, largely aided in the case of small-pox by vaccination.

Case of Cutaneous Calculus.

The *Med. Record*, July 28, 1883, says: Dr. G. W. H. Kemper, of Muncie, Ind., sends us the following report: "On May 9, 1878, I removed by incision one of these rather rare morbid specimens. The patient, a lady, aged fifty-five years, stated that about twenty years previously a small tumor developed in the right eyebrow, and gradually grew to the size of a hazel-nut. She had experienced no pain from it until the last year before its removal, when its presence became rather annoying, and at times caused neuralgic pains by pressure upon the supra-orbital nerve. It probably began as a sebaceous cyst, and eventually was transformed into a calcareous mass. I was uncertain of the character of the tumor until my knife came in contact with the stone. It is of an oval shape, rough surface, and weighs at this time seven grains. No further trouble was experienced after its removal."

Psoriasis and Other Diseases Associated with Vaccination.

Dr. Wood (*Journal of Venereal and Cutaneous Diseases*, Vol. i., No. 6), after relating the histories of two cases, in one of which eczema, and in the other psoriasis, disappeared coincidently with vaccination, relates two others in which psoriasis developed after vaccination. The latter two patients were sisters of the patient (a man, aged 20) who lost his psoriasis after being vaccinated, and therefore presumably belonged to a psoriatic family. They were aged respectively eight and nine years, and had had previously no sign of psoriasis. In the spring of 1881, they were vaccinated with bovine virus of the same stock as that used in the other cases. With the subsidence of the vaccine disease, each one of these girls had an eruption of psoriasis, which has now lasted nearly a year.

Gall-Stones in an Infant.

The *Boston Medical and Surgical Journal*, August 2, 1883, says that Dr. A. D. Walker reports the case of an infant three months old, and healthy, who, when it was one month old, had an attack of icterus, and who, after some hours of restlessness and suffering, passed by the rectum, a purgative having been given, three gall-stones, the largest of which weighed two grammes.

Special Report.

NO. XIV.—OPHTHALMOLOGY.

BY CHAS. S. TURNBULL, M. D.

Elephantiasis of the Lids—Convergent Strabismus—Osteoma of the Orbit—Pulsating Exophthalmus—Traumatic Herpes of the Cornea. Neuroparalytic Keratitis—Malarial Ocular Affections, etc.

(*Continued from page* 195.)

Lawson, G. *Ectropium of the Upper Lid Remedied by Transplanting a Piece of Skin from the Arm.* The Lancet, January, 1882, p. 13. Lawson operated for ectropium by transplanting a piece of skin from the arm, with good result.

Abadie. *De l'Autoplastie des Paupieres.* L'Union Méd., 1882, No. 8, p. 87. In a girl, 20 years old, an ectropium was formed after an extensive destruction of the skin, the forehead, and the temple by burn. The edge of the lid was freed by a cut six cm. long, and a piece of skin taken from the arm transplanted into it, which healed in well. The author advises to keep the transplanted flap warm during the first forty-eight hours.

Rampoldi. *Fimosi e Ptosi Pulpebrale Congenita Atropica.* Ann. d' Ottalm., vol. xi., p. 31. Rampoldi reports a case of congenital phimosis and ptosis. The muscles of the lids were completely atrophic.

Teillais. *Elephantiasis des Paupieres.* Arch. d' Ophth., vol. ii., No. 1, 1882. In a woman 75 years old, a large fluctuating tumor of both upper lids was found, which hung down upon the cheeks. It contained a serous fluid. Both tumors were excised. The microscopic examination showed reticulated connective tissue, with small and large meshes. Atheromatous degeneration of the blood-vessels; marked development of the lymph-vessels, and around them an infiltration of round cells.

Theobald. *What Constitutes Insufficiency of the Internal Recti Muscles?* Amer. Jour. Med. Science, April, 1882. T. has found a degree of insufficiency, ascertained by means of the vertical diplopia test, in a large number of eyes where there was no complaint of asthenopia. He is at a loss to know where to draw the line between normal and pathological insufficiency. He therefore concludes that a very considerable divergence (even of 22° for the vertical line dot test of Gräfe) does not of necessity indicate a pathological insufficiency of the int. recti.

Stelwag. *Papers on Practical Ophthalmology.* Complement to the text-book. Vienna, 1882, No. 7. Genuine convergent strabismus must be explained as an excess of convergence, which latter naturally is coördinate to the accommodation, practiced to reduce the great strain upon the accommodation, and gradually becomes a habit; this excess of convergence is voluntary, though not practised from choice. The result of the squint-operation, in many cases so brilliant, is really not a true cure, but a masking of the affection.

Tessut. *Recherches sur le mode de Cicatrisation du Tendon aprés la Strabotomie.* Rec. d' Ophth., February, 1882. After the tenotomy of a muscle, the end of the tendon again attaches itself to the sclera by means of fibrous bands, more seldom to the conjunctiva. Care should be taken in dividing the tendon of the internal rectus, as the muscle withdraws to a considerable degree.

Boncheron. *De la Cure du Strabisme Convergent Intermittent par les Mydryatiques ou les Myotiques.* Arch. d' Ophth., vol. ii., No. 1. Atropine treatment is useful in beginning of periodic convergent hypermetropic squint, as it paralyzes the accommodation, and thus prevents the tendency toward excessive convergence. The atropine cannot be dispensed with, until not even a momentary strabismus is apparent when looking at an object held close. Glasses completely correcting the hypermetropia should then be worn. Eserine may be given at the end of the atropine treatment, and in those rare cases in which convergence increases under mydriatics.

Morano. *Contribuzione alla Patogensi dello Strabismo Ottico.* Giorn. delle Malatt. Degli Occhi, vol. v., February, 1882. Convergent squint in a child twenty days old, five days previously a violent catarrh of the lachrymal ducts and the conjunctiva had set in. The squint did not disappear until two months after the inflammation had ceased. The author thinks that an inflammation of Tenon's capsule was the cause.

Coppez. *Neoralgie, detante de vingt ans, guerie par l' élongation du nerf sous-orbitaire.* Ann. d' Ocul., January, February, 1882, p. 59. A miner aged fifty-one years, had suffered from *neuralgia of the right side of the face for twenty years*, which had resisted all remedies. It was *cured by stretching the infra-orbital nerve.*

Imre. *A Rare Case of Osteoma of the Orbit.* Centralbl. f. A., 1882, p. 41. The author saw an osteoma of the orbit in a woman sixty-two years old, 8½ cm. long, 6½ cm. thick, 6 cm. high. It was said to have existed for forty-two years, and had so displaced the eye that the cornea was on a level with the corner of the month. The tumor was cast off spontaneously after an inflammation which lasted a year. Healing was good, and the eye almost regained its original position.

Teillais. *De quelques tumeurs de la region orbitaire.* Ann' d' Ocul., January, February, 1882, p. 44. In a man, thirty two years of age, a cyst developed from the frontal sinus, which dislocated the left eye downward. After its removal the eye again resumed its normal position; nothing remained but a scar in the supra-orbital region. In a young man of nineteen years, an ivory tumor sprang from the frontal sinus, which dislocated the eye downward. As the tumor had a broad base, it could only be partially removed.

Dor. *Kyste Congenitol de l'Orbite, Microphthalmie, Colobome de l'Iris et de la Choroide.* Rev. Gener. d' Ophthalm., 1882, No. ii., p. 81. Dor describes a *congenital cyst of the orbit*, which was complicated with microphthalmus; the eye had a coloboma of the iris and choroid.

Eales. *Pulsating Exophthalmus, with Paralysis of Third, Fourth, Fifth, Sixth, and Seventh Nerves, and Blindness from Absolute Glaucoma Following Severe Crush of the Head.* Birmingham Med. Rev., January 4, 1882, p. 46. Probably fracture of petrous bone and rupture of internal carotid.

Lewkowitsch. *Two Cases of Interstitial Keratitis.* Zehender's Monatsbl., vol. xx., p. 12. In a case of gastritis, Lewkowitsch observed the occurrence of interstitial keratitis, which grew better or worse according to the state of the former. Iodide of potash cured the whole affection. In another case interstitial set in. Here a quotidian intermittent fever was followed by a chronic gastric catarrh.

Pfluger. *Specific Parenchymatous Keratitis.* Ophthalmic Clinic of Berne University. Rep. for 1880. Berne, 1882, p. 31. As soon as the most severe symptoms of irritation have disappeared, the author advises in specific parenchymatous keratitis the use of a vaseline salve (0.5%) of the yellow oxide of mercury, gradually increasing its strength to 3%.

Colsman. *Case of Recurrent Affection of the Cornea in Gonorrhœic Arthritis.* Berl. Klin Wochenschr., No. 16. Colsman observed in a gentleman who was troubled several times with affections of the joints after gonorrhœa, the appearance of recurrent keratitis.

Cheatham, W. *Inoculation for Pannus, with a Case.* Amer. Practitioner, February, 1882. The inoculation was made of pure gonorrhœal matter. Before treatment there was but little more than perception of light—after the inflammation had subsided V = $\frac{1}{200}$ Burnett.

Pfluger. *Traumatic Herpes of the Cornea.* Conf. f. c., p. 28. What Pfluger understands by traumatic herpes of the cornea is an eruption of vesicles upon the cornea of elderly people. It has the appearance of ordinary herpes vesicles. All the patients had previously been operated upon. Pfluger, therefore, thinks that the irritation due to operation is a factor contributing to the development of the disease. The affection lasts from four to fourteen days.

Kroll. *Contributions to the Knowledge of Neuro-Paralytic Keratitis.* Centralbl. f. prakt. Augenheilk, 1882, p. 72. Kroll observed in a woman left-sided herpes zoster, conjunctivitis and opacity of the cornea. The perception of heat and cold was preserved in the affected parts, but perception of pressure and pain lost. There were also paresis of the abducens, and considerable dilatation of the pupil. An ulcer developed upon the cornea, making necrosis probable. Iodoform dusted into the eye, combined with a bandage, gradualiy brought about recovery.

Böckmann, E. *The Nature and Causes of the Corneal Affection accompanying Anæsthesia of the Trigeminus.* Bergen, 1882, 163 pages. The author subdivides his treatise into two sections, an experimental and a clinical one. After viewing the most important contributions of others on this subject, he reports the results which he arrived at after about 100 experiments upon cats. In all essential points they agree with the investigations of Feuer, according to whom the corneal affection developing after intracranial division of the trigeminus must be explained as a xerosis of the cornea and xerotic keratatis resulting from it. The author lays especial stress upon the importance of repeated and accurate tests of the sensibility of the eye and its adnexa, as in this way only it can be ascertained whether or not the trigeminus has been completely divided. In the clinical part Böckmann describes a xerosis of the cornea and xerotic keratitis which frequently occur among lepers. As these processes, according to the author, are synonymous with so-called neuro-paralytic keratitis, he believes, in opposition to Bull and Hansen, that the latter disease is not rare among lepers.

Blanch. *Périsclérite Rhumatismale.* Recd. Ophth., 1882. Nos. 2 and 3. Blanch reports a case of rheumatic periscleritis. It was cured in six days by alternate instillations of atropine as eserine, and internal treatment with quinine. Marckwort.

H. R. *Massage Oculaire.* Annal. de la Soc. Med. Chir. de Liege, March, 1882. The author discusses massage of the eye according to Pagenstecher's method, and recommends this method of treatment, especially in mild cases of phlyctenular conjunctivitis and in subconjunctival hem-

orrhage, which disappears more rapidly when thus treated; it is also useful in hypopyon and hyphæma. Marckwort.

Coomes, Martin F. *Osseous Degeneration of the Eye.* Med. Herald, March, 1882. The degeneration was the result of an inflammation of the uveal tract, occurring during childhood. The hyaloid and choroid was transformed into a bony shell, with an opening corresponding to the optic nerve entrance, with a diameter of one-twentieth of an inch. The anterior portion had points of chalk deposit. Burnett.

Goldzieher. *On Disseminated Choroiditis.* Wien. Med. Bl., No. 10, p. 302, and Pesth. Med. Chir. Presse. Meeting of March 4. The author thinks that the genetic and anatomical relation between disseminated choroiditis and retinitis pigmentosa is closer than has heretofore been supposed to be the case, the latter affection being nothing else than a form of chronic plastic choroiditis. The pigment in retinitis pigmentosa originates in the choroid. See below, under vitreous body.

Little, W. S. *Remarks on Persistent Hyaloid Artery.* Trans-Amer. Ophth. Soc., 1881. The Archives, vol. x., No. iii. Two cases were observed. In the second case only the tissue of the artery was preserved; no blood in the capsular membrane, but there is a little pigmented tissue in the artery.

v. Hasner. *Case of Primary Sarcoma of the Iris.* Prag. Med. Wochenschr., No. vi., p. 58, 1882. The left eye, which was the affected one, had been injured fifteen years ago, and after that slightly several times. The tumor had slowly developed in the upper-outer quadrant of the iris; its base extended from the periphery of the iris to the edge of the pupil. V=$\frac{1}{3}$. This reduction of the power of vision was probably due to secondary hyperæmia of the choroid and retina. Among thirty-two cases of sarcoma of the uveal tract two cases only were confined to the iris.

Kipp, J. C. *Two Cases of Sarcoma of the Choroid, Presenting Unusual Clinical Features.* Trans. Amer. Ophth. Soc., 1881. In both cases the tumor had grown to a considerable size without producing an increase of tension or total detachment of the retina. With the exception of these symptoms, both cases agree with the description of detachment of the choroid given in the text-book.

Agnew, C. R., and Webster, D. Report of some cases of *Glaucoma, in which an Iridectomy on One Eye Seemed to Precipitate an Attack of Acute Glaucoma of the Other.* Med. News, vol. xi., No. viii., February 25, No. 476.

Heyl, Albert G. *Acute Glaucoma Caused by Duboisia.* Amer. Jour. Med. Sci., April, 1882. The patient, a woman of fifty-five years, was already suffering from a simple glaucoma. A $\frac{2}{3}$-per cent. solution of duboisia was instilled for dilatation of the pupil for ophthalmoscopic examination. Subacute inflammatory glaucoma developed in the course of a few hours, for which an iridectomy was done with a happy result.

Mauthner. *The Excavations of the Optic Nerve.* Wien. Med. Bl., No. 10, p. 300. In this paper the author declares in favor of the theory that glaucoma is a form of serous choroiditis. It is this and not the increased intra-ocular pressure which destroys sight, those cases being known to be the worst in which T=n. Choroiditis is the primary affection, the increased pressure only a secondary symptom.

Rheindorf. *Case of Glaucoma, with Acute Opacity of the Lens.* Zeh. Klin. Monatsbl., vol. xx., 1882, p. 15. In a man with incipient senile cataract, acute glaucoma of the left eye developed, which was followed at once by opacity of the lens. The author endeavors to assign the same cause to both affections. The more the zonula is stretched by the increased intra-ocular tension, the less permeable it becomes. Thus the nutrition of the lens suffers, the consequence of which must be the rapid development of cataract.

Wagner. *Statistics of Glaucoma.* (Min. of the Meetings of the Med. Soc. of Odessa, 1881, No. 17.) Confirms the observations of Benedict, Rosa, Arlt, Ridel, Schmidt, and Kranhals, of the more frequent occurrence of glaucoma among the Jews, and seeks to explain it as a hereditary peculiarity of the race.

Critchett. *Practical Remarks on Cataract.* Ophth. Rev., vol. i., No. 4, February, 1882, p. 73, continued from p. 26. As regards an operation, the author advises not to operate upon the one until there is a marked diminution of sight in the other. But if symptoms of general constitutional degeneration are observed, it is advisable not to postpone the operation if the cataract is ripe, even though sight in the other eye may still be good, so that the chances of success later may not become worse, and safety be insured to the patients.

Galezowski. *De l'Influences des Irites et des Choroidites sur le Developpement des Cataractes.* Rev. d' Ophth., February, 1882. The lens is nourished from the aqueous humor. If disease of uveal tract affects the latter, the nutrition of the lens suffers. Galezowski discusses the cataracts which result from this; he calls them "choroiditic cataracts," and subdivides them into four classes: Choroiditis cataracts, more strictly speaking, gla-

comatous cataracts, cataracts resulting from detachment of the retina, and cataracts from retinitis pigmentosa, as the latter disease is only due to choroidal changes.

Goldzieher. *The Relation between Opacities of the Vitreous and Choroidal Affection.* Pesth Med. Chir. Presse, March 4, 1882. The vitreous body does not derive its nourishment from the chorio capillaries, but from the ciliary body, more exactly from the blood-vessels of the ciliary processes. Inflammation of the former membrane are therefore rarely attended by opacities of the vitreous; of the processes, almost always. In the serous form of choroiditis, which has its most characteristic exponent in specific choroiditis, dense and copious exudations into the vitreous are the rule. The blood-vessels nourishing the vitreous belong to the supra-choroid, and are surrounded by numerous nets of nerves and ganglion cells. The inflammatory process being conducted through these from the ciliary nerves, explains the rapid and extensive nutritive disturbance of the vitreous, as it is observed in sympathetic ophthalmia, when it manifests itself early in the form of dense opacities of the vitreous.

Angelucci. *Contribuzione allo Studio dell' Embolia dell' Arteria Centrale della Retina.* Gaz. Med. di Roma, March, 1882. Embolism of both temporal branches of the central retinal artery. In the upper branch the embolus was situated at the first fork of the artery, close to the edge of the disc; in the lower a little farther down and beyond the beginning of the nasal branch. The amaurosis had been sudden, and included the whole field of vision except a small triangle outward. Two months later the two arteries could scarcely be traced beyond the emboli. The return of large hemorrhoids and hypertrophy of the left ventricle are assigned as the cause.

Atken, Chas. *Neuro-retinitis from Blow on Forehead.* Brit. Med. Journal, February 4, 1882, p. 157. Patient was thrown out of trap, fell on right side, and was insensible for six hours. Had vomiting, epistaxis, and severe headache. On fourth day found he could not see with O. D., and was brought to Liverpool Eye Infirmary. He could read Jaeger 20. Central vision and inner field quite lost. Optic disc and retina extending to outer margin of macula much swollen and of milk-white color; veins engorged; arteries partially hidden; macula blood-red, apparently enlarged and triangular in shape; apex inward; no hemorrhages; O. S. normal. Ophthalmoscopic examination made four months later showed the optic nerve white—"remains of pigmental displacement" (sic)—arteries small; veins irregularly narrowed. Region of macula presented "washed-out-looking" patches on a deeper red ground. No perception of colors; perception of light in outer field: no central vision; muscles all acted normally; pupil sluggish; sensation normal.

Denissenko. *A Remarkable Case of Hemorrhage in the Eye.* Wien. Med. Presse, No. 1, p. 14. The globe had been squeezed by an impinging piece of wood, producing dislocation of the lens. A peculiar red spot was discovered with the ophthalmoscope at a retinal blood-vessel, which became perceptibly paler when pressure was exerted upon the globe; the blood-vessel—whether artery or vein could not be determined—seemed to enter this spot. Diagnosis: Aneurism or varix of this blood-vessel.

Hirschberg. *On Amblyopia from Iodoform Intoxication.* Sitzungsber. d. Berl. Med. Ges., March 15, 1882. C. f. A., vol. vi., p. 93. In a young girl of sixteen, upon whom a resection of the hip-joint had been performed, and who had been treated for weeks with iodoform, a central scotoma was observed, the visual field being otherwise normal, and no ophthalmascopic change visible. V.$=\frac{1}{25}$ After removal of the bandage, V. rose within eight days to $\frac{1}{2}$.

Del Monte. *Treatment of Detachment of the Retina.* Atti Dell. Ass. Ottalm. Ital., September, 1881. Ann. d'Ottalm., Vol. x., 6. Artificial leeching is useless in old cases, in recent ones even injurious. The effects of injections of pilocarpine should not be overrated. In favorable cases the effect becomes apparent after the first injection.

Schöler. *Cases of Hemianopic Defects.* Annual Rep. of his Ophthal. Clinic for 1881. Peters, 1882, p. 30, ff. 1. Left-sided homonymous hemianopia from syphilis; partial recovery. Diagnosis: gumma between the chiasm and beginning of the optic nerve. 2. Heteronymous temporal heminopia in a person of twenty-five, with normal field of vision; without any apparent cause, only heredity; no cerebral symptoms. After the use of iodide of potash, slight change in the boundary line of the visual field. Later, incipient atrophy of the nerve was observed. 3. Left-sided hemianopia in course of recovery; cause, syphilis. Rapid improvement under inunction.

Wood-White (Birmingham). *Embolism of Arteria Centralis. Re-establishment of Circulation Witnessed with the Ophthalmoscope.* Ophth. Rev., vol. I, No. 3, January, 1882, p. 49. A young man æt. 31, the morning of his visit to the hospital, perceived a cloud pass before his right eye, and in a few minutes the vision in this eye was totally

lost. With the ophthalmoscope the fundus presented the characteristic appearances of the embolism of the central artery. There was not the slightest perception of light. W. made pressure with his finger on the globe for the purpose of ascertaining whether there was any pulsation of the vessels, but without result. On repeating the pressure he was surprised to see the circulation suddenly re-established. The patient exclaimed that he could see. V = $\frac{20}{40}$, field of vision slightly contracted in upper part. This continued. Two days later, all œdema of retina had disappeared. V = $\frac{20}{20}$. No history of rheumatism, scarlatina or syphilis. Cardiac examination showed marked impulse, and slight systolic bruit at apex. W. thinks it was most probable that the embolus was lodged in the retinal artery at its point of bifurcation, and that not unlikely the pressure applied to the globe may have assisted in dislodging it, and that it passed forward to some peripheral portion of the retina.

Mandelstamm, E. *Injury of both Eyes by a Pistol Ball.*. C. f. A., vol. vi., p. 9. It entered at the right temple, *i. e.*, eyebrow, and passed out at the left temple near the beginning of the hair. Right side: ptosis, diminution of mobility upward, amaurosis; the ophthalmoscope showed detachment of the retina and rupture of the choroid above. Left side: no paralysis, detachment of the retina, also a rent in the choroid, and a smaller one below. Fingers counted at 8′. Total loss of the sense of smell.

Mayershausen. *Cases of Visual Disturbance After Injuries of the Skull.* (C. f. a., vol. vi., p. 44.) Fall upon the left supra-orbital region; unconsciousness, profuse epistaxis. Four weeks later atrophy of optic nerve; arteries much contracted; veins about normal; amblyopia, scotoma upward and outward. Diagnosis: Fracture of the base of the skull affecting also the roof of the orbit, resp. the optic canal; compression of the inner lower fibres of the optic nerve.

Oeller. *A Splinter of Wood.* (C. f. A., vol. vi., p. 18.) It was 8 mm. long, and had remained *in the eye seventeen and a half years without causing reaction*, as it probably had lain parallel to the longitudinal axis of the globe, behind the upper edge of the external rectus, then in consequence of an inflammation it had placed itself at right angles to its former position, had penetrated the globe, produced irido-choroiditis, and was found when extracted 8–9 mm. behind the outer edge of the cornea, at the upper edge of the external rectus, perpendicular to the longitudinal axis of the globe. Preservation of the globe and some vision.

Buzzard, I. *On Ophthalmoplegia Externa, in conjunction with Tabes Dorsalis, with Remarks on Gastric Crises.* Brain, April, 1882, pp. 34–55, 1 F., 25, double ophthalmoplegia externa with partial mydriasis (pupils 4–5 mm.), gastric crises, paroxysmal limb-pains, absence of knee reflex, etc.

Syphilis at æt. 17, 2 m., 36. Pains for five years. Decided tabetic symptoms six months; followed by ophthalmoplegia externa, quite complete; deafness and dysphagia. No optic atrophy. Death after attack of dyspnœa. Neither of the sixth nerves nor L. third nerve could be found; other cranial nerves normal. Atrophy of nerve elements, with dilatation, plugging, and rupture of minute vessels, at nucleus of origin of sixth nerve. Advanced degenerative changes in posterior columns of cord. Nuclei of the bulbar nerves normal (histological examination of Dr. Bevan Lewis). Comments on the cases.

Conti thinks he has observed a special form of *iritis from malaria* in himself and others. Atti dell' Assoc. Ottalm. Ital., September, 1881. Ann' d' Ottalm., vol. x., No. vi.

Ely, E. T. *Illustrative Cases of Disease of the Eye, Arising from Affections of the Teeth.* N. Y. Med. Record, March 11, 1882. E. relates the following cases, in which he believes the ocular troubles to depend on diseased teeth:

Case 1. Paresis of orbicularis muscle, irregular spasm of ciliary muscle, monocula diplopia.

Case 2. Paresis of R. int. rect. and ciliary muscles.

Case 3. Partial paralysis of third nerve.

Case 4. Inflammation of conjunctiva of sclera.

In all these cases the eye troubles disappeared immediately on the correction of the dental difficulty.

Possadsky. *Pathological Changes in the Retina in Some Constitutional Diseases.* Diss., St. Petersburg, 1882. 27 pages. The author reviews his pathological investigations as follows: 1. In all forms of typhoid fever there is hyperæmia of the retinal blood-vessels, and granular opacity of the 3d, 5th, 7th and 9th retinal layers (of different intensity in the different kinds of fever). 2. In chronic pneumonia, hyperæmia, hypertrophy of the connective tissue, granular opacity of the 3d, 5th and 7th layers, and occasional pigmentation of the stroma and the ganglion cells. 3. In croupous pneumonia serous infiltration of various parts. 4. In peritonitis, hyperæmia, infiltration of the tissue with white blood corpuscles, and opacity and swelling on the 3d, 5th and 7th layers. 5 and 6. Meningitis and pyæmia: hyperæmia with extravasation, blood corpuscles, infiltration of the tis-

sue, opacity of the 3d, 5th and 7th layers (less marked in pyæmia). 7. In uræmia: hyperæmia with extravasation, cellular infiltration of the tissue, slight haziness of the nervous elements. When the ureters were ligated, serous infiltration of the retina. 8. In chronic alcoholism, hyperæmia with extravasation and cellular infiltration, hypertrophy of the connective tissue, coarse granular opacity of the 3d, and fine granular opacity of the 5th and 7th layers. 9. In jaundice from cirrhosis of the liver, hyperæmia, hypertrophy of the connective tissue, and fine granular opacity of 3d, 5th, 7th and 9th layers. 10. In pleuritis with pericarditits, no changes in the retina.

Velardi and Ribozzi, who live and practice in malarious regions, have never observed ocular affections which could be brought into direct connection with the miasm. Atti dell' Assoc. Ottalm. Ital., September, 1881. Ann. d'Ottalm., vol. x., 6.

CORRESPONDENCE.

Foreign Correspondence.

BRUSSELS, *August* 3, 1883.

EDS. MED. AND SURG. REPORTER:—

The uncertainties of our glorious science have received a fresh illustration in the sickness of the Count de Chambord. This distinguished citizen is, as you know, according to the Legitimisto, Louis XIX. of France, the last direct descendant of the Bourbon dynasty. Well, he was suddenly taken sick, and for a month it was regularly announced that he was at the last gasp, in the agony, finally dead, and his will was published; and after all, now he is getting well again. The greatest physicians and surgeons were summoned from Vienna and Paris; Billroth from the former, Vulpian from the latter. But alas! they could not even decide as to the nature of the malady of the noble patient. It was cholera morbus, it was inflammation of the bowels, it was cancer of the stomach, it was suppressed gout, it was poisoning with some salt of copper or arsenic—all these, one after another, were duly reported by the various medical experts. Anyhow, the Count is getting well, and I am afraid will be hereafter a little skeptical as to medicine, however firm his faith in supra-mundane things.

You are no doubt always ready to welcome a new remedy in diphtheria; I believe one appears every month. The latest is *sulpho-cyanate of potash*. A very slight trace of this poisonous salt is found in normal saliva. Dr. Merovitsch, of St. Petersburg, noted that it is absent in diphtheritic and some other maladies supposed to be connected with a rapid development of low organisms in the economy. The suggestion naturally presented itself that this active toxic agent keeps in check the growth of germs. He administered it, therfore, in cautious doses in malignant diphtheria, and, he says, "with astonishing success." I give this statement for what it may be worth. At any rate, it is a pretty theory.

A good joke on the craniologists is just now passing around. Prof. Walcknaer has published a pamphlet on the skull, which has always passed for that of the poet Schiller. It is a large, well-balanced cranium, but by comparing its measurements with the cast of Schiller's head, taken at death, the professor proves that the skull was not his! Now, the craniologists and phrenologists have always made much of this skull as indicative of the genius of the man and as a proof of the solid truth of cranioscopy. A French paper suggests they must take refuge in the escape of the phrenologist who had demonstrated the character of Cartouche from his alleged skull, when one of his audience, pointing to another skull, exclaimed:

"Why, this one is labelled *Cartouche!*"

But the lecturer was not disconcerted. "Very true, so it is, but that was his when quite a young man, this when his faculties were mature."

The public has also been regaled with an ethnological item, this time from the New World, and on the authority of an Italian physician, Dr. Pizzarello. This worthy colleague writes from the province of Tacara Tuyu, on the frontiers of the Argentine Republic and Bolivia, that he has secured a specimen of the "missing link;" a man with a genuine tail! There is a tribe of them, he says, and this one he is going to send to Europe. Perhaps the item is a hoax, and perhaps not. There was such a specimen publicly exhibited a few years ago, and reported on by Virchow and others. The "tail," however, was not a prolongation of the vertebral column, as it should have been to sustain the theory of the missing link, but merely an exaggerated fleshy growth.

To turn to a different matter, I would mention the Chelsea Hospital for Women in London. It was very recently opened, and is constructed on the most improved plans. Yet it is six stories high, although but a few years ago it was almost an axiom in hospital construction that as we increase the number of stories we increase the difficulty of sanitation in hospital wards. All that is changed by elevators, and improved methods of plumbing and ventilation. In fact, the more floors in a hospital, the cheaper is it in construction and management, and the more perfect can be made its sanitary conditions. The reasons for this are cogent, and many will readily suggest themselves on reflection. VOYAGEUR.

Answer to Queries.

EDS. MED. AND SURG. REPORTER:—

In answer to Dr. G. W. Johnson, of Savanna, Ill., in your REPORTER for August 4, 1883, I have the following statements to make:

To his first query: The clean napkins used in the case of Mrs. G. were solely and only to ascertain the continuance or not of the hemorrhage to any considerable extent.

Second. The hæmostatic properties of a tampon are purely mechanical, and it matters little whether they are introduced wet or dry. If wet, the tampon cannot absorb as much blood as when dry, just as a wet sponge cannot absorb as much water as a dry one.

Third. To this query I answer yes, in most cases, but not always. Some cases demand active treatment.

Fourth. My answer is that it is only my opinion that the local use of astringents in these cases is sheer nonsense. How can an astringent applied to the os uteri, whether open or closed, check hemorrhage from ruptured vessels within the uterine cavity? And when the uterus is open wide enough to use them, it is open wide enough to deliver the child, and in this way stop the flooding. The effects of an astringent on the vaginal walls would be a great objection to its use.

Fifth. As each case of placenta prævia is a "law unto itself," "would it not be well to leave the management of each to the attending physician?" etc. Yes, certainly, always, of course, presuming him to be well informed as to the proper management of cases of labor in general, and posted well as to the particular or special accidents that attend placenta prævia.

Sixth. The pathological lesion called "abscess of the heart," was simply a misprint (see errata in the issue of M. & R., August 4,) or careless writing, the fault being that of the printer or my own in not writing clearly.

With thanks for the interest manifested in the article by Dr. Johnson and by others, who have privately thanked me for the article, and made further inquiries about it,

T. Curtis Smith, M. D.

Aurora, Ind., August 7, 1883.

News and Miscellany.

British Medical Association.

The fifty-first annual meeting began its session in Liverpool, July 31. The retiring President, Dr. Strange, addressed the Society as follows:

Gentlemen: A writer of the last century, more terse and sententious than most of those of to-day, has said that two of the chief duties of man are "to live honestly, and to die gracefully."

The twelvemonth-long official life of your President, although a most honorable one, is yet not free from anxieties. So that, although a natural ambition may have prompted him to accept the high honor of it, when tendered by your hands, the experience of its anxieties and responsibilities will, in all probability, induce him, when his period of office is about to terminate, gracefully if he can, but certainly willingly, to transfer the sceptre to another.

This feeling would induce me to be brief in my farewell address to you to-day, even if I did not feel, as I do, the impropriety of trenching upon time which properly belongs to my successor. But, gentlemen, the thankfulness which I feel for the high honor you did me last year, and the respect due to you as my constituents, demand that, in relinquishing my office, I should give you some short account of my stewardship.

Last year, a great, a successful, and even a triumphant association, returned to the place where, fifty years before, it had emerged with fearful and timid steps, and yet with hope and promise of future greatness. How that promise has fructified, you saw at our gathering last year. Anxious minds, I assure you, presided over that jubilee of our Society, as others had done over its birth. Doubtful of possessing the power and ability to show you that welcome and hospitality which the great occasion required at our hands, I and my colleagues, short-handed enough, undertook a work which I even now fear was performed but very imperfectly. But, for whatever imperfections we might show, I knew we should have your kind and considerate forbearance. We did our best; and if that best was small, it will form the greater foil to the far larger provisions for your instruction and entertainment made by our successors in this great city.

But one good result, I am glad to think, has come out of our efforts at Worcester. Already other towns, not much larger than ours, are in the field, anxious, before long, to welcome you; and so, I trust, it will be that alternately we shall meet at such great centres of energy and wealth as this of Liverpool, and in the learned retirement of the classic muse, or in some quiet rural capital.

The most interesting subject which has engaged our attention during the year is the reform of the governing Council of the Association. This subject has arisen out of the fact that the Association has now arrived at years of maturity; has succeeded to a splendid fortune; and thinks it is time to take possession of it. Like a noble ship which has escaped many shallows, and weathered many storms, she now rides freely on the ocean, and proceeds on her prosperous course. No wonder that the crew are desirous of taking the management of her into their own hands, and of relieving of their charge those who, from the first, have piloted her and guided her in the troublous period of her early voyages. And I do not doubt, gentlemen, that it is with feelings of deep gratitude for their past services that you now relieve these Nestors of their charge.

A new scheme for your government has been sketched out by the Committee of Council; it has been laid before the Council and adopted by it, and it will be recommended for your approval to-day. It will be for you to judge of its fairness, of its comprehensiveness, and of its fitness for the present condition of the Association. And let it not be supposed, gentlemen, that this question of your government is a trivial matter. For myself, I recognize most heartily that the first and greatest object of our associated life is, and ought to be, the pursuit of knowledge and the dissemination of truth. And, whilst I envy the man who inaugurated it, I yet delight in such work as was so auspiciously begun three years ago, at the Cambridge meeting, by my friend, Professor Humphrey. Nevertheless, we must not forget that a good form of government is essential to the success even of the scientific work undertaken by us; for, unless every man's equal rights be recognized in a democratic society like ours, there will be no peace for its rulers, nor any confidence in their measures.

Gentlemen, the years to come are full of hope and promise. May I venture upon one piece of advice. Let us settle all disputed points now; so that perfect harmony, resulting from perfect satisfaction, may reign over all our future deliberations. In this way with medical science and medical art be afforded that peaceful atmosphere and that undisturbed soil in which alone they can take root and thrive.

To all matters affecting your interests, more particularly those concerning the reform of the Council, I have devoted my time in no grudging manner. It is, I conceive, the duty of your President not to be content with the honors and duties of the week of his meeting, but to take an intelligent interest in all your affairs, to watch over your interests as the one man specially elected to do so; and these, to the best of my ability, I have endeavored to do.

I have now, on bidding you farewell, great pleasure in ceding this chair to one who, I feel assured, will fill it with dignity and impartiality—one whom the profession in this great city has chosen for their leader, and whom you are now waiting anxiously to hear; and one to whom, I am sure, I may pledge myself that every one of the hundreds or thousands present at this great meeting will delight to do honor.

The following were the most prominent addresses delivered:

"The Present Aspect and Future Prospects of Medicine," by Dr. A. T. H. Waters, of Liverpool.

"Some Recent Advances in the Surgery of the Urinary Organs," by Reginald Harrison, of Liverpool.

"On the Autonomous Life of the Specific Infections," by Dr. Charles Creighton.

"The Question of Food in Obstetric and Gynecological Practice," by Dr. Graily Hewitt.

"The Structure of the Animal Cell," by E. H. Schäfer.

"An Address in the Section of Pathology," by Dr. T. Henry Green.

"General Hospitals and Hospitals for the Insane," by Dr. Thomas Lawes Rogers.

"A Survey of the Literature of the Diseases of Childhood," by Samuel Gee, M. D.

"Recent Progress in Otology," by Dr. George P. Field.

From time to time we will give an editorial summary of all that is new and valuable in these papers.

The Tri-State Medical Society

Will meet in English's Hall, at Indianapolis, on the 18th, 19th, and 20th of September, 1883, commencing at 9 a. m.

Excursion rates have been secured on the following railroads: C., C., C. & I.; Cin. Indianapolis, St. Louis & Chicago; Cin., Wabash & Mich.; Indianapolis & St. Louis; I., B. & W.; Wabash, St. Louis & Pacific; Indianapolis & Vincennes; J., M. & I.; Pitts., Cin. & St. Louis; Vandalia, Evansville & Terre Haute; Ft. Wayne, Cin. & Louisville.

HOTEL ACCOMMODATIONS.

The New Denison, Grand, Bates and Brunswick, have reduced their rates for the occasion, and everything promises a very large attendance. Many papers of great interest will be presented. For further particulars address Thos. B. Harvey, M. D., Indianapolis, Chairman of Committee of Arrangements.

G. W. Burton, M. D., Secretary, Mitchell, Ind.; Wm. Porter, M. D., President, St. Louis, Mo.

Editorial Change.

Dr. L. S. McMurtry has retired from the Louisville *Medical News*, and is succeeded by Dr. H. A. Cottell, formerly an editor of the same journal.

OBITUARY NOTICES.

DR. ARCHAMBAULT.

Dr. Archambault died in Paris, July 14, in the sixty-first year of his age, after a long and painful illness. Dr. Archambault was Physician to the Hospital for Children, in which branch of medicine he excelled. He had acquired a certain reputation for success in tracheotomy, not so much as a skillful operator as for his diagnostic powers, and for the opportuneness of the cases he selected for the operation.

FILIPPO PACINI.

The great Italian physician is dead. This versatile physician was born at Pistoia, near the site of Catiline's defeat and death, on May 25, 1812. His earliest studies were prosecuted in the Seminario of his native town, and his maturer ones in the Liceo Forteguerri. Well grounded in literature, mathematics, and philosophy, he proceeded to qualify himself for the medical career, first in the local school of Pistoia, and thereafter in the University of Pisa. From this he passed to Florence, where he devoted himself with ardor to clinical observation and research in the "Arcispedale di Santa Maria Nuova." He filled in turn the posts of Professor of Descriptive Anatomy in the Reale Liceo of Florence; of Artistic Anatomy in the Florentine Accademia delle Belle Arti; and, finally, Professor of Topographical and Microscopic Anatomy in the same seat of learning, while he also directed the anatomical studies of the Medico-Chirurgical School of the Reale Instituto di Studii Superiori.

His death, in Florence, on July 9, was hardly unexpected, as for more than a month his health had been visibly failing. He was followed to the grave by devoted friends and pupils, including the chief representatives of literature, art, and science in the Tuscan universities.

Personal.

—Mr. Jonathan Hutchinson has resigned his position as senior surgeon to the London Hospital School, and has been appointed Emeritus Professor of Surgery.

Items.

—At the recent meeting of the Medical Society of the County of Allegheny, Pa., a committee was appointed to report a plan for the efficient training of nurses in the county.

—A member of the N. E. Divorce Reform League, Mr. S. R. Dyke, states that over six thousand women die yearly in the United States from attempts to destroy unborn children.

—It appears that the Spanish government has not prohibited the importation of pork from this country, but has simply taken proper measures to prevent the entrance of diseased pork.

—The honorary degree of M. A. was bestowed upon Dr. Chas. Frederick Percival, of Baltimore, by William and Mary College at its last commencement.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MEDICAL PRACTICE IN VIRGINIA.

BY FRED. HORNER, M. D.,

Of Fauquier, Va.

Preliminary to discussion of the above theme, brief reference may be made to the status of the profession in Virginia. With the exception of the enactment of a statute by the State Legislature to organize a Board of Health, for which no appropriation of money was made, not even to defray ordinary expenses or for the compensation of a secretary, nothing has been done by the authorities for the benefit of the public or for the profession, though efforts have been made annually by a committee of the State Medical Society to obtain legislation to protect the community from the evils of empiricism by the establishment of a board of censors, and nothing has been accomplished by the State Board of Health since its organization. Infectious or contagious diseases of an epidemic form might at any time be introduced through the various seaboard cities of Norfolk, Baltimore, and Alexandria with impunity. A paltry stipend has been appropriated by the Legislature for the purchase of a supply of vaccine virus, and a physician of Richmond appointed to dispense it on application. In the city named a large proportion of the population have lately suffered by the neglect of vaccination, and many of the colored race have died from smallpox, which might otherwise have been arrested or altogether prevented. The community at large in the country appear indifferent to the necessity of prophylaxis. The profession, it may be added, especially in the rural districts of the State, are not as well compensated for their services as are the agricultural and mechanical classes, and can realize only a meagre support from fees, not always paid, of the smallest description. For these reasons the talent and learning of the best men seek other fields for development, and thereby are lost to the community, with few exceptions. Many gifted young men, educated at the colleges of Richmond, at the State University of Virginia, and at the North, since the late civil war, have entered the United States Navy or Army, or migrated to the Western States, rather than settle at home with no prospect of advancement or of pecuniary advantage.

Diseases of the endemico-zymotic form, such as erysipelas, scarlatina, diphtheria, and contagious typhoid pneumonia, modified by cold winters and hot summers, and the neglect of sanitary rules, have prevailed in this locality for several past years. Children's diseases, such as cholera infantum, measles, mumps, and whooping-cough have been less common, due to a better care of this class. Scarlatina, previous to the invasion of diphtheria in 1858, has prevailed during a series of years in epidemic form at intervals of ten or more years, and fatal cases of one or more would occur in several families at the commencement of the disease, as occurred in 1849, then in 1861, and lastly in 1875. The latest case, which occurred in the person of a young colored woman, presented an example of contagion. The woman was engaged to wash the clothing of a pupil of the Academy at Winchester, who had died after a week's illness from malignant scarlet fever, and whose remains the railroad officials would not

allow transit on the cars to his home in this neighborhood.

The treatment found to be best is to commence with repeated hot baths, to relieve congestion of the capillaries of the brain and secretory glands, and to allay nervous excitement, cold affusions to the head, and during the interval, the use of minute doses of calomel, bromide of potash, chloral or morphia—and liquid diet. There is no disease requiring more prompt recognition and treatment, otherwise the poison is sure to overwhelm the vital organs and to cause a fatal result. In one example this treatment availed in the person of an infant which had been vaccinated and was also teething, and had repeated convulsions. The symptoms were attributed to the teething process and not to the blood-poisoning of scarlatina. On the third day the rash appeared on the neck, limbs and body, the parotid glands were swollen and the diagnostic factor was recognized. This patient would have succumbed to the disease, save for the prompt use of the above remedies.

In another instance the patient was an interesting lad, æt. 7. At the climax of the fever, with the pulse 130, and the temperature 103°, antipyretics, quinine, and the usual appropriate treatment having failed to arrest the disease, which presented symptoms of cerebral congestion, insomnia, active delirium and threatening suffocation, ice cold water affusions were vigorously applied to the neck and shoulders. The child shortly rallied, and after sleeping placidly made a safe recovery.

The most fatal disease here among children is undoubtedly diphtheria, which has reappeared annually during the autumn and winter months for the past twenty years. In 1867 I treated my first case, having never seen the disease on shipboard or at a naval station.

Subsequent to the above period diphtheria has been common and endemic in Virginia, and also in the cities of Brooklyn and Philadelphia. Its history and origin will furnish proof to the most incredulous mind of the infectio-contagious nature of the disease. Coincident with its prevalence, have existed fatal zymotic diseases among the lower animals, *e. g.*, the hog, sheep, and domestic poultry. The admirable classification of Dr. Bartholow presents four well marked forms, viz.: "The catarrhal, croupous, septicæmic and gangrenous, accompanied by drooping, headache, fever, and sore throat. The tonsils are swollen and tender to the touch, and covered with diphtheritic deposits extending over the pharynx into the nares and palate with here and there an ash-colored slough. Albuminuria is a frequent symptom, and in some serious forms paralysis occurs during convalescence. Modern pathologists assert the "materies morbi" to be a vegetable spore, so minute that only the most powerful microscopes can distinguish it. The peculiar factor of a diphtheritic patient is as pathognomonic as that of small-pox. When suddenly fatal from paralysis of the heart, the patient in the majority of instances has been allowed to move about or rise in bed imprudently—in proof of which statement E. Bonavia, M. D., surgeon in the British army writes in the *Lancet:* "I have known three cases of sudden death in India during convalescence from diphtheria." "Inman," he adds, "gives cases of sudden death during convalescence from certain fevers, due to failures of the muscular contraction of the heart which suddenly, as if paralyzed, ceases to act. Hence the vital importance of preventing the convalescent from making the slightest exertion and to prevent the occurrence of any emotion, and to force him to keep the recumbent position until by tonics, stimulants, food and sleep, the muscular system, and with it the heart, acquires tone enough to meet the demands on its contractile force."

The fons et origo of diphtheria in the majority of instances may be traced to ill-constructed houses, defective sewerage, and neglect of the ordinary laws of hygiene. The treatment should be begun with an emetic of pulvis ipecac, followed with either mass hydrarg, or rochelle salts solution of salicylate of soda. Dr. Austin Flint, "Principles and Practice of Medicine," recommends soothing antiseptic local remedies. Two drops of solution of iodide of bromine to a fluid ounce of mucilage, weak solution of creosote or carbolic acid, and also the use of the solid stick of argentum nitras. Internally, quiniæ sulph., tincture ferri chlorid., and chlorate of potash, and the diet of milk, animal essences, to which may be added lime or lemon juice ad libitum. All clothing should be thrown into a vessel containing a half pound of sulphate of zinc and one-quarter pound of common salt mixed with one gallon of boiling water. For the purification of the chamber, Labarraque's chlorinated soda, or Tilden's bromochloralum may be preferred.

Physicians of our country should regard diphtheria "as a self-propagating disease," according to the advice of Dr. Elisha Harris, and "only allow attendants to be in the sick-room; the premises, clothing, etc., should be effectually disinfected, and they should act upon the medical fact that persons convalescent from the malady may convey infection."

Within the brief period of two years, 1881–82, and embracing also the present year, have occurred a most unusually large number of fatal cases of phthisis pulmonalis, in the present instance, within an area of ten square miles in a country distinguished for its healthfulness, and in the families of a thrifty and well-to-do farming population. The disease has attacked the young of both sexes, chiefly of the white race, between the ages of fifteen and thirty years. In four families two have died; a mother, who had been in consumption for twelve months, gave birth to a child which, within a brief period, was seized with convulsions and died in a few days with all the signs of tubercular meningitis.

In the majority of examples an inherited predisposition could be traced, presenting, also, cases of atavism, the disease disappearing in the parents and grandparents, and now reappearing in the offspring of the present generation.

Among other predisposing as well as exciting causes may be added the intimate intermarriage of near relatives, especially those who were double first cousins. The list of fifteen cases does not include nearly an equal number of fatal cases among the colored population.

In explanation of the etiology of this disease, which has brought sorrow to many hearts in this community, destroying as it does the most gifted and the most beautiful, to the extent of one-sixth or one-seventh of the human family, there can be but one response, deterioration with non-assimilation, a species of dyscrasia, traced to birth under circumstances preceding and subsequent to the late civil war most unfavorable to health. They are deprived of needful comforts as to apparel and shelter and of sufficient and suitable food. One of the sufferers was a physician, who, to save himself, his wife, and four children from starvation during the summer of 1863, subsisted only on melons, garden vegetables, and a meagre supply of cow's milk. The lungs of such an individual, though the seat of tubercular deposits in health, furnishes a surface for the æration of the blood, and contributes to prepare the pabulum for the various structures, organs, and tissues of the body, but fail of course in this function when filled with germs of destruction and have have not such supplies of nutrition.

The treatment of these cases was varied, and according to the rules of an enlightened therapeusis, though without avail to arrest the rapid and onward progress to a fatal issue, which usually occurred suddenly and within a year from the period of development. After six weeks' confinement one case proved fatal. Three others continued to move about, engaged in their usual occupations, and would dress themselves, eat as usual, and appear cheerful and hopeful of recovery, and finally sink down on a chair or on a bed, and die possessed of every mental faculty, death occurring from asthenia, the result of impoverishment of the blood, and the withdrawal of the natural stimulus of the heart. The hands of one, a young lady seventeen years of age were as plump as in perfect health. These patients, the majority of whom were in comfortable circumstances and of the most respectable social position were treated with cod liver oil, beef, wine and iron, maltine, syrup of phosphates of lime, inhalations of oxygen gas, and allowed a generous diet and daily exercise, either walking, on horseback, or in a carriage, all, however, proving unavailing to stay the ravages of the destroyer. Hectic fever and insomnia were greatly mitigated by a tepid bath in the early morning, relieving, as it did, the burning heat of the surface. A concentrated powdered extract of beef, combined with an equal proportion of gluten, constituting beef peptonoids, may be highly recommended as a nutritive element in the late stages of phthisis.

The country practitioner has to deplore that he is less favored than his confrères of the city, and usually loses the best opportunities for experimentation. In the present instance, the opportunity would have been most favorable to apply the microscope for the detection of the bacilli of tubercle in the sputa of these patients.

With reference to the discovery of these organisms, which are claimed to be so intimately connected with the formation and growth of tubercle, by Dr. Koch, of Berlin, and English pathologists, Frantzel, in the Berlin *Klinische Wochenschrift*, gives an account of the examination of sputa in one hundred and twenty cases of phthisis. Bacilli were found in the expectoration in all, while in cases of ordinary bronchitis, the search for them has always been in vain. This observer adds: "That the more rapid the process of lung destruction, the larger is their number. They are especially abundant in the acute form of the disease according to English authorities, who strongly enjoin the necessity of precaution against the possible infection of healthy persons by means of sputa containing the bacillus of tubercle."

According to my observation, the colored population of our Southern States, especially the class resident in the towns, are peculiarly liable to phthisis pulmonalis, and this opinion is fully confirmed by the statement of G. B. Thornton, M. D.,

President of the Board of Health of Memphis, in an able and suggestive article on "The Negro Mortality of Memphis," and read before the late American Public Health Association at Indianapolis.

In the mortuary table appended, Dr. Thornton shows "that consumption presents the list of the ten diseases credited with the largest number of deaths; for 1880, eighty-five, colored; 1881, eighty-five, and for nine months of 1882, eighty-one. These numbers, exceeding the number of whites who died from consumption, the death-rate from this cause being above fifty per cent. in excess."

This he accounts for to a great extent to "a want of proper care, both in domiciliary accommodations and a general want of physical comforts during the inclement periods of the year." He adds: "Why tubercular consumption should develop so rapidly among this class of people, which heretofore was almost exempt from it, is due to the radical change in their mode of living. This change does not consist merely in the locality in the city from a strictly agricultural life in the country under which many of them were brought up, and their parents before them, but a change of occupation and irregularity of habits induced by periods of idleness, either voluntary or from force of circumstances and a totally different mode of living, incident to an individual liberty which, with many, means an unrestrained license for the indulgence of the animal instincts and appetites, which, in many instances, is the cause of acquiring diseases, the gravity of which they do not realize and for the relief of which they have very limited power."

The diseases of this locality in the South have somewhat changed, and the type is more sthenic, and for this reason physicians have begun to revive the use of the lancet, especially in the treatment of pneumonia. There is less continued, or typhoid fever prevalent of late years, doubtless due to an improvement in modes of living, and an improved vegetable and meat diet, which in modern times has been introduced by the general use of canned fruits, vegetables, and fresh meats, now equally common on the table during the winter season as in midsummer. Then again, the science of sanitary and preventive medicine has suggested methods for the prevention and arrest of disease, and remedies when they occur of a prophylactic character. In this way puerperal septicæmia, which occurs rarely in country practice, from neglect and climatic causes has become more amenable to rational treatment, with the light now reflected by gynecological science and the timely application of antiseptics and of tonics, such as quinine, iron, and alcohol.

A brief article on insanity was presented to the readers of the MEDICAL AND SURGICAL REPORTER, No. 13, in 1869. Since this period cases of insanity in Virginia have multiplied. At least two fifths of individuals male and female of the insane population of the State are permitted either to endure the wretchedness of their condition at large, or are committed by the courts to county poor-houses or to jails, for want of accommodation at one of the three State Hospitals, or because the appropriation for the support of these institutions is insufficient. The statements of practitioners, and statistics furnished by superintendents, if not those of the Census Bureau, prove that many of this unfortunate class are doomed to remain at home, without medical treatment, the prompt and judicious application of which would restore them to reason and to happy and useful citizenship. It is greatly to be deplored that no provision has yet been made for incurables, viz.: the idiotic, epileptic, and paralyzed. This class are allowed to drag out a miserable and hopeless existence at home; and perhaps contribute to swell the number of insane by reason of the vices of their fellowmen. It may be added that the profession as well as the public in Virginia have yet to be educated fully to appreciate the urgent claims of the insane to be properly cared for, and that it was an evil day for this class when a late political revolution in the State was made the occasion for a change and even dismissal of skilled and talented physicians and other efficient and experienced officials from the public hospitals for the insane of the State.

SEPARATION OF THE EPIPHYSIS OF THE HEAD OF THE FEMUR.

D. LONGAKER, M. D.

Reported to the Northern Medical Society of Philadelphia at the Meeting of April 13th.

The fact that a few cases of this lesion have been recorded, unverified by *post-mortem* investigation, has left in the minds of many a doubt as to the true nature of the injury, as well as of the possibility of its occurrence; and therefore the case which I am about to report possesses an unusual degree of interest.

The subject of the following sketch, a male child six years of age, came under my observation July 5, 1882. He had suffered from some of the exanthemata incident to childhood; with this exception he was always in the enjoyment of excel-

lent health. There was no tendency to inherited disease; the mother is living and well, and the father died of an accident. Nine weeks ago, while playing in an open lot in the northeastern section of the city, with some of his playfellows, he received the severe injury which subsequently terminated his life. It was supposed that the injury to the left side was caused by the same means and at the same time as was the deep flesh-wound upon the posterior aspect of the upper part of the right leg—that is, by being crushed under a heavy boiler, which lay in such a position that with little force it could be made to roll back and forth.

On the right side, in the position indicated, there is a cicatrix about three-fourths of an inch in width and two inches long, running obliquely across the leg. After the accident he was carried home, and subsequently to a dispensary, where the wound was united by sutures. About a week after this he began to have a high fever, more or less continued, with chills. He emaciated rapidly, and soon a swelling in the upper part of the left thigh appeared, which increased steadily and rapidly until the present time. Pain on motion was also complained of, and this was soon so decided that he could not be disturbed. He assumed a position upon the right side, with the thigh flexed upon the pelvis and the leg upon the thigh. In this posture he lay when I first saw him. The swelling was now enormous. It extended upwards as far as the crest of the ilium, being there limited by the attachment of the gluteii muscles. There was also slight œdema of the ankles. Fluctuation most distinct over the trochanter major. Tenderness was marked. The surface was pale and glossy, and numerous veins could be seen upon it. An attempt to extend the thigh by placing him upon his back caused intense suffering. The characteristic arching of the lumbar vertebræ peculiar to trouble in the coxo-femoral articulation was noticed, and the pelvis was found to move with the femur in this effort. Over the trochanter major of the right side a small bed-sore was found to exist. His general condition indicated decided prostration; marked emaciation. Pulse 136, small but regular; respirations 24 per m. He had a slight cough. His appetite remained good, and digestion and assimilation were moderately well performed. There was occasional diarrhœa. The abscess was first aspirated; in this way a quart of thick, creamy pus mingled with blood was evacuated. As it was impossible to remove all by this plan, it was decided to make a free incision and secure dependent drainage. A point behind the trochanter and a little below it was selected. The point of the bistoury was carried down deep, and a vertical incision an inch in length made. This opened the hip joint. On exploration with the finger, the head was found to be detached from the diaphysis of the neck, and only adherent by the ligamentum teres. The upper end of the shaft presented a distinct sharp edge, from which the periosteum was found not to be separated, but normal. The part of the line which was separated was grasped by an ordinary dressing forceps, and with little difficulty it was removed from its attachment. During this operation a considerable quantity of pus of the character described continued to flow, with it numerous broken-down clots of blood. A two and one-half per cent. solution of carbolic acid was injected into the cavity of the abscess, a drainage tube introduced, and the dressing completed by carbolized oil and a spiral, loosely applied from the ankle to the hip. There was no erosion of the articular cartilage of the removed fragment; it was of normal appearance.

July 6th. He passed a quiet night. Had several liquid dejecta in the morning. Forcible efforts were made to extend the thigh and retain it in this position, but he passed into a condition of syncope from which he did not recover for some time, and further interference was postponed. Before this the pulse was nearly the same as on previous day, but respirations were 30 per m.

Evening. Temperature 101.

July 7th. Temperature in evening 100¾. Pulse losing in force and strength, regular, of same rate as on previous day.

July 8th. Appetite, which had failed, has again improved. His general condition remains the same.

July 9th. Slight nausea; vomited once; slight diarrhœa; for this, ℳij tr. opii in a starch enema was used, which at once controlled the frequent discharges. He continues to take food as ordered. Slight cough.

On the 10th he appeared somewhat stronger. There was also an improvement in the quality of the pulse, as well as a slight diminution in frequency.

July 11th. The œdema and swelling have almost entirely disappeared. The pulse is regular, stronger and less frequent; owing to this condition of apparent improvement it was deemed best to extend the thigh and retain it in that position. This required considerable force, and some adhesions were felt to give way as the limb was straightened. A felt splint extending from the crest of the ilium to the ankle was moulded to

the anterior and lateral aspect of the left side, and by this means the leg was retained in a position of slight flexion. It was impossible to extend it fully. There was slight œdema in the right leg and ankle. Until this time he continued to rest the injured upon the sound leg, making considerable pressure upon those points at which the one crossed the other.

On the 12th, pulse was frequent, small and irregular; respirations frequent and shallow; slight cough.

July 13, was restless and sleepless during the greater part of the night. Appetite failed entirely. Mucous rales can be heard even at a distance. Pulse 140, small, irregular. Respirations 42 per minute.

On July 14th, the patient died. Until within a day or two of death, he continued to take food in liberal amounts, as prescribed. Stimulants were given freely, also tr. chloride of iron and quinine sulphate. Beef tea and milk were given in fixed amounts at stated intervals, with as much food as could be taken besides. The *post-mortem* examination was limited to upper part of the left thigh, the coxo-femoral articulation. The body was greatly emaciated. Rigor mortis marked. The swelling had almost disappeared. Bands of adhesion existed between the neck of the femur and the innominate bone, some of which had been ruptured in the forcible efforts at extension, and the remaining ones effectually prevented complete extension of the limb. The upper extremity of the neck of the bone presented an almost even surface, with no necrosis. The periosteum appeared normal.

After opening the abscess, the discharge of pus did not amount to more than several ounces daily, which, in his low condition was, however, sufficient to cause fatal exhaustion, in spite of the fact that he continued to take an abundant amount of food, and stimulants were not withheld. An examination of his urine a short time before death showed absence of albumen. Also, careful examination of lungs failed to give any evidence of disease there. Intellection remained perfect to the end.

Ossification in the epiphysis of the head of the bone does not take place until the end of the first year after birth, and it is not united to the shaft of the femur by bone until the end of the eighteenth year.

The most reasonable explanation of the mechanism of the production of the injury appears to me to be, that as he fell prone, the left leg was carried to a point of extreme extension, and possibly at the same time it was abducted. Great force was thus brought to bear upon the epiphyseal junction, which, being the weakest point, yielded. We can easily appreciate the action of this powerful lever; the force is applied at the knee, extension can be carried only to a certain point, when it is resisted by the tension of the strong ilio-femoral ligament; this becomes the fulcrum; the weight is the point upon which the short arm of the lever is brought to bear, the anterior margin of the acetabulum and the ligamentum teres and cotyloideum.

Agnew* says: "Epiphyseal detachments from the head of the femur, in young subjects, have been asserted by Liston, and by several others since his day. Until this, however, has been verified by an autopsy, this accident cannot be regarded as established." In referring to a copy of Liston's Surgery, I found no allusion to the lesion in question. The only systematic treatises on surgery in which I found any mention made of it, were, besides that of the author already quoted from, those of Hamilton and Holmes. Dr. Post† reports a case in which this accident was supposed to have occurred. There was permanent shortening of ¼ to ½ inch. The patient was a girl sixteen years of age. Hamilton dismisses the subject, with the statement that "diagnosis and treatment demand no especial consideration."

Where there is any extensive injury of the peri-articular structures, leeches should be applied, followed by cold lotions, lead water and laudanum. In this way the liability to suppuration and the formation of abscess will be reduced to a minimum. Should it, however, occur early, excision of the detached bone would be proper, for under the most favorable circumstances union would not occur. The leg should be kept in a position of extension.

In all cases of injury to the upper extremity of the femur, we should remember the possibility of the occurrence of detachment of the epiphysis of the head of the bone in subjects in whom bony union with the diaphysis of the neck is not complete. From the deep situation of this part, the diagnosis must necessarily in some instances be a matter of great difficulty, and the more so should there be at the same time another injury in a different part of the body, more palpable, and thus diverting the attention from that which is obscure.

There are several diseases which, occurring in this locality, may cause epiphyseal detachment.

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*Surgery, Vol. i., p. 923.

†N. Y. Med. Jour., Vol. iii., p. 190.

Barwell: * "As the result of acute articular cstitis, there may be a more or less complete separation of the epiphysis." "A sufficiently frequent occurrence to cause Klese to term the disease 'Epipysentrennung.'" "Suppurative periostitis, even suppurative synovitis, may produce dyastasis." But as there was no erosion of the articular cartilage, no periostitis nor ostitis, and as the tissues about the joint gave evidence of having suffered from violence, the occurrence of the accident must be looked upon as proven beyond a doubt.

OVARIOTOMY—DEATH.

BY J. A. RAFTER, M. D.,
Of Holton, Kansas.

I am convinced that the favorable statistics reported in our text-books in regard to the operation of ovariotomy would be considerably reduced if the different operators would report their unfortunate as well as their fortunate cases. I have known several operations within the past three or four years, where with but one exception the patients died; and never to my knowledge has a report of the fatal cases been submitted for publication, while notices of the favorable ones appear.

The following case occurred in our practice during the past winter, and the operation of ovariotomy was performed by my partner, Dr. J. T. Scott, of this city.

Mrs. C., aged 44 years, mother of six children, gave a history of uterine trouble since the birth of her last child, now five years old.

About two years ago she noticed a small tumor in the region of the left ovary, which, however, gave her no special inconvenience until last November, when after an unusual event in her family, which disturbed her considerably, she was attacked with what her friends supposed to be some kind of colic. Dr. Scott saw her at the time, and after examining her thoroughly became satisfied that the lady was suffering from an ovarian tumor. Shortly afterwards Dr. Adamson and the writer of the article saw the case, and confirmed the diagnosis made.

Her menses had been regular as to time, but often the flow was very profuse. A vaginal examination revealed a fixed uterus, from which was exuding a bad-smelling leucorrhœal discharge. The os was nodulated and abraded at several points. We explained the nature of the trouble, and the termination that would follow in case the tumor was not removed. Mrs. C. and her friends urged an immediate removal of the sac, but as the lady was able to attend to all her household duties, and her condition was good, we counselled delay.

A few days afterward she was prostrated with an enteric trouble (probably due to the rapidly-filling tumor) which for a time threatened to terminate her existence. She began to emaciate rapidly, and the tumor, encroaching on the organs of digestion, respiration and circulation, rendered an operation for the time out of the question. During this attack, her pulse persisted in remaining above 120, and her temperature was correspondingly high. Even a small piece of ice swallowed would cause vomiting, and the distention of the abdomen created excruciating neuralgic pains. So critical became her condition that tapping had to be resorted to, and quite a quantity of fluid was drawn off, which relieved her temporarily. Herself and friends now insisted upon an operation.

Knowing her only chance for life was to remove the tumor, on the 22d day of January Dr. Scott operated. The writer administered ether. There were present Drs. England and Adamson, several assistants and nurses. Absolute and scrupulous cleanliness was observed in every detail. No antiseptic spray was used, though all sponges, instruments, the operator and assistants' hands, were well disinfected with a carbolic acid solution. The operation as advised by Dr. Emmet was pretty closely followed, the incision being in the median line and about five inches long. There were adhesions, though not extensive, connecting the tumor with the omentum and abdominal walls, and considerable caution was observed in detaching them. The discoloration of the sac, at the point where the puncture was made in tapping, showed adhesions and other evidences of acute peritonitis. The tumor we enucleated without difficulty. It and its contents weighed thirty pounds. The pedicle was ligated with the double loop and dropped back into the abdomen. The cavity was thoroughly cleansed and disinfected, and every minute detail completely carried out. The wound in the abdomen was closed with silver-wire sutures and dressed antiseptically. The length of time required for the operation was one hour and seven minutes.

The patient was placed in bed, hot bottles applied to the extremities, and all other measures taken necessary to rally her from the shock She came under the influence of the anæsthetic kindly, and recovered from it without an unfavorable symptom. No nausea occurred. No vomiting,

* Diseases of Joints, p. —. Wm. Wood & Co.

nor distress. The operation was finished about four o'clock in the afternoon. The rest of the afternoon and night she did splendidly. Asked for nutriment, and retained all that was given her. During the night she slept well, and progressed finely until about two o'clock the following day, when she had a rigor, followed by a temperature of 102°. And although every measure that reason could suggest was adopted, she continued to sink, and died the next day at ten o'clock of acute peritonitis.

CASE OF PERITYPHLITIC ABSCESS, FOLLOWED BY INTESTINAL FISTULA—RECOVERY.

BY F. M. BRUNDAGE, M. D.,
Of Conyngham, Pa.

Kate G., aged 70, was attacked in August, 1877, with pain in the right iliac region, and constipation. The cause assigned was excessive indulgence in huckleberries.

After the symptoms mentioned had continued one week, I was summoned, and detected a fluctuating tumor which occupied the entire iliac fossa. In four days an extensive opening formed in this swelling, and a large quantity of stinking pus and huckleberry seeds was discharged. On the seventh day the finger was passed into the ileum, through the ileo-cæcal valve, and into the cæcum. Fæcal matter passed daily through the opening until it had nearly healed. Cicatrization was completed in eight weeks from my first visit.

Treatment.—The patient was placed on her back with the right side somewhat elevated and the right leg flexed. She was fastened in this position by straps. The diet was composed of bread and milk, and beef-tea. The fistula was washed with carbolized water several times daily and was dressed with charcoal poultice. The rectum was evacuated daily by the finger.

After enjoying perfect health for five years from the date of my attendance (with the exception of a hernia in the neighborhood of the cicatrix, which formed in about one year), Mrs. G. succumbed to an attack of cholera morbus.

This remarkable case was visited at various dates during its progress, and the diagnosis confirmed by Drs. Casseberry, J. W. Brown, E. K. Brundage, and E. Hughes.

—The Emperor William of Germany has promised 250,000 marks to found a large German hospital on the island of Norderney, in the German Ocean, if an equal sum is made up by private subscription.

HOSPITAL REPORTS.

NOTES OF HOSPITAL PRACTICE.

Clinic of Prof. Louis A. Duhring, Professor of Diseases of the Skin in the University of Pennsylvania.

Reported by Henry Wile, M. D.

Tinea Sycosis et Circinata.

John Q., aged 30 years, laborer, presents himself with dark red macules, papules, and tubercles, varying in size from a pin's head to a large pea, scattered about on the upper and lower lip, chin, both cheeks, and on the back of the neck at the border of the hair. On the right side of the upper lip is a tumor-like formation about the size of a silver quarter-dollar, presenting a dark red uneven surface, upon which here and there a few thin dry scales are adherent. The hair is almost entirely absent. Seizing one of the hairs still present, you see it can easily be extracted, and without the least pain to the patient. To the naked eye even, these hairs present a worm-eaten appearance. Besides these lesions, there are on the backs of both wrists inflammatory lesions about the size of a dime, somewhat elevated from the surface of the skin, round, dark red, with edges rather irregular, and covered with scanty slightly adherent yellowish white scales, which are more abundant on the periphery of the lesions than in the centre.

The patient has had this disease for the past six months, it having made its appearance first on the lower lip. In making the diagnosis we must distinguish between eczema, sycosis non-parasitica, tinea sycosis, and tinea circinata. The lesions on the face having a peculiar nodular form, and the fact that the hairs, which are easily and painlessly extracted, present a dry, worm-eaten appearance is, I think, sufficient to establish the diagnosis of tinea sycosis. If one of these hairs be submitted to microscopic examination, you will find the fungus which characterizes the disease. The lesions on the wrists having that appearance of activity and scaliness around the periphery, with a paler centre, is sufficient to establish the diagnosis of tinea circinata. Both these diseases are caused by the same fungus—the trichophyton; and the variety and character of the lesions depend upon the part of the body attacked—whether upon the scalp or upon the face where there is hair, or upon the general surface of the body.

The prognosis is of course favorable, and we can guarantee the patient a cure, the time depending upon the extent of the lesions.

The treatment will consist of epilation, and the use of one of the many parasiticides. In this case I will prescribe the following:

℞. Sodii hyposulphitis, ℥ss.
Aquæ, f℥iv.
Sig. Apply three times a day.

After using this lotion, sulphur ointment may be rubbed into the parts.

Eczema Vesiculosum et Pustulosum Capillitii.

A young man, 21 years of age, sent to us by a physician in New Jersey. You see at present the hair on the scalp cut close, and the surface of the

scalp presenting the appearance of a chronic inflammation. Three days ago, when he came here, the picture was very different. The whole scalp was covered with thick yellowish crusts, matting together the hair, and here and there were vesicles, pustules and free exudation. The patient says that he has been thus affected for the past two years, being better and worse from time to time. This is a common form of disease of the scalp, and one which is usually easy to manage. These cases I may divide therapeutically into two classes—first those which are easy; secondly, those which are difficult to cure. I say this case is easy to cure, because the lesions are localized, and do not present an acute appearance. Had there, however, been patches of disease on other parts of the body, the prognosis would not have been so favorable. As it is, this young man will get well in a month or six weeks. The patient's subjective symptoms are not marked, the itching being slight.

The treatment thus far has consisted of the application nightly of sweet oil on the scalp, covered with a cap to soften the crusts: this was washed off in the morning with sapo viridis, after which the following ointment was applied:

℞. Hydrargyri. chloridi. nitri., gr. xl.
Adipis, ℥ j.

Besides local treatment, the following was ordered to be taken internally:

℞. Sig. potassii arsenitis, f ℥ ss.
Vini ferri, f ℥ ij.
Sig. One teaspoonful three times a day.

A saline laxative will also be administered daily before breakfast.

Syphiloderma Tuberculosum Nasi.

A young woman, aged 18 years, presents a marked ulcerative lesion on the upper lip at the base of the septum of the nose. It began four months ago as a papule which continued to increase, and then ulcerated, until at present we have an ulceration on the upper lip extending somewhat into the nose, and involving both alæ. When the patient first presented herself, a few days ago, these lesions were covered with yellowish-brownish thick crusts, which were softened and removed by poulticing. The ulceration has been accompanied by some loss of tissue, showing that the process has been active and destructive. It is always advisable to remove the crusts from ulcerations of any kind, for it is only then that we are in cases of doubtful diagnosis enabled to see certain features at once characteristic and diagnostically of great value.

The diagnosis here rests between lupus vulgaris and the tubercular syphiloderm. The history of the lesions as given by the patient is of no value; we cannot depend upon it, we must read it in the lesions themselves.

The surface of the ulceration is covered with a copious yellowish-white, somewhat syrupy secretion. The amount of secretion is too great for lupus vulgaris. Then the duration is a great point in the differential diagnosis. Four months is altogether too short a time for lupus to cause such destruction of tissue. The acute character is indicative of syphilis, for when such lesions are left to themselves, they will melt down tissue with alarming rapidity. Under proper treatment they heal up as a rule kindly. This case will be treated both internally and locally. Internal treatment will consist in the administration of biniodide of mercury, $\frac{1}{24}$ grain, with iodide of potassium in five-grain doses. The local treatment will consist of fumigation with an apparatus introduced some years ago by Mr. Kane, of Dublin, and used with success in cases of this kind. The apparatus is, as you see, simple, consisting of a glass tube, about ten inches in length and one-half inch in diameter, attached to a rubber compressible bulb at one end by means of rubber tubing. The other end is drawn to a point. In the centre of the glass tube is a dilitation about two inches long and three-fourths inch in diameter. Here the medicinal agent is placed, and being gently heated, the fumes arising from the decomposition are blown, by pressure on the rubber bulb, upon any surface desired. The apparatus was made for me by Mr. Wolff, corner Twelfth and Chestnut streets, where I believe it is on sale.

Lupus Erythematosus Nasi.

A woman, 28 years of age, with a reddish inflammatory patch about the size of a dime, upon the top of her nose of two years' duration. The patch is slightly elevated, not sharply circumscribed, but rather diffuse, and is dotted over with fine white points, which indicate the outlets of the sebaceous glands where this disease usually starts. We must here differentiate between eczema, acne rosacea, psoriasis, syphilis, and lupus erythematosus. These white dots are characteristic; they signify a choked-up condition of the sebaceous glands, and this appearance in such a case is sufficient to establish the diagnosis.

As small as this patch of disease is, it is very difficult to cure. It will take probably six months. The majority of such cases are obstinate, and the treatment is more difficult than where the patch is circumscribed. In this case the whole surface of the cheek and the nose is oily, and if treatment is not commenced at once, the disease will probably soon spread.

In the treatment there is no one remedy for all cases; our selection will depend greatly upon the variety, the stage, and the extent of the lesions. We must discriminate between the acuter forms and those less inflammatory, where the disease progresses slowly. In this case, which shows the inflammatory type of the disease, I will direct the use of the following:

℞. Zinci sulphatis,
Potassii sulphuret, āā ℥ j.
Ether sulph., f ℥ ss.
Alcohol, f ℥ iiiss.
Sig. To be dabbed on the part twice a day, fifteen minutes at a time.

In all probability we shall have to change the remedies from time to time before effecting a cure. The above, however, will, we hope, bring it into such a condition where other remedies can be used to greater advantage. Subsequently, strong sulphur ointments will be ordered.

Eczema Pustulosum Barbæ.

A man, 65 years of age, with an infiltrated patch of pustular disease the size of a silver quarter-dollar on the middle of the upper lip. It

is fissured near the septum. It may be mistaken for tinea sycosis, and for sycosis non-parasitica. The fact that the hairs are firm and cannot be extracted without pain to the patient, is enough to distinguish it from tinea sycosis, while the fact that the pustules are not each perforated by a hair is sufficient to eliminate sycosis non-parasitica. These lesions do well under stimulating ointments, such as calomel or white precipitate, from twenty grains to one drachm to the ounce of lard. Local treatment alone is necessary.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Carcinoma (Scirrhus) of the Breast.

By Dr. J. H. Musser, for Dr. R. M. Girvin.

In November, 1882, Miss ——, a lady of good circumstances, with a hereditary tendency to carcinoma and scrofulosis from the mother, noticed at the upper portion of her breast a small, extremely tender lump, the size of a hickory nut. The nodule increased in size, and on the day of removal, February 17, 1883, was as large as a duck's egg in the first position mentioned. Neither at that time nor at any other time was the nipple either diseased or retracted, or the mamma discolored. The breast had never been injured. The lymphatics were not involved. The general health and nutrition was good.

The operation was performed on the above date by Dr. G. on account of severe paroxysmal pain; so severe was this symptom that a slight opium habit developed. The wound healed nicely. There has been no return of the disease (May 20).

Examination of a section of the hard mass in the gland demonstrated it to be a scirrhus.

Carcinoma (Scirrhus) of the Rectum.

By J. H. Musser, M. D.

At the autopsy of the person from whom these specimens were removed, made thirty-six hours after death, by Dr. W. E. Hughes, we found rigor mortis well marked, the body greatly emaciated, the skin of a yellow-earth color, and on the right buttock, near the gluteal fold, the ragged grayish openings of several sinuses, which, we subsequently proved, communicated with a sac behind the rectum. This sac opened into the rectum, which at that point was greatly dilated. At the bottom of the dilated pouch in the posterior wall, towards the anus, and two and a half inches therefrom, was a hard mass. This mass was the size of a silver dollar, involved two-thirds of the wall, but did not cause occlusion of the gut. The surface was ulcerated. The bowel, towards the cæcum, was dilated, the mucous membrane congested, and the muscular coat hypertrophied. The remainder of the intestine was normal, and the glands of the mesentery were only slightly enlarged. The liver weighed four and one-half pounds, was very fatty, and in the left lobe a secondary mass larger than a walnut was found. The apex of the left lung was the seat of a small area of catarrhal pneumonia; the base was bound down by rather recent adhesions. Further than this, the tissues presented no other change than that due to wasting disease. Microscopical examination revealed the two nodules to be of the nature of a hard cancer.

The patient, a female thirty-seven years old, had always been a dyspeptic and of a constipated habit. Her mother and one sister had died of cancer of the stomach; her maternal uncle of the same disease of the liver.

I attended Mrs. S——, from October 11, 1881, to February 7, 1882. She died in May of the latter year. From the 5th of August previous to my first visit she had been suffering from so-called dysentery—twenty to thirty bloody and mucous stools, with tormina and tenesmus. She had grown very feeble and lost much flesh. My notes state abdomen flat, tender all over, especially in the fossæ, but no tumor noticeable. Dysenteric diarrhœa continued, and I may say these discharges kept up during my attendance, at times better, again worse. The mucus was always present: the blood, at times none, again slight, or again in large amounts. The appetite was poor and her dyspepsia bad. The debility and emaciation progressed and the appetite became less.

In November I detected a hard tumor with apparently a raw surface, two inches and a half from the anus.

During December and January she complained of pains in the legs and of severe cramps at night.

In January she began to complain of pain in the right hip posteriorly. Local and internal remedies scarcely relieved it, and finally the post-rectal abscess discharged. Death from exhaustion ended the career of horrible suffering.

I would remark that in all probability the obstinate constipation predisposed to the location of the disease. The constant irritation of the hardened fæces would tend to the deposition of the cancerous growth in this locality in a person predisposed to that disease. I have not seen constipation noted as a factor in the ætiology of rectal carcinoma, but I think such a view plausible, and that we may infer the practical point—soluble bowels in the cancerous inclined.

Sarcoma of the Bladder.

By J. H. Musser, M. D.

I am indebted to my friend, Dr. Saml. R. Skillern, for whom I made the autopsy, for the privilege of exhibiting this very interesting specimen. At the time of the examination the skin of the body was of the characteristic cachectic hue, the rigor mortis was marked, the emaciation considerable though not striking, for on section there was a fair amount of fat in the abdominal walls and in the omentum, while the muscles were comparatively large. The abdominal cavity alone was examined. The peritoneum was healthy, the stomach and intestines of a normal appearance. Neither the mesenteric nor any other lymphatic glands were affected. The liver was slightly enlarged and fatty; the spleen normal. The genito-urinary tract was removed intact, the kidneys being severed from their attachments with difficulty, on account of being surrounded by fat. Beginning with the kidneys, the left was about half the natural size, with thickened adherent capsule. The pelvis was very greatly dilated, the secreting portion reduced to one-third the natural size. The medullary portion was mostly atro-

phied, the cortical was thin, hard, and pale. The right kidney was larger by one-third than normal, was also cirrhotic, and although its pelvis was dilated, the secreting portion was not atrophied very much. The ureters were very much dilated, averaging the size of the index finger. The bladder was in its normal position, and, on opening, the calibre was found lessened by one-half, the walls much hypertrophied. At the base of the bladder, in the Trigone vesicale, a flat tumor was detected. It measured two inches transversely, and one antero-posteriorly. The base of the tumor was smaller than the upper surface. This surface was irregular, at some places ulcerated, at others covered with phosphatic concretions. The orifices of the ureters were found by hydrostatic means to open into the tumor, and hence were somewhat occluded. The urethral canal was not encroached upon. To the left of the large tumor were two small secondary masses

Microscopical examination of the kidneys and the tumor: In the former interstitial and tubular nephritis was found. The tumor was of the histological appearance of a sarcoma. The sections are under the microscope for examination.

The person from whom these specimens were removed had been a successful minister in charge of a large congregation. He had always been a great mental worker. At the time of his death he was fifty years old. During his life his habits were most exemplary. His previous health was good; in his family history no evidence of hereditary disease could be traced. For the clinical history I am indebted to the various medical gentlemen that attended him.

Prof. Agnew was consulted more than two years prior to death on account of vesical irritation. Six months thereafter he passed blood by the urethra. Careful examination at this time and before, both by the urethra and rectum, failed to detect any tumor or calculus. In a short time the cachectic hue became evident, and with all the professor suspected malignant disease. The hemorrhages became more profuse, and occurred more frequently. Prof. Tyson was then consulted. He very kindly allows me to extract the following from his notes:

Dr. Tyson said that Mr. S—— first came under his observation May 27, 1880, being then forty-seven years old. He stated that he had been annoyed by frequent micturition for about five years, which gradually increased, until at that time he had to rise two or three times each night, but thought it was more frequent during the day than at night. At first he was completely relieved of this symptom during his vacation, which he spent in the woods, and was still much better at such times. He thought Poland waters gave him relief, and he felt compelled to use it constantly. There was at this time a burning sensation at the neck of the bladder. The urine at this date contained half its bulk of albumen; enough blood corpuscles to give it a "smoke hue," but no casts.

On June 22, he again reported; Prof. Agnew, in the meantime, having passed a sound, and detected a slight stricture, which he thought accounted for the symptoms. The patient was instructed to pass a sound for himself and he thought it gave him great relief, not only diminishing greatly the desire to pass water, but also relieving the sensation at the neck of the bladder.

Dr. Tyson did not see him again until October 31, 1881, when he reported that during the previous year he had been using the bougie, at one time as often as five or six times a week, but more frequently every three or four days. He had been very well during this time, gaining ten pounds in his summer vacation, and at that time not urinating more frequently than any one else, although kept up the use of Poland water, of which he was using eight tumblers a day for five weeks while at the spring, and when at home, five a day. He now mentioned that during the summer he felt an occasional soreness in the region of the bladder when stooping, and noticed also occasional chalky deposits in his urine. At the time of this visit his urine was acid, sp. gr. 1014, and contained one-fifth its bulk of albumen, but no tube-casts. No note of blood was then made.

On November 7th, his urine contained a sediment equal to about $\frac{1}{10}$ to $\frac{1}{2}$ its bulk, which was composed mainly of blood corpuscles. There were a few leucocytes. He continued to visit Dr. Tyson until March 28, 1882. During much of this time he reported himself improved, there being much less frequent micturition at times, while the uncomfortable sensation at the neck of the bladder was less. The Poland water was discontinued, and ordinary drinking water substituted, with about the same effect in relieving the symptoms. During most of this time he took oil of eucalyptus in doses of from six to ten drops three times a day, we thought at the time with good effect. But the same changes occurred when he was taking nothing. His urine was always albuminous, sometimes containing blood appreciable to the naked eye. Once or twice he passed a small clot of blood from the bladder, and on January 7, 1882, a larger clot, which he compared to a small leech. Two of these times he brought chalky concretions, evidently phosphates, which he had passed. He always thought the bougie relieved him. He was always worse after a hard day's work, as on Monday, after preaching a couple of times Sunday. Benzoic acid and ergot were used with about the same effect—the oil of eucalyptus apparently temporary, but no permanent advantage.

On March 28th, he reported for the last time, and said that since his previous visit, seven weeks before, he had been very ill with what seemed to be an attack of great prostration, during which the urine was little altered, except that there was increased phosphatic sediment. More recently, however, there seemed to be always, except for short intervals, more or less blood in the urine. At no time during his attendance did he present a cachectic appearance, nor any other symptoms except those mentioned of intermittent hemorrhage from the bladder and symptoms of vesical irritation, and had not suspected malignant disease of the bladder while he was under his observation, but thought rather there might be a hemorrhoidal condition of the prostatic plexus of vessels.

During the summer and fall of '82 the general health of S. failed very much, while the vesical irritation was quite pronounced. When under Prof. Agnew's care, he began to use a sound, and

at this time used it daily for its soothing effect. Along with the slight vesical tenesmus, he suffered from a little pain at the head of the penis, from the very first. During this time, and in the winter, the hemorrhages continued. The blood was discharged before the urine—sometimes a considerable amount of pure blood, fluid or in clots. The bloody discharges occurred with every urination, or days would pass by with clear discharges.

Dr. Skillern attended S. from January 9, 1883, until his death, in March (13th). From his notes, in addition to the above, I glean the following facts: The occasion of the first visit to the patient was due to a fit which he had, and the nature of which was not clear, although it was probably a syncopal attack from blood loss. He suddenly became unconscious, and when seen had a pallid face, cold, clammy extremities, a feeble pulse, and shallow respirations. There had been no convulsion, although slight convulsive movements were noticeable. Hypodermic injections of amyl nitrit. soon aroused him, although he dozed for an hour afterwards. There is no evidence to prove that this seizure was uræmic. At this time his general condition was very bad. During January it is noted that he used the catheter frequently on account of a slight difficulty to start the flow of urine, and that in using it a grating sensation was felt by him; that the paroxysmal hemorrhages continued; that the constant feeling of discomfort at the neck of the bladder, and the dysuria, grew worse. Micturition occurred every two hours. In addition to the above, in February he had morning nausea and vomiting, generally losing his early meal—becoming more frequent later in the month. The loss of flesh and strength became very evident, as did the cachectic appearance. Two weeks prior to death he began to complain of renal pain; the twenty-four hours prior, the pain was agonizing. He died of exhaustion. It may be noted that the urine was never suppressed, nor was there ever marked vesical pain.

Dr. Formad expressed the opinion from an examination of the urine several weeks before death that malignant disease of the bladder was present, confirming the opinion of the other gentlemen. His opinion was based on the character of the epithelium in the deposit being of the appearance of the deep layers of the bladder mucous membrane.

Dr. Agnew kindly informs me, without referring to his notes, that he distinctly recalls four cases of sarcoma of the bladder, all in males, and in all bloody urine was an early and constantly recurring symptom, amounting in one of his cases to very profuse hemorrhages. Pain in one or both hips was also an early symptom. The patients were all over forty years of age.

This interesting note calls attention to the chief facts of these cases, and an especially noteworthy one, the age of the patient. As is well known, sarcoma in other situations generally occurs in early life, in this in later life. Then an examination of the relation of the mouth of the urethra to the flat tumor will show how readily a sound could have passed over the tumor, while the base of the bladder being filled, the sound could not engage the mass. The enlarged prostate was no doubt deceptive, obscuring the basal mass, when rectal touch was made.

Editorial Department.

Periscope.

Resection of the Intestine.

The *Brit. Med. Jour.*, May 26, 1883, says that Prof. Edward von Wahl, of the Dorpat Hospital, has recently published in the *St. Petersburger Medicinische Wochenscrift* two highly interesting cases of resection of the intestine. Three years ago, Dr. von Wahl operated on a man, aged forty-seven, for strangulated inguinal hernia. The intestine involved in the rupture was found to be partially gangrenous; the healthy portion on each side of the slough was, therefore, sewn to the edge of the external wound, and the gangrenous segment was cut away. An artificial anus was thus established. Six weeks later, in order to cure this complication, two inches and a half of the intestine around the abnormal opening were resected, and the edges of the gut above and below the seat of excision were united by a single row of fine catgut sutures. The portion of intestine that was excised proved to be part of the transverse colon. Death, preceded by symptoms of peritonitis, followed on the third day. At the necropsy, it was found that two of the sutures had become loose, allowing extravasation of fæces. Last October, Dr. von Wahl had occasion to perform excision of the intestine under more unfavorable circumstances. In removing a dermoid ovarian cyst from a woman, aged twenty-six, a portion of the ascending colon was found to be intimately adherent to its surface. As the walls of the tumor, especially along the line of adhesion, were undergoing malignant degeneration, Dr. von Wahl did not consider it justifiable to merely separate the adherent intestine from the cyst, but determined upon performing excision. The ascending colon lay deep in the flank, owing to the shortness of the meso-colon. The pedicle of the tumor was first ligatured, and the omentum was separated from the tumor, which had no pelvic adhesions. A clamp-forceps was then applied to the colon on each side of the adherent part, the teeth being guarded by strips of India-rubber sheeting. The adherent portion, four inches and

a half in length, was now cut away, and afterwards set free from the meso-colon. This last part of the operation was rendered difficult by the great size of the vessels in the peritoneal fold; but, by a careful arrangement of sponges over the adjacent viscera and peritoneum, no blood escaped into the peritoneal cavity. The ovarian tumor was then cut away. A double row of carbolized silk-threads was now passed through the cut edges of the colon. The first row, consisting of thirteen sutures, transfixed the serous and muscular coats. The second, or higher row, including ten sutures, passed only through the serous coat. Apposition of the cut edges of the colon was found to be perfect. The patient made a rapid recovery, a free motion being passed on the eighth day. Unfortunately, a month after the operation, the patient began to complain of symptoms which led Dr. von Wahl to believe that the malignant disease of the ovary had recurred in other abdominal organs. It is clear that, in a case of this kind, excision does not present the difficulties which are encountered when the operation is performed for the relief of chronic obstruction, or the removal of a malignant segment of intestine. Dr. von Wahl found no difficulty in securing apposition of the cut edges of the upper and lower ends of the intestine, after the sutures had been introduced, for there was no contraction of the inferior nor dilatation of the superior portion of the severed ascending colon, as seen in cases of stricture. Hence the clamps, applied in the simple manner above described, proved sufficient for the operator's purpose, without the application of the ingenious contrivance introduced by Mr. Treves, and exhibited at a meeting, last December, of the Royal Medical and Chirurgical Society; yet, even in this case, the use of the India-rubber dilating bag would have greatly facilitated the application of the sutures.

Administration of Iodine as a Remedy.

For the purpose of definitely determining the best method of administering preparations of iodine in cases of disease, Dr. J. Kersch (*Deutsche Mediz. Zeit.* 5, 1883), has instituted a series of observations on himself and others, and has come to the following conclusions:

When iodine or any of its preparations is administered for a certain length of time and then omitted, the following is noted: within a few hours the iodine appears in the urine, and continues to do so for a definite time. Then it ceases its presence there, to re-appear perhaps in a day or two later. The question was, to determine where did the iodine accumulate meanwhile? It was proven to be present during this time only in the acne pustules of iodism. K. further observed that in every individual iodine takes a different time before the system is saturated with it, before it accumulates and till it is excreted from the body again.

Basing his therapeutical measures upon the results of these investigations, he found that by the usual method of its administration—so and so many grains so and so many times in a day—we will never get as good, rapid and certain a result as by giving the iodine always only when the system having been saturated with it, all has been excreted again. For instance, instead of administering ten grains three times daily, the effect is far greater when we give twenty grains at night only. From actual experience he further noted, that after in this manner the iodine had been given for say three or four days, it was better then to omit a day or two, and then to recommence its administration in the same manner. Syphilitic, patches, gummata, etc., K. found, for instance, to disappear within eight days when iodide of potash was given to the patient after his method, while a larger quantity per day, and a time as long as six to ten weeks were necessary to cause a disappearance of the same symptoms, when the remedy was given in the usual manner.

K. concluded from all his investigations, that iodide of sodium and potassium were the preparations of iodine causing the most favorable and rapid effect; that to insure the latter the drug had to be administered largely diluted with water, the dose decided upon to be given daily was best given somewhat smaller (¼ less) but once, and this at night only; this to be continued till the acne eruption appeared, when the remedy was omitted till after its disappearance from the urine it had again re-appeared (synchronously with the cessation of the eruption, usually within two or three days), when the same method was commenced over again, and the whole continued till every sign of the disease had disappeared.

From the statistical tables published by K. we learn, that by his method of administering iodine or its preparations, only ⅔ of the dose of the remedy (usually given during such time) was sufficient to establish its purpose, and that besides, what is most important, the time of the cure occupied also ⅔ less than what it usually did. If, for instance, a patient with syphilis had formerly taken thirty grains of the remedy daily for six weeks before a cure was established, by K.'s method, twenty grains daily, and this with occasional intervals of a day or two, were necessary for two weeks only to reach the same result. The cause is the following: Formerly, a large amount of the drug was permitted to accumulate in the system uselessly, and to be excreted by the skin, while by K.'s method just that quantity of the remedy is administered which can be active in the body; it is allowed to perform its duty before more is added to it. We gain by this method in the cost of the treatment, and we do this in two ways; one by decreasing by one-third the daily dose necessary (and here certain days are totally omitted even), and by shortening the time of the cure by two-thirds.

Treatment of Enlarged Prostate.

Dr. William S. Savory thus writes in the *Lancet*, March 3, 1883:

When complete retention of urine from enlarged prostate occurs, it frequently happens that the introduction of an instrument is followed by temporary return of power to micturate; and in other cases of partial retention it is well known that the occasional passage of an instrument will for a while restore the ability to empty the bladder almost completely without help. The cause of the difficulty being a mechanical one, I suppose there can be little doubt that the introduc-

tion of an instrument does good in this way by pressing aside that portion of the enlarged prostate which is most immediately concerned in producing the obstruction. Now, much more good in this direction, and good, too, which will last much longer, is often gained by retaining a catheter for some time after it has been introduced—say for one or two hours or so, as the patient may be able to bear it without distress. This plan is well worth trying in most cases of the kind. When an instrument has been passed, whatever difficulty there may have been in its introduction has been overcome, and the patient is subjected to little or no additional trouble by its retention for a short period. I may add that for this purpose a silver catheter appears to me to be of more service than a flexible one. It will be observed that this plan of repeatedly retaining an instrument for an hour or so after it has been passed, is quite distinct in principle and purpose from the practice which has been advised, and is sometimes adopted, in cases of complete retention, or of very frequent micturition, or where there is unusual difficulty in the introduction of an instrument, of retaining it for many hours or even days together. The object here is either to escape a difficulty which may become insuperable, or to avoid the necessity of passing an instrument so frequently as to make this a source of grave irritation and further mischief. Here, unfortunately, the proposed remedy is often worse than the evil. The plan now advocated has been suggested with the view of taking advantage of the passage of a catheter, when it is required to relieve the bladder, to retain it for its effect upon the prostatic portion of the urethra; for the good it does in this way of restoring or improving the power of micturition, or possibly by pressure promoting in some degree absorption. In speaking on this subject, I would add that in my experience, as in that of others, in cases even where the prostrate is considerably enlarged, it is often easier to introduce a catheter with an ordinary curve than the instrument which is especially made for cases of this description. Surgeons know very well that sometimes when a prostatic catheter cannot be easily passed, an instrument with a much smaller curve will easily slip in. I fancy that the advantage on the side of the smaller instrument is more common than it is generally supposed to be. With me, at least, it is the rule; and so, to relieve the bladder in cases of enlarged prostate, I should take first an instrument of full size with an ordinary curve, or a curve not exceeding the quadrant of a circle of two inches or so in diameter.

The Formation of Fat from Fat-Acids.

The *Medical Press and Circular*, July 18, 1883, says that Dr. Immanuel Munk read an interesting paper on the above subject before the Berlin Physiological Society a short time ago, to which we are indebted for some interesting observations. Previous investigations had led the author to conclude that fat-acids play the same part in preventing the destruction of albumen that fat itself does. It was ascertained that dogs fed with flesh and fat preserved their nitrogen and body weight in an exactly similar manner when, in place of fat, for weeks together, only the acids of it were given; that the resorption of fat-acids in the intestinal tract was almost as complete as that of fat itself; that, finally, after feeding with fat-acids exclusively, the fatty substances contained in the chyle from the thoracic duct, consisted in only a small part (5.13 per cent.) of free fat-acids, and six to seventeen times as much neutral fat, and not more soaps than after exclusive albumen feeding. It follows from this, the fat-acids on their way from the intestinal tract to the thoracic duct, undergo a synthetic change to fat, which must—in case the diet is one of fat-acids exclusively—be brought about by the abstraction of the glycocol necessary to the synthesis, from the organism itself. The author has now succeeded in proving the transformation of fat-acids into fat.

A short time ago, Lebedeff, after feeding dogs for some time with linseed oil and mutton fat—fats that are not naturally present in dogs—proved the presence of these fats in the animals experimented on. If the above-named synthesis of fat-acids into fats really takes place in the organism, the author concludes that by feeding dogs with the acids of fats heterogeneous to the organism of dogs, such feeding would be followed by the deposit of these fats in their bodies—and this actually took place. After the author had learned from an experiment that the combined fat-acids of mutton fat, although only melting at a temperature of about 50° C., were digested in the intestines of the dog to 8090 per cent., he proceeded to experiment further. A medium-sized poodle, 13.8 klgr. in weight, was caused to fast for nineteen days, after which, his body weight was reduced to thirty-two per cent., he was then fed for fourteen days with a little lean flesh and as much fat-acids from mutton fat as he would consume. In this period he consumed 2,850 grms. of fat-acids, and 3,200 grms. of lean meat, and again increased his body weight by about seventeen per cent. The animal was then killed, and exhibited on examintion, an extraordinary deposit of fat in the subcutaneous connective tissue; on the intestines; in the liver, muscles etc. The fat thus obtained, which was of an exquisite whiteness, was easily proved to be neutral mutton fat, to the extent of ninety-six per cent.

The blood withdrawn from the carotid artery before the animal's death contained only 0.12 per cent. of fat; and the whole of the blood contained only 1.15 grms., a proof that the fat thus formed synthetically—like that taken up from ordinary nourishment—does not remain long in the blood, but is quickly withdrawn into the tissues.

Micro-Organisms in Relapsing Fever.

The *London Medical Record*, May 15, 1883, tells us that Dr. N. Ignatovsky, of Odessa Town Hospital (*Mediz. Obozr.*, June, 1882), has carried out a long series of microscopical observations on the spirilla, as well as other micro-organisms occurring in the blood and perspiration of subjects with recurrent fever. As to the spirilla, the author confirms the well-known fact of their appearing only during the febrile stages of the disease. Their agglomeration may be observed exclusively at the end of the attacks. The number of balls or bundles of the spirilla invariably increases as the moment of critical perspiration approaches.

Guided by this phenomenon, the author was able to predict the time of crisis, without even seeing the patient from whom the specimen of the blood was taken for examination. It is necessary to add, however, that the formation of spirillar balls is observed only in a certain proportion of cases. Besides Obermeier's spirochætæ, Dr. Ignatovsky found in the blood of the patients some other micro-organisms, which he divides into three groups:

1. Point-like bacteria.
2. Bead-like.
3. Ovoid.

The bacteria of the first kind have, under high magnifying powers, the appearance of minute puncta, presenting continuous spontaneous movements of every description. They occur not only in the blood and perspiration in cases of recurrent fever, but also in the blood of patients with typhus and typhoid fever. In recurrent fever, the point-shaped bacteria may be observed at the beginning of an attack before any spirilla are seen; they are absent when the latter come under observation, and reappear with the advent of crisis, when the spirilla disappear. The second group, that of the bead-like bacteria, present the form of filaments consisting of point-shaped micrococci, which are agglutinated by means of thin stripes of a homogeneous structureless substance. The movements of the chains are wave-like or pendulum-like, but always extremely slow in comparison with the rapid movements of the spirilla. The bead-like bacteria are met with almost exclusively at the beginning of an attack, before the appearance of the spirochætæ. The ovoid bacteria, which show pendulum-like movements, are invariably present in the blood containing the point-shaped micrococci; in rare cases they may be found simultaneously with the spirilla, but at all events only during the earliest part of the typhous stage. In the cutaneous secretion of persons suffering from relapsing fever, the author could detect only the spherical bacteria, which were present in largest numbers at the beginning of critical perspiration. They occurred also in perspiration produced in febrile patients by pilocarpine. In small numbers they may be found in skin-moisture of healthy people.

[Papers on the spirilla may be found in the *London Medical Record*, August, 1878, p. 338, and November, 1882, p. 473.]

On Cystotomy, by a Modified Lateral Method in Certain Cases of Enlarged Prostate.

Mr. Reginald Harrison, F. R. C. S., Surgeon to the Liverpool Royal Infirmary, writes in the *Brit. Med. Jour.*, June 9, 1883:

"Within recent years, I have had cases where it has been found expedient to make an opening into the bladder from the perinæum, in preference to other measures, the usual means of relieving obstructed micturition, or the consequences arising therefrom, having failed or proving insufficient.

"I may premise by stating that, apart from these cases of obstruction complicated with circum-urethral abscess, no such proceeding has been undertaken on the sole ground that catheterism was impossible, though some difficulty connected with the performance of the operation has, with other circumstances, usually been present.

"The selection of a method for opening the bladder should have reference only to the object to be attaind, or the contingencies that may arise. If, for instance, we desire merely to introduce the finger into it, as a preliminary to extracting a small stone, the median operation answers perfectly; whilst, if a larger stone, or an unknown quantity of anything, has to be dealt with, the lateral incision will, as a rule, be preferable.

"It has been advanced by those who favor the median incision, which is practically an urethrotomy, that it is both simple and safe; its admitted disadvantage lies in the comparatively small space it provides for manipulating and extracting; whilst, on the other hand, the lateral incision, though affording more room, is considered to be attended with an increased risk and a greater degree of difficulty, so far as its performance is concerned. The median operation need not necessarily involve anything more than the opening of the membranous urethra. The completed lateral operation further includes the division of structures constituting the neck of the bladder; and it is to this part of the proceeding that any increased risk or difficulty is to be attached.

"A little reflection shows that it is possible to closely assimilate the lateral with the median operation, that is to say, to dispense with the incision, not to the staff, but along the staff, should it be found, on exploration with the finger, that the additional room which the latter part provides is unnecessary for the object in view. It need hardly be said that this modification of the lateral method, where it is found, on digital exploration, to be feasible, frees the operator from executing the only portion of the operation to which any increased risk is attached; whilst, on the other hand, he has the consciousness that, should it turn out to be necessary, he can, by the completion of the deep incision along the staff, avail himself of all the advantages which are conceded by surgeons to the lateral method of opening the bladder."

Mr. Harrison illustrates his method by the description of a case.

Termination of Nerves in Striated Muscles.

The *Lancet*, May 5, 1883, says that Professor Trinchese, in the last number of the *Archives Italiennes de Biologie*, states that by the application of the double chloride of gold method of Ranvier-Löwitt, aided with high powers, he has been able to observe some interesting particulars in regard to the termination of the nerves in the striated muscles of frogs. The terminal ramifications are formed of small discs placed at more or less regular distances from each other, and united by a homogeneous intermediate substance. Chloride of gold stains the discs of a deep violet tint, and the intervening substance brick red. The attenuated extremities of these filaments are sometimes free, but may also sometimes be seen to be continuous, with the longitudinal striæ of the muscular fibre. This disposition comes into view in examining longitudinal optical sections of the fibres. If, on the contrary, a transverse section be under inspection which accidentally falls on the point of the terminal nervous ramifications of Kühne, a great number of very delicate filaments

may be seen stained of a deep violet hue, which spring from these ramifications on the side of the muscular substance, and become continuous with the substance which limits the area of Cohnheim. The longitudinal striæ of the muscular fibre are not formed of indifferent protoplasm and fat granules, as Ranvier and Krause affirm, but are organs, the structure of which resembles that of the axis cylinder. They are composed of small discs placed at regular distances from each other, and united by an intermediate substance. Here also the discs stain of a deep violet, and the intermediate substance of a brick red. In examining an optical longitudinal section of a longitudinal stria, a deeply colored violet filament may be observed to spring from each side of the little disc which is continuous with the thin disc of the adjacent primitive muscular fibrils. The intermediate substance is ot the same length as the thick disc of the muscular fibrils. Trinchese has sometimes found a granule from the sides of which a very pale and delicate filament sprang, which was continuous with the stria of Hensen of the primitive fibrils. In examining the longitudinal striæ in section, it may be seen that it is from them that the delicate filaments spring which limit the areas of Cohnheim. In the Boa the fibres of the intercostal muscles often present motor plates divided into five or six smaller plates, placed at considerable distances from each other, and connected by filaments the structure of which is identical with that of the longitudinal striæ. In the Triton he has on several occasions seen a very delicate axis cylinder formed of small discs penetrate into the muscular fibre and become directly continuous with the longitudinal striæ, which in the Triton are of considerable size, without forming either motor plates or terminal branches.

The Connections between the Spinal and Sympathetic Nerves.

The *London Med. Record*, May 15, 1883, says that Dr. A. D. Onodi, assistant to Professor Giza Mihalkovics, at the Anatomical Institute, Buda-Pesth, has (*Centralbl. für die Med. Wiss.*, February 17,) investigated this question, in the sympathetic of the horse, within an hour after its death. The special object of these observations is the relation of rami communicantes. The ganglionic cord was placed in an incubator heated to 38° R. (117.5 F.), and digested there from two-and-a-half to three hours. The connective tissue was thereby converted into a gelatinous substance, from which it was easy to separate the nerve-fibres. In horses, the cerebro-spinal nerves, reaching sympathetic ganglia by intervening rami communicantes, are divided into two different portions, and distributed in different parts of the ganglionic cord. From the sixth to the seventh dorsal ganglia, the greater part of the rami run an upward course in the ganglionic cord ; only a small portion taking a downward course; The remainder take, for the most part, a downward course in the dorsal and lumbar regions. Corresponding with the preponderance in numbers of nerve-fibres, there is a change in the character of the rami communicantes themselves. As far as the seventh and eighth ganglia the white communicating branches run upwards, while grey fibres run downwards. The cerebro-spinal fibres from the seventh dorsal ganglion go to form the splanchnic nerves, and cœliac plexus. Those in the lumbar region are traced to the abdominal aorta. White fibres are traceable from the eleventh to the fourteenth ramus into the diaphragm, sending branches also to the major splanchnic nerve. The grey fibres adhere to their corresponding ganglia, and form connections with the white fibres. Ganglia are often inserted among these fibres, having communicating branches. Unions of the grey and white fibres with the intervertebral ganglia have also been observed, but these branches Dr. Onodi has not found it possible to trace further. [In *Brain*, 1872, Mr. W. H. Kesteven stated the results of researches, from which he concludes that every cerebro-spinal nerve is connected with a sympathetic nerve ; and that a sympathetic centre in the medulla oblongata has no existence.]

Reviews and Book Notices.

NOTES ON CURRENT LITERATURE.

——The *North American Review* for September is an admirably constituted number, whether we regard the timeliness and importance of the subjects presented, or the eminent competence of the authors chosen for their discussion. First comes "State Regulation of Corporate Profits," by Chief-Justice T. M. Cooley, of Michigan, showing how far, by wise legislation and by applying in the spirit of enlightened jurisprudence the principles of the common law, the harrowing exactions of corporate companies and monopolies in general may be restrained and the interests of the people effectually conserved. John A. Kasson, M. C., writes on "Municipal Reform," and offers suggestions for the abatement of the evils of misgovernment in our great municipalities that will command the earnest interest of all good citizens without respect to party. Richard Grant White treats of "Class Distinctions in the United States," a subject that is destined to occupy more and more the attention of the American people as great fortunes increase. "Shooting at Sight" is the subject of some pertinent reflections by James Jackson, Chief-Justice of the State of Georgia. In "Facts About the Caucus and the Primary," George Walton Green unveils the tricks practiced by political managers in large cities. The well-known English essayist, W. H. Mallock, contributes "Conversations with a Solitary," in which he sets forthwith much ingenuity the arguments adverse to popular government. The Rev. Dr. D. S. Phelan contributes an article sparkling with epigrams, on the "Limitations of Freethinking." Finally, Grant Allen, the most charming of all living writers on natural history, discourses on "An American Wild Flower." Published at 30 Lafayette Place, New York, and for sale by booksellers generally.

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TESTING THE PURITY OF THE ATMOSPHERE.

A plain and simple test, by which any layman would be able to say if the air of a room can still be inhaled without any detriment to the human organism, has still so far been a desideratum. Long ago has been proven for the purpose of deciding such a question it is necessary only to determine the percentage of carbonic acid the air contains. For practical purposes it is utterly superfluous to find out what chemical agents or what animalculæ or molecular changes may have altered the air to be respired; because Pettenhofer has proven beyond a doubt that any air containing more than one pro mill of carbonic acid—speaking of the common atmosphere of the room—is hurtful to breathe it continnally, and that a perfectly innocuous air, in which a human being can live comfortably for a long time without harm, should not possess more carbonic acid than $\frac{1}{10}$ pro mill.

Dr. Wolpert (*Monatssch. f. Med. Polytechni*, July 1, 1883,) has invented a simple apparatus, for this purpose, and the same is placed the first time for public inspection in the Berlin Hygienic Exposition of this year. The apparatus consists of a gum ball, a small glass tube fitting into the same, and a common reaction glass, which has a mark ground into it to show how far it should be filled, and the bottom of which consists of milk glass (or glass otherwise clouded) with a bright test-mark, which in this case is the year 1883, *i. e.* the whole glass and these numbers are clear glass, only the glass surrounding at the bottom of the figures is clouded. Tho test depends upon the well-known effect of carbonic acid upon lime water. If the test is to be made in a certain room, the reaction-glass is filled up to the mark with lime-water; the compressed gum ball is permitted to fill itself with the air of the room through the glass tube inserted, then the latter is placed into the fluid in the test tube, and the air of the ball expelled into the fluid. While in any good air it is necessary to expel the air from the always refilled gum ball into the fluid of the test-tube twenty to thirty times, two to three times are sufficient if the air is bad to make the lime-

water so cloudy that the test sign cannot be read any more. A tabular statement accompanies the whole, from which, according to the number of times the air of the gum ball had to be expelled into the fluid ere the latter became sufficiently cloudy to obscure the test sign, the percentage of carbonic acid the air contains can be determined. For practical purposes, it is sufficient to remember that if the lime water becomes turbid after ten fillings the air is too impure to be breathed without detriment. If from ten to twenty fillings are needed, the air may be inhaled for a short time; if more than twenty, it is a sign that the air may be considered good.

Certainly, everybody may provide himself with a similar test if he possesses a number of vessels containing a certain known percentage of carbonic acid, and noting the effect of such air each time upon a test tube filled with lime-water. If a common test-tube is filled four-fifths with pure lime water, and if then a common gum ball is taken, compressed, and a person while gradually yielding the pressure, fills the ball with the air he expires, and if then this air is expelled into the fluid of the test tube, and if this fluid then, after being shaken, becomes so turbid that a bright sign on the clouded bottom cannot be read, in that case it can be taken for granted that the air contained four per cent. of carbonic acid (as well known). From this effect on the lime water, a smaller percentage may be calculated, but a better and surer procedure for one who would wish to manufacture such a handy and valuable apparatus for himself, would always be to make his first observations with air containing known definite quantities of carbonic acid, and then to make his calculation therefrom.

THE SO-CALLED LIPOMA OF THE KIDNEY.

In Virchow's Archiv. Bd. xciii., S. 39, Dr. Paul Grawitz discusses certain members of a group of tumors generally known under the name of renal lipomas, which are mentioned here and there in medical literature, but which, as they have seldom during life called forth any marked morbid manifestations, are clinically almost unknown, and their anatomico-pathological nature has not been thoroughly estimated nor investigated. There may exist in the renal capsule (1) small round or lobulated lipomas, which are indeed heteroplastic growths, but which upon first sight are recognized as tumors composed of adipose tissue, and (2) small round or slightly lobed growths, reckoned as lipomas, which externally have no similarity with other lipomas, but appear like myeloid sarcomas. These latter so called lipomas are not nearly so seldom seen as the lipoma proper. They exist as small round nodes, about the size of a pea, seldom exceeding the circumference of a cherry, 4–5 cm. in diameter, as a rule lying in the renal substance close under the albugine.

Microscopic examination shows them to be tumors which do indeed contain fat, but no fatty tissue, and hence they are not true lipomas, and at first sight it would seem as if they had no place in the modern classification of tumors. An attempt to classify them as œdemas of the kidney is forbidden after careful examination and comparison. Investigation of a case in question showed the tumor to exhibit a remarkable similarity to struma of the thyroid gland, and as no connection between it and the thyroid gland was likely, it became necessary to turn to a tissue in which such a tumor growth was possible, viz., the supra-renal gland. The situation of the growth, close under the renal capsule, where it is not unusual to find embryonic portions of the supra-renal capsule; the constitution of the cells; the cell contents; the tumor capsule separating new growth sharply from kidney substance; the relation of the cells to the interstitial tissue repeating the structure of the supra-renal capsule, and the amyloid degeneration of the vessels with a similar degeneration of the vessels of the supra-renal capsule of the same case, while the arteries of the kidney remained free in this respect—were all circumstances which pointed to a development of this growth from supra-renal capsule tissue. These observations being correct we have in the lipomas of the kidney overgrown portions of misplaced or burst-off supra-renal capsule substance, which, in their structure, resemble struma of the

supra-renal capsule, and may, after the manner of Virchow's classification, be very properly designated as *strumæ lipomatodes aberratae renis.* The development of these strumæ will be in like manner heteroplastic or rather heterotopic.

SOME FACTS ABOUT ALCOHOL.

Dr. R. H. Kinsey recently delivered a very sensible and dispassionate address before the annual meeting of the South Midland Branch of the British Medical Association (*Brit. Med. Jour.*, July 21, 1883,) choosing alcohol for his subject.

It is a well-worn subject, but some of his facts may be advantageously set before our readers.

"In the United Kingdom nearly $650,000,000 are spent upon it annually, and almost as much more must be added as the indirect cost of drinking. Out of 80,000 persons taken into custody in London in one year, 30,000 were taken in consequence of drink.

"In the report of the Lunacy Commissioners, January 1, 1881, it is stated that there were 73,113 persons of unsound mind in our asylums, and intemperance was reported to have been the exciting or predisposing cause in 12.6 per cent. of the new admissions. Of the pauperized class we have between two and three millions, costing the country about one hundred and twenty-five millions of dollars annually; and a great proportion of the poverty is hereditary, and due to drunkenness and profligacy.

"The mortality of the intemperate is greatly increased, especially from diseases of the head and digestive organs. The relative probabilities of living are as follows (Neison's *Vital Statistics*):

Of a Temperate Man,	*Of an Intemperate Man.*
At 20 = 44.2 years. . .	At 20 = 15.6 years.
" 30 = 36.6 " . .	" 30 = 13.8 "
" 40 = 28.8 " . .	" 40 = 11.6 "
" 50 = 21.25 " . .	" 50 = 10.8 "
" 60 = 14.28 " . .	" 60 = 8.9 "

"Not only early death, but premature old age, is brought on by indulgence.

"Now, if we compare this country, with its 35,000,000 of inhabitants, and its 180,000 persons pursuing the traffic in drink, with Sweden, a country whose population numbers just one-tenth of our own, we find that there there are only 450 places for the sale of spirits, and that that little country, which, thirty years ago, was the most drunken in Europe, has, under the influence of wise restrictive legislation, emerged from moral and material prostration, and is now showing signs of comfort and independence among all classes."

When, along with these facts, we recall to mind what physiology teaches us concerning the action of alcohol, then have we food to digest, assimilate, and think upon.

This question is one of the gravest public questions of the day in this country, and we must calmly, quietly and dispassionately consider it.

A THERAPEUTIC WARNING.

Some physicians seem to be afflicted with a form of disordered cerebration, to which might be attached the term *salycilimania.*

As so often happens when some new and truly valuable remedy is given to the profession, there are some who seem to lose their reason, and rushing headlong into the reckless use of these really beneficent articles, bring them into disrepute, just as *abuse* has so dismissed the *use* of venesection. Salicin and salycilic acids are unquestionably among the most valuable articles in our materia medica, but for all this, they are *drugs*, and all drugs must be handled cautiously, else they are potent for harm.

A case of *simple uncomplicated rheumatism* with a *fatal* termination, is reported in one of our recent English exchanges and a correspondent commenting on the case, hints very broadly that the death was rather due to maltreatment than to the disease.

That there was much ground for this criticism will seem evident when we learn that fifty grains of salicin were given every two hours, and after three hundred grains had been taken, it was ordered to be continued every two hours, if not asleep.

The next morning sixty grains of salicin were directed to be taken every second hour, and on

the next to be continued, and about a minute before midnight the patient died.

The correspondent says: "As the only fatal case of rheumatic fever which has occurred in my practice of nearly forty years was treated with moderate doses of salicylate of soda, and I have recently heard of another, it seems very desirable that some notice should be taken of the case just reported in the *Lancet*, and a warning given to the medical practitioners who prescribe the drug."

It would seem that we are destined to find in salicin and its compounds, remedies equal in therapeutic value to quinine and morphia, but like these two drugs, it must be used intelligently. It might be said that when used in about the same doses as quinine, we will be on the safe side, but when one resorts to such mammoth quantities as those indicated above, he had better be sure that there is a coroner near at hand.

Notes and Comments.

Influences of Disease on the Size of the Heart.

From the *Practitioner*, June, 1883, we learn that this subject has been investigated by Dr. Spetz. He finds that in typhus there is no characteristic change in the dimensions of the heart and the large vessels; the same is the case in puerperal pyæmia. In phthisis the heart is diminished, and especially the left ventricle. The right ventricle is often somewhat diminished, but not in proportion to the diminution in the weight of the body. It is sometimes even hypertrophied, but not as a rule. The ratio between the depth of the left ventricle and the circumference of the aorta is diminished, and as this is not compensated for by hypertrophy of the muscular walls of the ventricle, there is a diminution in the arterial tension. Consequently the pulse in phthisis is soft and small. In cancer the depth of the left ventricle is still more diminished than in phthisis, and the right ventricle is affected almost as much as the left. In granular kidney, both ventricles increase very much, but especially the left. The aorta is not correspondingly dilated. In consequence of this the tension in the arteries is very greatly increased. In myo-carditis, also, the heart is dilated and hypertrophied, but the left and right ventricles are almost equally affected. In chronic emphysema both ventricles are much dilated, with very little thickening of the muscular walls. Both ventricles are nearly equally affected. The pulse is full, but small and languid. (*Deut. Archiv für klin. Med.* p. 138, vol. xxx.)

The Brain and Spinal Cord in a Case of Congenital Absence of the Forearm.

The *London Medical Record*, May 15, 1883, says that L. Edinger describes (Virchow's *Archiv.*, Band lxxxix., and *Centralbl. für die Med. Wiss.*, January 13) the case of a man, aged fifty-two, who had possessed only the stump of the left forearm, about the size of a child's fist, containing the rudiments of the radius and ulna. The nerves were atrophied, the radial least, the ulnar most. The roots of the five lower cervical nerves on the left side, especially the sixth and seventh, were distinctly atrophied. The number of nerve-cells in both anterior and posterior horns on the same side, from the fourth cervical to the third dorsal nerve, was greatly diminished, and even of these many could only be traced as rudimentary, and without processes. The surface of the brain showed a diminution in the number and size and depth of the convulsions and sulci on the right side. This was most evident on the right side from the gyrus frontalis to the fissura Sylvii. In the opinion of the author, these defects corresponded with the regions in connection with the median, radial, and ulnar nerves. The deficiency in the convolutions of the right side, and of the medulla, he refers to the defect in the peripheral regions; and he remarks that this defect obviously coincides with the earliest periods of development of the brain.

An Important Urino-Genital Anomaly.

The *London Medical Record*, May 15, 1883, says that Luxardo describes the case of a healthy young man who had three apertures on the apex of the glans penis, one above the other. The inferior aperture communicated with a canal seventeen centimetres long, and large enough to allow the introduction of a catheter No. 11 Charrière. The urine came by this passage, which must, therefore, be considered as representing the urethra. The superior meatus permitted the easy introduction of bougie No. 7 Charrière; it measured thirteen to fourteen centimetres, and from it issued the semen in the act of ejaculation. The middle orifice was too small to allow the passing of an instrument. Dr. Luxardo could not find any communication between the superior and inferior canals, nor between the middle and lower passages; but he believes that one exists, since,

on passing urine, a few drops were seen to issue from the middle meatus, and because, when the young man had an attack of gonorrhœa, the purulent discharge came from both, but not from the superior. This immunity of the superior the author cannot explain. Only two other case of a similar anomaly are known; one described by Vesalius, the other by Cruveilhier.

Congenital Hypertrophy of Limbs.

Before the Pathological Society of London (*Med. Times and Gaz.*, May 5, 1883), Mr. Eve showed the left foot of a girl aged twenty-four. It was four inches and a half longer than the other one, the increase in size being mainly due to the enormous overgrowth of the skin of the sole of the foot; it had been from birth larger than the other one, but was increasing rapidly in size, and the right foot having begun to grow, too, for four months, the patient had been admitted into the Westminister Hospital, where the foot was amputated. The patient died from exhaustion, and it was found that the head, brain, and tongue were bigger on the right side than on the left. She evidently had a tendency to tumor formation, as there was a fibrous tumor of the sclerotic, an epulis, and exostosis on the os calcis and one of the metatarsal bones, all on the left side. He also showed the hand of a man which had been larger than the other one from birth, but which had afterwards grown rapidly. In this case, too, the increase in size was mainly due to overgrowth of the corium. In both there was a peculiar form of ulceration of the skin, there being an ingrowth of epithelium not actually amounting to an epithelioma.

Anatomy, Surgery, and Hygiene of the Rectum.

Dr. Joseph Eastman concludes an article on this subject in the *American Practitioner* for July, 1883, as follows:

1. That the rectal anatomist dispense with his drawings exhibiting the rectum distended, or borrow the contracting power of Thomas and add one with it closed.

2. I would urge the rectal surgeon (for purposes of diagnosis and operation) to utilize the expansive genius of Sims in throwing the rectum open.

3. I would urge humanitarians to insist that at least one-third as much time be given to unloading the alimentary canal that they take in filling the same.

4. I believe it is the duty of philanthropists and sanitarians, especially such as are so anxious to serve on boards of health, to see that water-closets invite; not repel.—Health boards should inspect every store, factory, and place of business, to see that clerks and employés, male and female, have such privacy and privileges of access to closet accommodations as the importance of the case demands.

5. I would beseech of doctors, philanthropists, sanitarians, and all others interested in humanity, to teach on all proper occasions the pernicious consequences of carrying a load of feces in the bowel unlil it is absorbed and its odor escapes from the emunctories of the skin, or adds to the not infrequent unpleasant aroma of the human breath.

A New Property of the Red Corpuscles in Mammals.

The *London Med. Record*, May 15, 1883, tells us that Dr. Fano related, at the tenth annual meeting of the Italian Medical Association (*Annali Univ. di Med.*, Nov., 1882), his experiments with peptone, and spoke of the rapid cessation of the reaction of peptone in the blood; he demonstrated the transformations of peptone absorbed by the digestive tract or transfused into the blood-current, and how peptone may be transformed and stored up by the morphological elements of the blood. The transformation consists in a process of dehydration, by which the peptones are changed into coagulable albuminoids. The active elements of this transformation are the red corpusles, which, assimilating the peptones that enter into the circulation, increase the specific weight. It is probably to the potash salts, which the red corpuscles contain, that this dehydration of the peptones is due, by which they are transformed into globulin. For this process to take place, the presence of oxyhæmoglobin is an indispensable condition. The stored-up albuminoids serve as a reserve supply of aliment, which is given up to the tissues as required.

Central Rupture of the Perinæum.

The *London Med. Record*, July 15, 1883, says that in the *Vratch*, No. 25, 1882, Professor N. F. Tolochinoff, of Kieff, furnished details of the case of a primapara, aged 20, with extreme narrowness and rigidity of the vaginal entrance, in whom there suddenly occurred a central rupture of the perinæum, about the size of a shilling piece. Any further lesion was prevented by lateral incisions into the vaginal opening, and by Ritgen's manipulation—that is, by introduction of two fingers

into the rectum, and pushing the fœtal head upwards and forwards in the direction of the vaginal orifice. On the ninth day after the labor, the rupture completely healed. The author points out the advantages of Ritgen's method, while he regards Spiegelberg's plan (of using forceps when a rupture began to be formed) as entailing too dangerous loss of most precious time.

Hydrobromic Acid as a Substitute for the Bromides.

At a meeting of the Amer. Neurological Assoc. (*N. Y. Med. Jour.*, June 23, 1883), Dr. C. L. Dana said the dose of the pure acid should be from ten to twenty drops; of the officinal, one to two and a-half drachms.

He employs it in the following conditions:

Epilepsy, alcoholism, various forms of headache, vertigo, general nervous depression, neurasthenia, chorea, insomnia, hysteria, post-hemiplegic disturbances, etc.

He had seen the greatest benefit from the drug in epilepsy, in post-hemiplegic difficulties, and in other lighter general nervous troubles.

In the doses in which it is usually prescribed, the doctor says it will not prevent cinchonism.

Hydrobromic acid was recommended in preference to the haloids, because it was agreeable to take, non-irritating, and did not produce an eruption or bromism.

Infantile Constipation.

In connection with the means of overcoming this troublesome condition, that we have recently noticed, the following suggestions of Dr. M. C. Hatton (*Lancet*, July 14, 1883), may prove serviceable:

Take one quart of bran meal, tie it up in a pudding-bag so tight as to get a firm, solid mass, put it into a pot of water early in the morning, and let it boil till bed time; then take it out and let it dry. In the morning peel off from the surface and throw away the thin rind of dough, and with a nutmeg grater grate down the dry hard mass into a powder. Of this, from one to three teaspoonfuls may be used, by first rubbing it into a paste with a little milk, then adding it to about a pint of milk, and, finally, bringing the whole to just the boiling point. It must be given through a nursing-bottle.

An Operation for the Cure of Masturbation.

Dr. Timothy Haynes records in the *Boston Medical and Surgical Journal*, August 9, 1883, the removal of parts of the spermatic ducts.

The operation, which was the same in all three cases reported, was as follows:

An incision midway between the external inguinal ring and the testis laid bare the duct, from which a half inch was resected, and the slight wound closed by sutures.

By this simple operation, leaving behind it no deformity of the genitals, he has succeeded in all three cases in improving the mental and physical condition of his patients, while the sexual appetite was as effectually destroyed as by castration.

Paraldehyde.

Paraldehyde ($C^6H^{12}O^5$) has been administered by MM. Berger and Cervello (*Archiv für Experiment. Pathologie und Pharmak.*). They found that its hypnotic effects were less marked than those of chloral, but that it had no action on the heart or on intra-vascular pressure. Administered at the dose of eight grams to a patient suffering from severe sciatic pains, he obtained a night of undisturbed rest. Mr. Berger administered the medicament in 100 cases in doses of from one gram and one-half to twelve grams. Some hypnotic effect was usually obtained; in nineteen cases deep sleep ensued; in forty-two others the effects lasted from one hour to three, and in nineteen cases the medicament appeared to have no action. Sleep usually survened in from ten to twenty minutes after its administration.

Subperiosteal Resections.

The *Practitioner*, June, 1883, says:

An interesting record of the results of this operation is afforded in the following case: The operation was undertaken in April, 1871, in consequence of a bullet fracture of the humerus. Two years later the patient was able to return to his work as a stonemason, and the arm presented in every respect a healthy appearance, with the exception of a paralysis of some of the radial muscles. All went well, and the patient remained at work till July, 1882, when some inflammation appeared in the arm, and in September it was amputated at the shoulder-joint, in consequence of severe inflammation. The examination of the arm confirmed the diagnosis of ostitis in the new bone. The patient made a good recovery. (*Bulletins et Mémoires de la Société de Chirurgie de Paris*, December, 1882.

Naphthaline in Frost-Bites.

The *Med. Record*, July 28, 1883, says that Dr. Lindenbaum has employed this remedy with suc-

cess in a number of cases of frost-bite. The dressing is usually changed every seven to ten days. In some instances the patients complained for two or three hours after the application of severe sticking pains, caused probably by small crystals of naphthaline. As far as the author's experience will permit him to judge, the same remedy is equally beneficial in burns.—*St. Petersburger Med. Wochenschrift*, June 2, 1883.

Preparations of Gold in Syphilis.

The *Med. Times and Gaz.*, June 16, 1883, says:

In a discussion at the Société de Thérapeutique (*Bulletin de la Société*, April 30), Dr. Martineau stated that in inveterate syphilis he had found preparations of gold very useful. He has given it with success in cases which had proved rebellious to mercurial frictions and subcutaneous injections. He prescribes the following mixture, giving three teaspoonfuls of it daily: Water, 1,000 grammes; chloride of gold, chloride of sodium, of each 1 gramme. Dr. Gougenheim, however, believes that the employment of gold should in these cases be quite exceptional, and some instances of their success should not divert us from the classic treatment of old syphilides by the iodide of potassium, which is thus far the most powerful and certain remedy that we posses. He always finds it of avail in deep-seated syphilitic lesions, and also in syphilitic affections of the eye. But it must to this end be given in massive doses, and in this way he has often ordered as much as ten grammes *per diem*.

Occipito-posterior Cases.

Dr. Charles Robert Thompson thus treats these cases (*Brit. Med. Jour.*, July 7, 1883):

"I have for many years adopted the plan of delivering these cases with the whalebone fillet. The position of the head being exactly ascertained, the fore and middle fingers of the left hand are passed up until the posterior fontanelle is reached, and if possible, are pressed against the occipital bone. The fillet, held in the right hand, is compressed, and advanced gently along the left palm and palmar surface of the fingers till it rests on the head. It is now allowed to expand, and is guided upwards and directed by the fingers until it is felt to embrace the occiput, on which it is generally possible to obtain a firm purchase. Gentle traction is then made during each pain, the fingers of the left hand being still on the head to inform the operator of its exact position; the occiput is brought down, the forehead recedes, expulsive pains are immediately excited (in some cases spontaneous rotation takes place, although this is rare), and the labor is quickly terminated."

Painful Congestion of the Liver in the Early Stages of Alcoholism.

From the *Med. Record*, we note the following:

The symptoms at this time are insignificant, or at any rate are not troublesome enough to disturb the equanimity of persons that are not habitually solicitious about their health. Dr. Mathieu was led to examine the liver carefully in a number of patients who already presented some of the early signs of alcoholism. In no instance was there any subjective symptom of hepatic disorder, yet there was always an increase of liver dullness of about one inch above the normal. There was at same time some tenderness on pressure. In the majority of cases examined there was also a slight enlargement of the spleen. The author regards this enlargement, combined with tenderness on pressure, as indicative of a congestion bordering on inflammation. It will in time pass into true inflammation, which may, according to circumstances, assume the form of general hepatitis or of one of the varieties of cirrhosis.

Ligature of the Occipital Artery.

Dr. C. B. Lockwood thus describes the operation, as he has performed it on the cadaver, in the *Brit. Med. Jour.*, July 7, 1883:

To accomplish ligature of the occipital artery as it emerges from beneath the mastoid process, the following directions may be followed: The scalp having been shaved, an incision an inch and a half long should be made in the line of the artery from behind the mastoid process backwards towards the external occipital protuberance. To enable the operator to do this, the body must either be placed upon its face or the head turned strongly to one side. The scalp having been cut through, the fibres of the splenius are seen ascending, and should be divided layer by layer. The artery will be found beneath, lying in its triangle. No particular directions are required for the passing of the ligature. Although so briefly described, this operation will be found by no means easy to accomplish.

Trichlorophenate of Lime.

The *Med. Press and Circular*, July 18, 1883, says:

A Russian medical journal publishes an account of experiments made by one of its collaborators on the antiseptic properties of trichlorophenate of

lime, a mixture of phenic acid and chloride of calcium. From it, it appears that this compound is twenty times stronger as an antiseptic than phenic acid, permanganate of potassa, chloride of calcium, salicylic acid, or boric acid. It is not only disinfectant, but removes all odors from wounds. It is essentially useful in soft chancre, diphtheria, and other gangrenous affections. Trichlorate of phenol is not only easily and quickly prepared, but its price is also less than that of phenic acid.

Notched Teeth.

In a paper read at the Société de Chirurgie of Paris (*Brit. Med. Jour.*, July 7, 1883), M. Magitôt lately called attention to the notching and erosions of the teeth in inherited syphilis, and on the relations of this disease to rickets. He thinks that the notch is not characteristic, and states that it is never found in some races frequently affected by syphilis, such as the Japanese and Peruvians. According to Magitôt, not only inherited syphilis, but also all other serious troubles of nutrition, may cause diminution in the number and size of the teeth, or delay in the period of their eruption, but never erosion. Most frequently, the latter is caused by certain nervous affections of early childhood such as infantile convulsions, especially when accompanied by general debility.

Treatment of Erysipelas of the Face.

The *Jour of Cut. and Ven. Diseases* for August, 1883, tells us that Roth has revived Wilkinson's old method of treating erysipelas, and Unna reports a case so treated. The method consists simply in giving every two hours a tablespoonful of a mixture of eight parts of carbonate of ammonia with two hundred and ten parts of any convenient menstrum. Unna's case was severe, with high fever, sleeplessness, and delirium. In twenty-four hours the affection was under control, and amendment had occurred, and in three days the patient was well. No external applications were employed.—Unna, *Monatsch. f. Prak. Derm.*, October, 1882.

A Circumtubular Lymphatic Sheath in the Testicle.

The *London Medical Record*, May 15, 1883, notes that Professor F. Legge (*Gazz. Med. di Roma*, August 1, 1882) has discovered that the seminiferous tubules are invested with a lymphatic sheath, to which he gives the name of circumtubular. It is formed of a continuous epithelioid layer surrounding the tubule, whose surface is also covered with a similar layer. Between the sheath and the tubule is a free space, in which can be seen a number of lymph-corpuscles. This circumtubular sheath can be most readily distinguished in the smaller animals, but the author has established its existence also in dogs, sheep, and man.

Correspondence.

Treatment of Acute Mastitis.

Eds. Med. and Surg. Reporter:—

Few of the interruptions of the convalescence of child-bed are more painful and serious than inflammation of the breasts, and when it terminates in suppuration, weeks and months are often spent in the agony of repeated abscesses. I am in the habit of making daily inquiries of my lying-in patients of the condition of their breasts and nipples, and as soon as the slightest symptoms of inflammation appear, I commence at once a vigilant care of them. If the bowels are confined and the tongue furred, I give a mercurial purge of three grains of calomel and eight grains of powdered rhubarb, to be followed immediately by

℞.	Bromide of potassium,	℥ ij.
	Iodide of potassium,	℥ j.
	Tinct. aconite leaves,	gtts. xij.
	Aqua camphor,	℥ vj.

M. S.—Shake well; a tablespoonful every two hours.

This mixture I continue day after day until the system is brought under the influence of iodine; and when commenced early, it is surprising how soon it controls the inflammation, and quiets the nervous excitement accompanying it. As a local application, I have found nothing equal to

℞.	Muriate of ammonia,	℥ ij.
	Tinct. arnica,	℥ j.
	Aqua,	℥ vij.

M. S.—Shake well and keep the bottle containing this mixture in a basin of ice-water, and apply cloths wetted with the cold lotion often and constantly to the inflamed breast.

I keep the patient quiet, and allow her no diet during the acute stage except milk. The breast is to be well drawn every two or three hours with the human lips, or with some of the artificial appliances made for the purpose, for it is of the greatest importance to keep the breast well emptied of the accumulated and accumulating milk. If the nipple should be sore, I keep it washed with a concentrated solution of borax, and powdered with sub-nitrate of bismuth. I continue this treatment until a resolution of the inflammation, and whether in the beginning or during the progress of a case, when consulted, I pursue this plan of treatment, for it is a well-known therapeutic fact that iodine and bromine, and their combinations, exert a greater control over diseases of the glands than any other established medicines; and for this rational reason, I always find my treatment of acute mastitis with them most satisfactory. J. B. Johnson, M. D.

Washington, D. C.

A Freak of Electricity.

EDS. MED. AND SURG. REPORTER:—

A freak of electricity occurred at New Hartford, Iowa, recently, which I apprehend will be of some interest to your readers. My colleague, Dr. O. S. Knox, was called by telegram to attend one John Donohue, a well-to-do farmer living near the above-named town, who had been stricken down by a violent stroke of lightning under the following peculiar circumstances: It seems two of his hired men with himself were riding toward the house, endeavoring to escape an approaching storm. One of the hired men, who was some four inches taller than either of his companions, sat between the other two. He was killed outright, while the other man escaped unharmed, not even shocked. Mr. Donohue, however, was quite seriously burned, the direction of the current on his body being quite peculiar. It struck at first at about the lower extremity of the upper third of the left arm, at its inner aspect, passing thence in an obliquely downward direction across the chest till it reached a point about where the greater sciatic nerve makes its egress. At this point it divided itself into two parts, one of the branches passing directly athwart at the lower border of the scrotum. The other continued along the line of the sciatic nerve to the popiliteal space, whence it crossed to the left knee and down to the external surface of the left foot, where it disappeared.

Two queries arise with reference to this freak of nature, in that the man who was killed was taller than either of his companions, and wore a metallic buckle on his hat-band, viz.: First, Did he serve as a prime conductor? And second, the first branch after the division of the current that struck Mr. Donohue in passing athwart the scrotum converted a latent hydrocele with which Mr. D. had been troubled slightly into an active one, so that tapping became necessary in a few hours after the accident, and what before had been a tumor no larger in size than an English walnut, yielded a quart and a half of fluid.

Query number two: What caused this sudden transformation? CHAS. S. CHASE, M. D.

Waterloo, Iowa, August 7, 1883.

An Idiosyncrasy.

EDS. MED. AND SURG. REPORTER:—

I have an intelligent lady patient who tells me she cannot use tomatoes in any manner without producing frequent and painful micturition, and that others of her lady friends are affected in like manner whenever they use them. Is not this an unusual symptom? I would be pleased to hear from your readers if this is common, and the why and wherefore. B. P. REESE, M. D.

Staunton, Va., August 15, 1883.

NEWS AND MISCELLANY.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, April 1 to June 30, 1883.

Bailhache, P. H., surgeon. To examine officers and cadets of the Revenue Marine Service, April 2, May 28, and June 4, 1883. To proceed to New York to make arrangements for the care of seamen, April 30, 1883. To proceed to Chattanooga, Memphis, St. Louis, Cairo, Evansville, Louisville, Cincinnati, Gallipolis, Wheeling, and Pittsburgh as inspector, June 23, 1883.

Miller, T. W., surgeon. Detailed as president, Board of Examiners, May 15, 1883. Detailed as member of Board for the physical examination of cadets of the Revenue Marine Service, May 15, 1883.

Wyman, Walter, surgeon. Detailed as member of Boards for the physical examination of officers and cadets of the Revenue Marine Service, May 1, 15, and 28, 1883. Detailed as member Board of Examiners, May 15, 1883.

Murray, R. D., surgeon. To proceed to Pensacola, Fla., and take charge of Quarantine Service, May 21, 1883.

Gassaway, J. M., surgeon. Granted leave of absence for ten days, April 21, 1883. Detailed as Recorder of Board of Examiners, May 15, 1883.

Smith, Henry, surgeon. Granted leave of absence for thirty days on account of sickness, June 14, 1883.

Fisher, J. C., passed assistant surgeon. Detailed as member of Boards for the physical examination of officers of the Revenue Marine Service, May 1 and June 4, 1883.

Cooke, H. P., passed assistant surgeon. Granted leave of absence for thirty days, May 15, 1883.

O'Connor, F. J., assistant surgeon. Relieved from duty at Detroit, Mich., and assigned to temporary duty at Boston, Mass., May 10, 1883.

Guitèras, John, assistant surgeon. Granted leave of absence for thirty days, without pay, April 3, 1883.

Armstrong, S. T., assistant surgeon. To proceed to Memphis, Tenn., for temporary duty, May 21, 1883.

Bennett, P. H., assistant surgeon. Granted leave of absence for thirty days on account of sickness, June 26, 1883.

Ames, R. P. M., assistant surgeon. Granted leave of absence for fourteen days, April 3, 1883.

Devan, S. C., assistant surgeon. Detailed as medical officer revenue steamer "Corwin" during cruise in Alaskan waters, April 16, 1883.

Bevan, A. D., assistant surgeon. To proceed to Detroit, Mich., for temporary duty, June 11, 1883.

Glennan, A. H., assistant surgeon. To proceed to Norfolk, Va., for temporary duty, June 26, 1883.

APPOINTMENTS.

The following candidates having passed the examination required by the regulations were appointed assistant surgeons by the Secretary of the Treasury, June 6, 1883:

Arthur D. Bevan, M. D., of Illinois.

Arthur H. Glennan, M. D., of the District of Columbia.

American Public Health Association.

The American Public Health Association will hold its eleventh annual session at Detroit, Mich., commencing Tuesday, November 13, 1883, and ending Friday, November 16.

The subjects which have been chosen for special consideration at that time are:

I. *Malaria.* Its etiology and the methods for its prevention in localities or in persons; its Ameri-

can history; its specific particles; its origin; the conditions of its pervasion; its laws of extension, etc.

II. *Foods.* Their adulteration; healthy or deleterious modes of preservation, and the function of legislation in ragard to them. Ascertained facts as to adulterations in this country. Facts as to canned goods, condensed milk, artificial butter and cheese, prepared meats, etc.

III. *Vital Statistics.* Methods and results; defects apparent. How far foreign modes of tabulation are to be followed. Systems of collection and classification. Race vitality and the care of population as indicated by statistics.

IV. *The Control and Removal of all Decomposable Material from Households.* The mechanical laws, constructions, and appliances relative thereto. The construction of all inside pipes and their connections, their traps and siphonage, flushing, ventilation. How they shall be connected with out-door receptacles, and yet be free from ill effect.

The Executive Committee by this outline desires to avoid general dissertations on these subjects, and to secure facts and opinions as to practical methods of dealing with the interest of public health. Reasons for the views entertained, the results of experience and the best judgment as to preventive and restrictive measures are especially sought.

Methods and systems of physical education, drill, etc., feasible in the school-room will be discussed. While papers of merit on other topics are by no means excluded, it is believed wise to concentrate the preparation of papers and discussion upon these topics.

The Special Committees on Compulsory Vaccination, the Management of Epidemics, and on Diseases of Animals, will, before the completion of their reports, be glad to receive communications from any who have facts or opinions bearing on these subjects.

Gentlemen who propose to present papers are respectfully requested to notify the Secretary by September 1, and to give the titles of their proposed papers.

The Executive Committee feels warranted in saying that the meeting promises to be one eminently inviting and profitable, and urges the attendance and coöperation of physicians, engineers, architects, teachers, and all those interested in the advancement of public health and physical well-being.

The Meeting will be held under the presidency of Dr. Ezra M. Hunt, of Trenton, N. J.

American Society of Microscopists.

At the sixth annual session of this Association, which was held in Chicago, August 7, 8, 9, and 10, the following papers were read:

"Microscopical Examination of Seminal Stains on Cloth," by Dr. F. M. Hamlin, of Auburn, New York.

"College Microscopical Societies," by Mrs. Sarah Whiting, of Wellesley College.

"Cataloguing, Labelling and Storing Microscopical Preparations," by Prof. Simon H. Gage, Cornell College.

"Verification of Microscopic Observation," by Prof. A. McCalla (the President of the Society).

"Preparing and Mounting Bacteria," by Prof. Burrill, of Champaign, Ills.

"Pathogenic Bacteria," Dr. Detmers, of Champaign.

"Clinical Advantages of Ozone and Its Effects on Micro-Organisms," Dr. George E. Fell, of Buffalo.

"A Critical Study of the Action of a Diamond in Ruling Lines upon Glass," Prof. Rogers, of Harvard University.

"Dry Mounting," Prof. Chester, of Hamilton College.

"Photo-Micrography," Professor Walmsley, of Philadelphia.

"Some Infusoria Found on Cray Fish," Prof. Kellicott, of Buffalo.

"The Effects of the Division of the Vagi on the Muscles of the Heart," Dr. A. M. Bleile, of Columbus, O.

"Some Hitherto Undescribed Animalculæ—Perekella—Annelida—Brachionus," Prof. Updegraff, of Elmira.

"A New Method of Polarizing Chemical Crystals," Dr. Christopher Johnston, of Baltimore.

"The Relation of Aperture to Amplification in the Selection of a Series of Microscopic Objectives," Prof. Blackhorn, of Dunkirk.

"The Structure of the Brain in Health and Disease," Dr. V. S. Clevenzger, of Chicago.

"Parasites in Fowls," Dr. Thomas Taylor, of Washington.

"Termination of the Nerves in the Kidneys," Dr. M. L. Holbrook, of New York.

The officers for the ensuing year are as follows:

President—Hon. J. D. Cox, of Cincinnati.

Vice Presidents—Prof. T. J. Burrill, of Champaign, Ill., and Prof. W. E. Rogers, of Harvard University.

Executive Committee—Prof. A. H. Chester, of Clinton, N. Y.; Dr. H. A. Johnson, of Chicago, and Gen. Wm. Humphrey, of Jackson, Mich.

International Medical Congress.

The General Organizing Committee formed for the preparatory work of the Eighth International Medical Congress to be held in Copenhagen from August 10 to 16, 1884, is composed as follows:

President—Prof. Dr. P. L. Panum.

Secretary-General—Prof. C. Lange.

Secretaries—Dr. O. Bloch, Dr. C. J. Salomonsen, and Surgeon-General Joh. Möller.

Honorary Treasurer—Prof. Dr. E. Hansen Grut, besides the Chairmen of the Sections, viz.:

Anatomy—Prof. Chievitz.

Physiology—Prof. Dr. P. L. Panum.

General Patholoay and Pathological Anatomy—Prof. Dr. C. Reisz.

Medicine—Prof. F. Trier.

Surgery—Prof. Dr. Holmer.

Hygiene and State Medicine—Dr. E. Hornemann.

Military Surgery and Medicine—Director-General of the Medical Department of the Army, Salomon.

Mental and Nervous Diseases—Prof. Dr. Steenberg.

Obstetric Medicine and Surgery, and Gynæcology—Prof. Dr. Stadfeldt and Prof. Dr. Howitz.

Diseases of Children—Prof. Dr. Hirschsprung.

Ophthalmology—Prof. Dr. E. Hansen Grut.

Diseases of the Skin and Syphilis—Prof. Dr. Haslund.

Diseases of the Ear and Throat—Dr. W. Meyer.

In order that the meeting of so many distinguished medical men, who, it is hoped, will attend on this occasion, may be as advantageous as possible, the Organizing Committee, following the example of the later Congresses, will communicate with distinguished men of different branches and of different countries, in order to prepare a programme. "This programme, as well as the rules, will be forwarded to those of our colleagues who we suppose take an interest in the work of the Congress, and who might be inclined to participate in it. In order that the programme may be ready as soon as possible, we shall be pleased if communications, referring to the work of the Congress, are sent to the Secretary-General before October 1 next, so that it may be possible for us to have regard to them in arranging the definite programme. The programme and rules will be forwarded, as soon as possible, to every one qualified to participate in the Congress, who within the limited time has announced to the Secretary-General his interest in the Congress, and his intention of participating in it; and, if possible, which section he intends chiefly joining."

American Pharmaceutical Association.

This association will be in session in Washington city September 11, 12, 13, 14, 15.

HEADQUARTERS: ARLINGTON HOTEL.

Hotels and Rates.

Arlington Hotel, per day	$3 00
Riggs House, "	3 00
Ebbitt House, "	3 00
Metropolitan Hotel, "	2 50
The Lexington, "	2 00
N.Y. Avenue Hotel, "	2 00

Members of the Association will please apply to the Arlington Hotel, where they will be informed as to the rooms and all information involved in our programme. In this department there will be an efficient representative. Washington guides will be distributed gratis to members through the kindness of Messrs Schaflirt & Boyce. Entertainment Tickets, Programme of Concert, Order of Dancing, and A. P. A. Rosettes will be distributed by the persons in charge.

Regarding excursion tickets to Washington, the Entertainment Committee report the best rate procurable under the existing "pool" agreements of the railroads to be a *one and one-third fare* for the round trip from all points. Tickets good from September 8th to 15th inclusive.

Tickets must be purchased on the 8th in order to be had at that rate. Orders for which may be procured from R. H. Cowdry, Chicago; J. W. Tomfohrde, St. Louis, Mo.; J. W. Colcord, Lynn, Mass., and H. W. Atwood, New York.

Routes from New York by the Pennsylvania Railroad. Excursion ticket to Washington, good from the 8th to the 15th of September, inclusive. Tickets *must* be purchased on the 8th, to be had at the reduced rate of $9.80; seats in drawing-room car $1.25 extra.

Also, by the Old Dominion Line of Steamers from Pier 26, North River, foot of Beach street, New York, to Washington, single fare, berth and meals included, $8.50. Time of trip, 40 hours. Or, via Newport News (10 to 15) persons to Richmond, $8.00.

Or, via James River to Richmond, one day longer, $2 in addition to the last rate.

From New York to Norfolk, $7.

These rates are for single trip tickets (not excursion), good either to or from Washington, Richmond, or Norfolk; orders for which may be procured from H. W. Atwood, 846 Broadway, N. Y., who acts for Mr. T. J. Macmahan, of the Committee.

Polyclinic of the Hospital College of Medicine, Louisville. Ky.

Recognizing the demand for more thorough and elaborate methods of practical instruction, Central University has provided a new departure in medical teaching. It has now been fully demonstrated that Polyclinical and Laboratory instruction must form the chief part of the curriculum in all first-class medical colleges.

The Laboratory Course will embrace Operative Illustrations in Surgery on the Cadaver, by Professor John T. Williams assisted by Dr. Allen H. Kelch.

Experimental Physiology, by Professor F. C. Wilson, assisted by Dr. G. W. Bates.

Chemistry and Medical Microscopy, by Professor John A. Tanner.

Histology and Pathology, by Professor Dudley S. Reynolds.

The microscope, maps, charts, and magic-lantern views will be employed to aid in illustrating the various subjects.

An Argument for Vaccination.

The *Boston M. and S. Jour.*, August 9, 1883, contains the following:

"An Octogenarian," writing to an English contemporary, makes certain very suggestive reflections on the influence of vaccination on the people whom it protects. After expressing a wish that those who question the utility of vaccination could, without losing the advantages of youth, receive the memories of his own early days, he continues: "I may safely say that for every person I now meet with seamed or pitted face I then met a hundred, many grievously disfigured, and not a few blind. This was bad enough, though even then, thanks to smallpox inoculation, and more lately to the vaccine protection, sufferers were at least in a very decided minority; but I have heard my mother say that in her early days marks of smallpox were so prevalent that it was common to distinguish one free from them as a smooth-faced person."

How to Prepare Water for Drinking.

Dr. J. Wallace makes the following practically valuable suggestion to the *Lancet*, August 4, 1883:

My plan for years has been to have a tin can large enough to contain all the water usually drunk in a day, filled from the kitchen boiler when the cooking is in full swing and the water actually boiling. This can is placed beside the filter until the next morning to cool, and then the filter is filled up and the can refilled with boiling water. The filtering completely affects the re-

æration of the water, and no one would suspect that it had been boiled. Many people would sooner drink pleasant-tasted, though vitiated, water than pure water which had lost its air, and to induce such people to boil water it is necessary to re-ærate it. Therefore boil first and then filter.

The New Journal of the Association.

At the last meeting of the American Medical Association, Dr. N. S. Davis, the editor of the new journal, very wisely forestalled adverse criticism by truly saying that it would take much time to produce a journal equal to that of the British Association, and asking a lenient consideration from the profession. The journal has come to hand. Dr. Davis is a most estimable man, and a veteran editor, and he will, no doubt, in time give us a first-class journal, if he receives sufficient pecuniary support from the profession. Last year, the expense of issuing the British *Medical Journal* was $70,000; the income of its American brother is only one-sixth of this amount. Let us give good cheer and substantial encouragement to this venture.

The Author's Ownership of His Lectures.

Recently we published a letter from Dr. D. Hayes Agnew denouncing as fraudulent "An Epitome of Medicine and Surgery," published in this city by Samuel M. Miller, M. D., and purporting to be by him and others. We now learn that, upon his affidavit that the publication is unauthorized by him, the Court has just granted a preliminary injunction restraining the circulation and sale of this book.

The Bufalini Prize.

In accordance with the will of the late Professor Bufalini, a prize of $1,000 will be awarded for the most meritorious essay on the application of the experimental method in the sciences. Manuscripts, which must be in Italian or Latin, will be received until October, 1884. They should be sent to the "Secretary of the Faculty of Medicine and Surgery of Florence."

Items.

—Dr. John Octerlony has been appointed Professor of Obstetrics and Diseases of Women and Children in the University of Louisville.

—A humorous sketch in the August *Century*, called "The Silk Dress Story," contains this happy variation on an old proverb: "A true Bostonian is one who when he is in Rome does as the Bostonians do."

—A death from "soothing syrup" having occurred in Brooklyn, the coroner's jury have very sensibly recommended the passage of a law by the Legislature, forbidding the sale of such preparations except on physicians' prescriptions.

—An outbreak of disease among horses, the precise nature of which is not yet apparent, is reported from Connecticut. Three horses on a farm in West Hartford, all there were on the place, were suddenly attacked, and died within a few hours. A veterinarian, Dr. Bryden, made an autopsy in one of the cases, and is said to have found that pneumonia was the cause of death.

—In a paper read before the Pennsylvania Pharmaceutical Association, Mr. Gustavus Pile explains the fact that the seeming warmth of ice water as compared with ice cream is due to the considerable difference of temperature, that of ice cream being about 12°F., and if frozen good and hard, even as low as 8° F., while it is difficult to get the ice water even as low as the freezing point.

OBITUARY NOTICES.

DR. J. S. MOSHER.

Dr. Jacob S. Mosher, formerly Surgeon-General of the State of New York, a professor in the Albany Medical College, a celebrated expert in many murder trials, and a leading physician of Albany, was found dead in his bed August 13, from heart disease. He was 49 years old.

DR. J. H. JEROME.

Dr. James H. Jérome, brother of ex-Gov. D. H. Jerome, of Michigan, and one of the oldest physicians in the State, died at East Saginaw, Michigan, August 8, at the age of 71 years.

MARRIAGES.

ARMOR—YORKE.—July 26, 1883, at the residence of the bride's father, Mr. E. J. Miller, of Clifton, Ohio, by Rev. Dr. Rowland, Dr. Samuel G. Armor, of Brooklyn, N. Y., and Mrs. Mary T. Yorke.

FRANKLIN—SANFORD.—On Wednesday evening, August 1, 1883, at the Church of St. John the Evangelist, by Rev. B. F. De Costa, D. D., Dr. Edward D. Franklin and Mrs. E. J. Sanford, all of New York.

LYALL—WOOD.—July 17, 1883, at Neah Bay, Indian Agency, Washington Territory, by Right Rev. J. A. Paddock, D. D., Bishop of Washington, Robert Lyall, M. D., late of Caithness, Scotland, and Ollie May, daughter of General Oliver and Mrs. Emma H. Wood, of Neah Bay.

NEAL—SIMONTON.—In Emmittsburg, Md., August 8, by Rev. W. Simonton, assisted by Rev. W. J. Chichester, of Germantown, Pa., and Rev. Isaac Grier, D. D., of Mifflinburg, Pa., James B. Neal, M. D., youngest son of William Neal, Esq., of Bloomsburg, Pa., and Elizabeth Simonton, second daughter of the officiating minister.

NELSON—NELSON.—At Elmira, N. Y., on Wednesday, July 25, 1883, by Rev. H. A. Nelson, assisted by Rev. S. D. Jewell, Dr. Edwin M. Nelson, of St. Louis, Mo., and Miss Emily A., daughter of Mr. D. Brainerd Nelson, of Elmira.

PARKER—CUYLER.—In San Francisco, Cal., July 16, 1883, at the residence of Dr. William S. Whitwell, Dr. Scollay Parker, of Oregon City, Oregon, and Mrs. Susie M. Cuyler, of Cincinnati, Ohio.

TUTHILL—PEASE.—Tuesday, August 14, 1883, in Poughkeepsie, N. Y., at the residence of the bride's parents, by Rev. N. S. Tuthill, Dr. Theodore K. Tuthill, of New York city, son of the officiating clergyman, and Irene, daughter of Edwin R. Pease.

DEATHS.

BOSTWICK.—Homer Bostwick, M. D., on August 14, 1883.

COFFEEN.—At his residence, in Wyoming, Hamilton county, Ohio, August 9, 1883, Dr. J. Q. A. Coffeen, in the fifty-eighth year of his age.

METCALF—At his father's residence, in Louisville, Ky., Dr. Charles K. Metcalf, Jr., in the twenty-sixth year of his age.

REIMANN.—In Lacrosse, Wis., July 30, 1883, of hemorrhage of the lungs, Dr. Louis Reimann, formerly of Louisville, Ky., aged forty-one years.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

APTHOUS ULCERATION OF THE THROAT IN TYPHOID FEVER.

BY M. DUGUET,

Prof. Agregé of the Paris Faculty.

Gentlemen: At the debut of typhoid fever, the pharynx participates in the general congestion which affects all the mucous membranes, particularly those of the respiratory organs. And if the patient has been subject anteriorly to attacks of angina, this congestion, ordinarily latent or attracting but slight attention, may acquire considerable intensity and require constant attention on the part of the physician. In certain cases, the throat in general, including the tonsils, becomes covered with points of white exudation very much resembling thrush and with pultaceous, sebaceous and pseudo-membraneous deposits leading to more or less extensive ulceration.

These facts have been long known among clinicians, but receive little attention in classical works on the subject, being considered in a few lines among the pharyngeal complications of dothinenteritis.

It would seem from their perusal that the throat determinations of the disease were very limited, whereas theoretic considerations alone would lead to an opposite opinion. The pharynx, exposed as it is to the entrance of all forms of contagious matter, should, on account of its structure, rich in lymphatics, show itself particularly favorable to the absorption of typhic germs in the same manner as the intestine with its closed follicles and its Peyer's patches.

In effect, the last Paris epidemic demonstrated that the typhoid processes may have an active determination towards the throat; the frequency of the throat accidents during the epidemic has led to the publication of several instructive memoirs on the subject.

We cannot, of course, as yet attempt a complete study of pharyngo-typhus, in its diverse forms, erythematous, pultaceous, ulcerated, diptheritic, etc.

The angina of typhoid fever yet awaits its historian, as proven by the substantial Revue critique by Comby (*Progrès Medical*, 1883). But certain questions are at present elucidated, which are no less interesting at a practical than at a doctrinal point of view. Such is especially the case for the pharyngeal ulcerations and for a form of thrush (muguet) which appears in the throat.

At an anatomical point of view, the pharyngeal ulcerations of typhoid fever, were well studied long ago by Louis, and recently by Cornil and Ranvier, but they attracted little attention clinically until the last epidemic. After an observation published by Bouveret (Ann. des Mal. de l'Oreille et du Larynx), and two cases reported by M. Lecorché in his Etudes Medicales (1881), I myself presented a memoir on the subject to the Societé Med. des Hopitaux, which provoked the relation of several analogous cases by my colleagues, MM. Feréol, Landouzy, and DuCastel.

Finally, the subject has been studied at every point of view in an excellent thesis by Derignac (Des Determinations de la Fièvre Typhoide sur le Pharynx et L'isthme du Gosier, 1883,) which is the more interesting as it contains some new ideas on general pathology.

The description given by these different authors are concordant, at least as regards the principal traits of the affection.

At the debut, the pharyngeal mucous membrane becomes of a deep red color and shining; then small ulcerations form but not in great number, round or oval in form and greyish in color. The borders of the ulceration are regular, and without apparent elevation above the surface of the mucous membrane, on which they are situated.

They are surrounded by a zone of congested mucous membrane, and I have compared them in my memoir to immense aphthæ.

The destructive process is generally superficial; the ulcer takes on a rose color, gradually fills up from the bottom, and heals, but not without leaving frequently a more or less marked cicatrix.

The ulceration rarely progresses at the same time in width and depth; when it does, it is covered with a greyish mass formed of necrosed tissues, the mucous membrane becoming detached and purulent sinuses form under it. It is without doubt, to a destructive process of this kind, passing as far as the larynx, that must be referred the cases of œdema of the glottis and retro-pharyngeal abscess occurring during the course of typhoid fever.

These ulcerations are met with in all parts of the pharynx; but, in contradiction with the opinion of Murchison, the most common situation would appear to be on the tonsils or on the pillars of the fauces.

The subjective phenomena of this form of ulcerated sore throat vary in different cases. In some cases the dryness and pain in the throat, difficulty of deglutition, nasal tone of the voice, pain and ringing in the ears; in a word, all the habitual symptoms of angina, attract attention to the condition of the pharynx.

In other cases the morbid manifestations are wanting or little complained of. It may be easily understood how the angina can pass unperceived, when it supervenes at the culminating period of the fever, at a period when the patient is more or less delirious, and examination of the throat presents great difficulties.

Of all the characters, subjective and objective, of ulcerative angina, none present any real value for the diagnosis of typhoid fever, unless the existence of the malady is affirmed by the presence of other more marked symptoms. Derignac relates a case where typhoid angina was successively laid to the account of herpes, syphilis, and diphtheria.

Evidently, these errors of diagnosis would not occur if the ulcerative lesion, as was formerly believed, followed its course "pari passu" in the intestine and in the throat, and if the loss of substance in the closed follicles of the pharynx occurred as in Peyer's patches, during the second week of the malady.

But if such be usually the case, observations where ulcerations appeared very early in the disease are not wanting.

Diverse conclusive examples, reported by myself, Lecorché, and Derignac, prove that pharyngeal ulcerations may be met with during the first days, even before the appearance of the rose-colored spots.

Such an occurrence is of great importance at a doctrinal point of view. It leads, in effect, to the conclusion that the pharynx may be affected before the intestine by the germ of typhoid contagion.

This hypothesis appears the more admissible as it coincides with an observation we have frequently made. Many typhoid fever patients will tell you that eight or ten or fifteen days before the first manifestations of the disease, they suffered from sore throat or at least from a persistent sensation of dryness in this region. Would not this appear to be due to a slow germination of the infective material or microbe, preparing or leading to a general invasion of the economy?

And this form of slow incubation does not occur exclusively in the pharynx. It would seem that the same process occurs in the stomach, and that in many cases, where gastric troubles supervene two or three weeks before the other accidents of typhoid fever, the same interpretation might explain their occurrence. This is an hypothesis we will consider later, when treating exclusively of the gastric determinations of the disease.

This conception, that the pharyngeal mucous membrane, the tonsils particularly, may serve as a point of entrance for the infectious germs, has been brought forward in a very striking manner by Landouzy, in a clinical lecture on infectious amygdalitis. After insisting on the lymphoid structure of the tonsilar region, he demands if there is not at this point a soil already prepared for the reception, germination, and diffusion of certain infectious germs, which from point to point could in the end enter the lymphatic system, and finally be carried in the blood to all parts of the economy.

In any case, it is certain that this form of ulcerative angina is of a specific nature. The very complete histologic examinations of Doignac, leave no room for doubt in this respect. The pharyn-

geal alterations present, in effect, a striking analogy with those characteristic of typhoid fever. "Everywhere lesions of the lymph apparatus and of the vascular ramifications, such are the striking alterations." "It demonstrates, as Derignac observes, a common pathogenetic origin, the adulteration of the blood by a foreign element, without doubt of an infectious nature."

Whatever the pathogenic interpretation, a fact of high clinical interest remains established: that is the very early appearance of pharyngeal ulceration in certain cases of typhoid fever. It may easily be understood what difficulties the diagnosis presents in such cases. Without doubt, the concomitant phenomena are of great value to the practitioner, but even to the signs of generalized infection the most absolute confidence cannot be accorded. It would seem established by the researches of Kannenberg, Bouchard, and Landouzy, that there exist certain infectious processes affecting primarily the pharynx, which have no relation to any known infectious disease such as typhoid fever, scarlatina, or diphtheria. These authors have reported cases where patients presented, with a grave general condition, the symptoms of acute amygdalitis and infectious albuminuria. These observations, which might be provisionally termed cases of infectious amygdalitis, present an almost complete semeiologic similitude to the pharyngeal accidents of typhus.

Nevertheless, in dothin-enteritis the renal determinations supervene later, and the throat symptoms are ordinarily less marked; but it is the ulterior evolution of the pyrexia which alone will settle all the doubts of the physician.

If we have somewhat insisted on these delicate questions, it is to call attention to the fact that angina is not simply a local affection, as it is generally supposed to be; it is often the expression and frequently the most notable symptom of some disease affecting the entire organism. As regards the prognosis in laryngeal ulceration, either precocious or late-appearing, we have not as yet sufficient data to form an accurate opinion. In this respect, we will remain in comparative ignorance, until the subject has received the wide attention it merits, and each practitioner considers it a matter of duty to examine carefully the throat in all cases of typhoid fever.

Finally, it is hardly necessary to say that this form of angina will require special therapeutic intervention; the throat must, as far as possible, be kept clear of epithelial detritus, in order to facilitate deglutition and suppress a point open to the entrance of infectious germs.

This treatment is the more necessary, as the near neighborhood of such ulcerations to the eustachian tube has perhaps a large part in the production of certain forms of deafness, consecutive to typhoid fever.

But if the specific typhoid nature of the ulcerative form of angina cannot be denied, it is entirely different from a form of thrush (muguet) which appears in the throat during the course of typhoid fever, and which is a true complication and no more.

I have shown in a recent memoir (Societé Médicale des Hopitaux, 16 Mai, 1883), from an analysis of fifty cases, where this complication occurred, that it did not sensibly modify the prognosis of the primary disease. The unfortunate consequences to which thrush might lead in hindering proper nutrition, are to be feared only when the veritable nature of the affection remains unrecognized, for no matter how tenacious it proves or how widely it spreads, we are too well provided with remedies against the oidium albicans, to dread any serious danger from its ravages.

This form of thrush is amended and disappears more or less rapidly under a very simple treatment by gargles containing borax or solutions of bicarbonate of soda.

It would seem also that the mortality is no higher in cases of typhoid fever complicated with thrush, proving that the well-known maxim that thrush is of fatal augury when appearing in adults, is not always well founded.

COMMUNICATIONS.

CLINICAL NOTES ON CYSTITIS AND SURGICAL KIDNEY.

BY G. HALSTED BOYLAND, A. M., M. D., ETC.,
Professor of Surgery in Baltimore Medical College.

Few diseases are more common in some form or other than cystitis; indeed, in almost every affection of the urethra or kidneys we have at times a direct, at others a sympathetic affection of the bladder varying in intensity according as the primary trouble is more or less severe.

Again, we observe cystitis as the result of disease of the bladder itself primarily. Among the more ordinary causes of cystitis are wounds of the bladder, cold and wetting of the feet, catarrhal, rheumatic, or gouty diathesis, strictures, decomposition of urine, etc. It also sometimes develops during the course of acute fevers and may be induced in some subjects by the exhibition of the oil of turpentine and cantharides.

The pathological anatomy shows a thickening of the mucous membrane; in later stages of the muscularis also, and a well-marked injection with preponderant, often varicose widening of the veins in the walls of the bladder.

In pursuance of our intention to make these notes as practical as possible, we come directly to those points that may be of value to the practitioner.

Symptoms.—Sometimes the fever that is never wanting in well-developed cases of cystitis, precedes the local symptoms. There is unmistakable tenderness upon pressure on the abdomen, especially in the vicinity of the bladder. The pains radiate from there to the perineum and kidneys. The patient must urinate uncommonly often, and always with great pain; frequently after great straining he is able to press out only a few drops of a dark red urine, containing blood; this urine leaves on cooling a *slimy* sediment. This "tenesmus ad matulam" is analogous to the tenesmus in inflammation of the rectum, and is peculiarly characteristic of inflammation of the neck of the bladder, but can also occur when the muscular coat is affected, which then becomes more or less rigid like any other inflamed muscle; the bladder being full, presses upon the rectum and thus causes unnatural desire to defecate, the rectum being nevertheless entirely empty. The continued desire to urinate and impossibility to do so effectually (strangury) make the patient most miserable, causing him at times to lie in a state apathy of bathed in perspiration, at others to throw himself about unable to find comfort in any position. The cessation of this most distressing symptom occurs either very gradually or quite suddenly. In the first instance, we may expect a favorable turn; in the other, on the contrary, we may look for suppuration or gangrene. Then the fever, in spite of the relief from pain, does not abate; the pulse increasing in frequency, becomes continually smaller, the tongue dry, the thirst insatiable, hiccough, cardialgia, and vomiting are not seldom. The urine is then freely emptied, possessing much the same characteristics as before.

Prognosis.—Inflammation of the bladder is a serious disease, fatal when complicated with stone and thinning of the vesical walls.

Treatment.—At first copious topical blood-letting and antiphlogistic apparatus, with a due regard for the strength of the patient being our guide. Very long-lasting, so-called permanent baths, either of the whole body or at least hip-bath, and between these tepid cataplasms to the region of the bladder and perineum, are of great value. The patient will not need to be told to lie still, as he will naturally find himself more comfortable when so doing: his diet must be low, but as he will have no appetite, there is little difficulty on that score. All his drinks, and these should be confined to milk, should be taken warm, and the entire body kept warm enough to invite perspiration. Dover's powder is a valuable adjuvant. If there is retention of urine that will not yield during this treatment, an elastic catheter may be introduced morning and evening, or oftener if necessary, but not left in the urethra, as it would certainly produce ulceration. If the cystitis is caused by an old stone it is our duty to try and relieve the cystitis as much as circumstances permit, and then operate by lithotomy—lithotrity out of the question. If the inflammation of the bladder depends upon a blenorrhœa or stricture or disease of the prostata, we are compelled to treat both troubles at the same time, not forgetting the importance of the cystitis. In cases in which the cystitis is evidently due to rheumatic or gouty tendency, or to a suppressed eruption of the skin, strong skin irritants over the whole body are valuable; blisters in the regio hypogastrica—but better not by cantharides, in order to avoid any possibility of resorption.

In cases of cystitis caused by cantharides, I remove at once the offending cause, let the patient drink freely of water (soda water), bath, warm cataplasms to the abdomen and perineum, and if the pain is intense some morphia. Leeches are seldom necessary. In cases of cystitis brought about by administration of the oil of turpentine, I usually employ a solution of bromide of potash and water (℥i. to the ℥), containing gtts. xxx. of cannabis indica, and give of this a tablespoonful annually. Generally, but a few doses are required, the patient drinking warm linseed tea during treatment. In such cases the cystitis disappears promptly; but when due to other causes it may become chronic. In chronic inflammation of the bladder due to an acute cystitis mucosa, the fever gradually diminishes, and although the patient experiences from time to time, at regular intervals, formications and great pain in the region of the bladder, nevertheless the symptoms, although pointing unmistakably to cystitis, indicate a much more mild affection, but none the less tenacious on that account. The urine is murky, at times milky, at others colored yellowish brown, again reddish, containing blood. In severer cases it has an ammoniacal smell, but may in the first hours after being emptied go into acid fermentation. The chemical reaction varies, nevertheless

it is more alkaline the older and more severe the catarrh of the bladder is. The sediment contains besides pus and slime corpuscles (that is pushed off and disturbed or unripe epithelial cells) phosphate of ammonia magnesia. There is also often present, immediately after the urine has stagnated and before the sediment forms, a thin transparent coat floating upon it.

Treatment of Chronic Catarrh of the Bladder.—When the catarrh owes its existence to a foreign body in the bladder, this must be removed; the irritation necessarily caused by the operation to the mucous membrane of the bladder, appears to be of use in removing the catarrh and never causes a formidable cystitis. In like manner, the practitioner will have to regard all other ætiological relations—in one case a stricture, in another swelling of the prostate. In most cases it is of great import to remove the patient from the further injurious influences of cold and wet atmosphere. If the patient is able to move about, he should avoid the morning and evening air; regular diet should be ordered, and all excess avoided, care being taken to remove the urine entirely at regular intervals. But the patient must not press and strain to pass out the last drops of urine. This habit in cystitis would only keep up the irritation and undo all the good we may be otherwise accomplishing. As to doing it in health, that is equally pernicious, as the continual straining induces hypertrophy of the muscular walls of the bladder and of the prostata. Some cases of vessie à colonnes can be traced to this habit carried out over a period of years.

When an interruption in micturition occurs, the patient should be advised to change his position, as by so doing he will often facilitate the flow. If this does not succeed, a catheter may be employed, but must not be left in; being withdrawn as soon as used, the dangers of consecutive ulceration, followed by perforation, are thus avoided.

Among the medicaments for internal use astringents and resinous drugs are the most efficacious. In order to work directly upon the mucous membrane, injections into the bladder have been tried and with success.

Here, again, astringents are our most reliable agents; for example, as in blennorrhœa of the urethra, sulphate of zinc and nitrate of silver.

We have at the present writing experience enough to recognize, without doubt, the fact that such injections made with the requisite care prove themselves always very useful in chronic catarrh of the bladder, and are without especial danger. We must take care that no air gets into the bladder, and further, that a too great quantity is not injected at one time (from two to six ounces, according to the capacity of the bladder), that the fluid is left in the bladder only so long as the patient bears it without pain, and finally that only a diluted solution is used, one part of sulphate of zinc, or sulpho-carbolate of zinc, or nitrate of silver to one hundred parts of water. Also injections of cold water only, when repeated often enough, are of value in the treatment of chronic catarrh of the bladder.

Cloquet and Civiale have used this extensively, even employing permanent irrigation by means of a double catheter, without ever having observed the least bad consequence. In some cases of local catarrh of the bladder, usually near the neck, Ricord used to introduce the nitrate of silver in substance (by means of a holder contrived for the purpose) and touch the diseased portion. After the cauterization, he used injections of water in order to wash away any superfluity of caustic that might result from the solution of nitrate of silver when in contact with the secretions of the urethra and bladder.

If an abscess forms in the wall of the bladder, as soon as our diagnosis is made we should puncture with the trocar, and give free outlet to the pus. Paralysis of the bladder in consequence of cystitis is rare and should be regarded as much a symptom of a general affection as a disease per se, and treated accordingly; that is, by making the probability of a central trouble our basis, and using besides local astringents and tonic applications, strychnia, nux vomica, alternating or combining with phosphorus internally.

Surgical Kidney.—This is a pathological condition of the kidney regarded by some writers as directly due to stricture, that is, without any pathological connecting-link between the stricture of the urethra and the affection of the kidney. During a long experience in the treatment of urinary diseases, I have not unfrequently examined the parts after death as regards pathological anatomical conditions, and have found my cases to fall naturally into three groups: 1. Those of stricture, the affection not extending beyond the entrance, or just inside the bladder. 2. Those in which the cystitis was well marked throughout the entire bladder or a large portion of it. 3. Those in which there was surgical kidney with cystitis. Never have I observed surgical kidney with stricture alone, the bladder being free from cystitis; that a sympathetic affection may developed in the kidneys, especially after opera-

tion for stricture of the urethra, is not denied. The complication of surgical kidney is of the gravest import, especially as it sets in in cases of long-standing, which have already begun to tell upon the general organism, and for this reason we owe most of our knowledge of the subject to post-mortem investigations. Its onset is usually very gradual and insidious, and the patient soon complains of intense pain in the renal region accompanied by rigors, oppression in breathing, jactations alternating with semi-coma. The urine will be found on examination to contain now a large proportion of pus due to the affection of the parenchyma of the kidney, which came in due process from the inflammation of the mucous membrane of the ureters and bladder. There is now great pain in the abdomen, owing to the affection of the peritoneum in the region of the kidneys. The secretion of urine becomes exceedingly scant. There is usually formation of small centres of pus in the kidney especially in the pelvis; this is easily recognized in the urine. High fever and rapid septico-uræmic symptoms verging toward typhoid hurry the patient to his end.

The treatmant must be decidedly antiphlogistic —blood letting, cupping, cold applications in the neighborhood of the kidneys, both of which are usually affected (generally one more than the other), strong diet with purgatives, best of calomel. As a drink, barley-water or linseed-water.

If the fever begins to lessen and perspiration returns with a freer secretion of urine, we must look well to the causal factor: remove retention of urine by the catheter, treat the stricture, if there is one, by bougies, and endeavor to remove any renal calculi by ordering soda water, Grand Grille, Carlsbad. The annoying desire to urinate almost constantly demands relief by opium and hip baths, as do the panis narcotic cataplasms on the region of the kidneys and general warm baths; the sinking condition of the patient's strength, strong but mild diet, iron, and quinine.

The post-mortem appearances are: increased size of the kidney, dark red or purplish appearance; the capsule is injected. In further development of this hyperæmia are found in the interstitial tissue of the kidney, yellowish spots which later assume the character of pus cells, and small abscesses forming in the rind or tubulous substance; these small abscesses finally unite and make a considerable deposit of pus.

These are the post-mortal appearances in surgical kidney. We have only given a general outline of them, sufficient, however, for the practitioner, who will be more interested in presenting a post-mortal issue than in going into microscopical histology.

GLIMPSES OF SEVENTEENTH CENTURY MEDICINE AND MEDICAL MEN.

BY E. T. BLACKWELL, M. D.
Of Paterson, N. J.

II.

In a former number of the REPORTER (April 7), I furnished some extracts from the introduction to the "Practice of Physick of Sylvius," which give a rather animated picture of the medical life and manners of the period, and the method of exchanging professional courtesies and dissent from contemporaneous opininon. I have now to present extracts from the body of the work, which illustrate, in a graphic way, the condition of the medical art at the period named, and is especially interesting in novel points of etiology and pathology, while its therapeutic resources will invite many comparisons with the measures in vogue at the present day.

The work of Sylvius was composed of three books, occupying the same number of volumes.

Under the title of "The Distribution of the Work," a clear idea is given of the direction and scope of the author's teaching.

1. "*In our delivering, a Practice of Physick for our Auditor's sake and profit compendiously, and indeed not much unlike the* Platerian *Method we will first propose those* Diseases, *which are more single, seeing the knowledg of* Compound *and Complicated Ones is easilier opened if the former be known.*

2. "*And seeing Man's Health is manifested by the perfection of all his Functions, and his Sickness by the hurt and deficiency thereof: we judg it fit to treat of the* Diseases *in order, that are obvious to Physicians in practice according to the* diversity of the Functions in Man that are hurt, *because they either* constitute, produce or follow them."

The first topic is entitled, "*Of First Deprav'd.*" "We therefore assign the first place among Natural Functions to *Thirst*, because the first Natural Passion of Man newly Born is to Thirst, and by sucking Milk out of the Breast assuages his Thirst."

"I take *Thirst augmented*," our author remarks, "to be deduced for the most part from *too sharp Choler*, carried down into the small Gut, and there so raising an effervescency with the Juice of the *Pancreas*, flowing thither, that thence are elevated Salt Vapors, but not bitter, to the Ventricle (or Stomach) and Gullet, and there produce a sense of Drought." * * Another cause, also, of

Thirst augmented, is a *Salt Humor distilling from the Head to the Gullet*, and there producing a perceivance of Drought and Thirst; and then either falling thence, also, down to the Ventricle, or drawing forth Matter for Salt Vapors in the small Gut, by which, in like manner, a great Thirst is stirred up." Hot air, salt food, exercise, anger, great terror, prolonged watches, costiveness, and notable evacuations are also spoken of as causes of thirst; but there is no mention of fever as a cause.

Chapter 2 is devoted to "*Hunger Deprav'd.*" He says, "*Hunger* is call'd the Appetite of Meats, as *Thirst* is of Drinks. * * I judg the chief *Cause of Natural Hunger* to be the *remainders of Food* fermented in the Ventricle, and there staying, and still *more and more fermented* by part of the Spittle adhering to them, being continually swallow'd down, and at length raising a *somewhat sowr and grateful Vapor*, which pleasingly affects the upper Orifice of the Ventricle, and so produces Hunger." Again: "Most commonly the *Cause* of *Hunger deprav'd*, that rages among *Women*, is to be drawn from the *suppression* of their *Monthly Courses;* for these standing about the Womb, and so more or less corrupted; and then after being mixt with the whole Mass of Blood, and infecting it, all the Mass thereof is vitiated and deprav'd. From which, as the Cachexy is produc'd, so both Spittle, the Juice of the *Pancreas*, and the other Humors in the Body are bred vitious, and together with the most, and sometimes all the Functions Hunger is also deprav'd." * *

"*Hunger increas'd* is to be *cur'd*, by giving those things which temperate, destroy and amend the Acid Juice in the Body, and do prevent its increase. *Lixiviat Salts, both fix'd and volatil*, do destroy most powerfully this Acid Juice; as other things abounding with either of them, Coral, Pearls, Crab's-Eyes, Chalk, Blood-Stone, Amber, the filings of Steel, and such like."

"*Hunger, gradually Diminish'd or Abolish'd, will be cur'd by* Medicines *that correct and* carry out the Viscous Phlegmatic Humor."

The following is used "When there is need to purge:

"℞. Fœtid pills,	℥ss.
Pills of coëhia,	℈j.
Catholic extract,	℈ss.
Oil of cloves,	ii drops.

"M.—Make them into fifteen Pills to be guilded, or done over with Powder of Licorish or Cinamon. Let the sick take five, or more, of these Pills, as he is observ'd to be easie or hard to be purged."

Chapter iv. is denominated, "*Of the taking in of Food hindred.*" He says: "It suffices not Man to desire Meat and Drink, unless he *take the same in at his Mouth, and lessen the more solid parts by chewing, and thence swallow it through the Gullet into the Stomach.*" Among hindering causes he enumerates "*Convulsion* of the Muscles of the Temples," and "*Palsie* of the same"; "*jaw out of joint*," "*a cross wound*," "*Spasmus Trismus*," etc.

Chapter vi. treats "*Of the Retention of Food hindred in the Stomach.*" "It sufficeth not," he says, "that *Food* is taken into the Mouth, and swallowed down through the Throat, unless the same *stay* and *be retained in the Stomach a convenient space*, and so long, till it be sufficiently fermented there. This required stay and retention is hindred * * by the fault *of other Humors that were before in the Body*, if they incite the Stomach by *their acrimony.*" "The *salt sharpness*," he claims, "such as is in Sea and digg'd Salt, and most salted things, is wonderfully corrected with *unslak't Lime* made of burnt Flints or Shells, not to be fear'd any more by any prudent Physician, and to be most happily us'd in most Diseases in the form of a Lie." "The *Ferment* of the Stomach is *Deficient*, when there *is not enough of it* in *the defect of Spittle*, or *in a continual Spitting;* or *it's carri'd another way, by a continual* drinking, whereby it is driven forward to the Guts. *Continual Spitting is to be disaccustom'd by degrees.* For this follows the ill manner and custom. And it is good to contain *the Tongue quiet in the Mouth*, seeing by it often moving the effusion of too plentiful Spittle is promoted."

"*The Fermentation of Food Abolish't or* Diminish't because of *too much* of it taken in, *may be Cur'd* often with *Hunger* only, or Food sparingly taken for a space." "The same may be sooner obtain'd by using Medicines that promote Fermentation, such chiefly are *Sour and lixiviat salt things alter'd, and more or less volutilis'd by a voletil spirit.* Hereto belongs *spirit of salt dulcifi'd* by iterated cohobation with Spirit of Wine; also *Salt of Tartar* made *volatil* with Spirit of Wine. Salt of Amber, of Urine, Hartshorn; and *Salt Armoniac*, its *Spirit* or volatil Salt, etc."

Chapter xi., "*Of the Vitious Effervescency of Choler, and the Juice of the* Pancreas; *together with Phlegm continually rais'd in the small or thin Gut.*" "*Choler and the Juice of the Pancreas* do not only *flow together into the small Gut*, when the Food fermented is driven forward out of the Stomach to the Guts; but *continually*, and so also at that time are they carri'd thither, when no Food is taken in or carri'd down to the Guts, and *of necessity they stir up an effervescency in their Concourse there, for the somewhat contrary disposition of their Parts, mild*

and friendly to Nature in Health, that is, as long as both are well dispos'd and temper'd; but *vitious and hurtful* when either, or both of them is intemperate and over-sharp." Again: "I take it, that in that Conflux of these two humors the *more fluid part of Phlegm* adhering to the sides of the small Gut is dissolv'd, and that the same being join'd with the most part of *Choler*, and *the Juice of the Pancreas* increasing, pierces into the Lacteal Veins to the Heart. * * * This *Three-fold Humor* rising from *Choler*, *the Juice of the Pancreas*, *and the Phlegm of Spittle*, and hasting with the *Lympha* to the Heart, seem to me *to give the natural Consistency and Coagulation to the Blood* * * howsoever vitiated."

Chapter xiv: "*Of various Pains of the Guts.*" "The Sick use commonly to endure all kinds of *Pains*, one while *burning* with a great *Heat*, another time *Chill* with a grievous *Coldness;* again *fixt*, and as it were, *boring the Loins*, or, moreover, *pricking* with *wandering Thrusts* repeting: anon *distending* or *beating* the Loins, or only *pressing* them with the *Sense of Weight*, or *Burning*, Corroding, Tearing, or troublesome, either with a *continual* or *interrupted Pulsation*, or wonderfully *writhing* and *contorting* any other way, scarce to be explain'd by the Sick, or by Physicians."

The cause of pain is thus set forth: "We take it that *a Chill Pain*, troublesom with grievous Coldness, takes its original from the *Juice of the Pancreas very acid and sharp, raising an effervescency with Choler less fat or little*, and also *overwhelm'd with Phlegmatic Humors*, as we observe that Spirit of Vitriol mixt with any *Volatil Salt*, but not oily, raises an effervescency, coupled with a notable chilness and coldness, only sensible." "*A Boaring and Fixt Pain may be Cur'd, by correcting and tempering both the Acid Acrimonie of the Juice of the Pancreas*, and also the *viscousness of Phlegm* accompanying; which is chiefly performed by *Aromatic Gums*, *Galbanum*, *Sagapen*, *Bdellium*, *Ammoniac*, *Apoponax*, *Mastich*, *Myrrh*, etc., as also by any *volatil salt*, and chiefly *oily*."

(*To be Continued.*)

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

Catarrhal Pneumonia.

Patient's name is M. H. A native of Ireland; age, thirty-six; single. No history of venereal disease. His family history is negative as regards pulmonary disease. He has been a moderate drinker of malt liquors. At one time he had a severe attack of rheumatic fever. While employed as a brakeman on the Erie railroad, four years ago, he had his left leg crushed, and it was amputated three or four inches above the ankle. Before this he was in good health, and has been since until two or three weeks ago, when he began to be troubled with malaise, headache, coughing, with slight mucous expectoration tinged with blood, and some fever. Eight or nine days ago he says he noticed a few streaks of blood in the sputa. Four days ago he had a chill followed by violent fever, and pain over the left side of his chest, and for this trouble he came to the hospital. Bronchitis and pulmonary congestion had already existed for two or three weeks before this attack.

Gentlemen, it is evident from this history that the acute affection of the chest here is a pneumonia of the left lung, which grew out of a bronchial catarrh which had lasted for two or three weeks. This is the regular history of many cases of pneumonia, which are catarrhal in origin, and which grow out of a bronchitis caused by some exposure. This variety of pneumonia is distinguished from other pneumonias by the epithet of "catarrhal pneumonia." In croupous pneumonia the patient is seized suddenly with a chill, fever, pain in the side, coughing, expectoration of bloody sputa, or a hemorrhage. The disease takes its start in the air-cells of the lungs, and does not extend to them from the bronchial tubes as happens in catarrhal pneumonia.

This man's history since he came in is that yesterday he had a chill, and his temperature at 10.35 p. m. was 102.6°. It reached its lowest point at 3.30 this morning when it was at 101.4°. At 1 p. m. to-day it was 103°. His pulse last evening was 118, and this morning and since 104 per minute. His respiration was 32 per minute and it has remained there. These are the vital signs which existed at the time of and since his entrance. They are very important in the history of every case of pneumonia, because in this disease especially there are certain limits to the pulse, respiration, and temperature, beyond which large experience and observation have shown that it is not safe to pass, and these are called safety limits. So by carefully watching these vital symptoms, you are able to follow the progress of the disease, and to know at any time from the beginning to the end whether the patient is within the limits of safety or not. The safety limits for this disease are found to be, for the respiration, 40 per minute; pulse, 120; and temperature, 104°. I do not mean to say, however, that there may not often be recovery when these limits have been passed; but most cases do not recover. Nor is recovery sure below these limits, but danger is not to be so much feared in these cases. In very old people, these vital signs are not found to be so good a guide as to safety and danger. But in young persons and healthy adults you may feel pretty safe in the majority of cases if all the vital symptoms are within the limits.

This fever and these acute symptoms may last five, ten, or even twelve days, but those cases in which the fever runs for twelve days are extremely rare. In the great majority of cases the crisis occurs on the seventh or eighth day. In children it often comes on the fourth or fifth day,

and it sometimes does in adults also, but we do not expect it until the seventh or eighth day. The peculiarity of the crisis is a quick subsidence of the fever and the other acute symptoms. The temperature may suddenly fall from 104° to the normal within a few hours. At night the patient may be suffering from the most active and dangerous symptoms, with a very high temperature, and the next morning he may be comparatively well with all the acute symptoms gone, and recovery is now rapid. This sudden cessation of fever is the striking fact which gave rise to the opinion that pneumonia is not merely an inflammation of the lung, but a constitutional disease, of which the pulmonary lesion is only a constant symptom. For while the portion of the lung involved is absolutely consolidated, and the inflammatory process going on there is at its height, the fever suddenly subsides, although that which was formerly supposed to be the cause of the fever is still there. But after the sudden subsidence of the fever, the diseased lung gradually returns to its normal state; and this is probably brought about chiefly by an absorption of the inflammatory products in the lung. Another reason why pneumonia is now regarded as an essential fever, is that its termination in a crisis is like the termination of the striking examples of essential fevers. Thus in typhus fever there may be a temperature of 104°, with wild delirium and most acute symptoms when the crisis comes, and the fever suddenly ends, the mind clears up, and the patient becomes perfectly rational, the pulse is normal, and the patient is practically well. Pneumonia, typhus fever, and erysipelas, are all therefore examples of an essential febrile process which is not secondary to any local lesion, but independent of it, and the local lesion is only an incident in the progress of the general disorder.

Now, a word in regard to another point in regard to this man's history, which is more or less directly connected with his present disease. I refer to the attack of rheumatism involving all the joints, which he says he had two years ago. Croupous pneumonia is a disease which we occasionally see complicating rheumatism, though pleurisy and pericarditis are more common complications. In regard to the catarrhal form of pneumonia, I think from my experience that it is especially liable to occur in persons who are inclined to rheumatic affections. But a very large proportion of the cases of rheumatism which come into this hospital are men who have been addicted to the use of malt and spirituous liquors. So I am inclined to believe that there is a remote relation between pneumonia and the rheumatic habit of constitution not only, but there is certainly some relation also between the history of pneumonia and the habit of indulgence in alcoholic liquors. And those who are accustomed to the use of wine and beer to excess are much more liable to this disease than those who are not. Moreover, the same susceptibility to this disease is transmitted to the children of these parents.

Our attention will next be directed to the physical examination of this patient. And in making the physical examination, your attention should first be directed to the vital signs, that is, to the condition of the temperature, respiration, and pulse. And before taking the temperature, determine at the beginning where you will take it throughout, whether in the axilla or the mouth or in some other locality, so that there will be no confusion in your records from taking it now in one place and then in another. If you choose the axilla, you must be careful to see that the thermometer is well-covered by the tissues, If you have a thin bony patient, with an axilla so open that it is impossible to close it about the thermometer, you had better not use the axilla here; for you might about as well put the thermometer in the bed and expect to get an accurate record as by this means. A perfectly-closed cavity is necessary for accuracy, hence in children and thin persons you should use the mouth, rectum, or vagina. The temperatures of this man have been taken in the axilla, and they will continue to be axillary throughout.

After taking the temperature, your next duty ig to count the respirations. And here again you may make an error unless you use a little tact. For the nervousness and disturbance caused by the excitement of the doctor's visit may produce a variation in the respiration at first. Therefore, you should not take your record immediately on your entrance into the patient's presence, but wait until after he has become thoroughly quieted and at ease. This same nervous excitement may also cause similar variations in the pulse.

Having taken a record of all the vital signs, your next duty is to examine the chest. And this you should do from day to day, unless there is some contraindication, in order that you may know the course of the pathological changes. It is not necessary to make the examination more than once a day, unless the vital signs become so suddenly changed as to excite your suspicions of some new complication. You must also take the patient's condition into consideration, and if he is weak, and the examination wearies or bothers him too much, it should be less frequently made. You must remember that the examination is not medicinal, as a rule; though I have sometimes known it to do good, because the patient thought that this was a part of the therapeutical machinery which was expected to assist recovery, and his faith in the skill of the doctor was a powerful factor in hastening on this result. But that is a sort of faith which I hope none of you will ever encourage. In fact, I think that the faith of the patient in the doctor should not need encouragement, but that it should rather be depreciated.

Inspection.—You observe, in the first place, that the dyspnœa is not very considerable, and the patient lies flat on his back, and he is not obliged to be propped up for the sake of breathing with comfort. The number of his respirations is seldom less than 32 per minute, but this is not a very considerable number when you remember that his pulse is 118. If the respirations were 32, while the pulse was only 60 or 70, we might think more of it. But here it is no more than we have reason to expect from the degree of fever which he has. The abdominal respiration is a little more prominent than usual, but it is not labored. You will also notice that the superficial veins of the abdomen and chest are somewhat prominent; and this suggests some interference with the portal circulation. It may be due to cirrhosis. The abdomen also appears to be enlarged slightly, and this may be due to a cirrhosis of the liver.

Palpation.—I find that the lower portion of the right lung expands a little more freely than the left. There is not much difference in the upper portion, on the two sides. The apex beat can not be felt.

Percussion.—The upper and lower margins of the liver dulness are normal, so there is not any considerable atrophy of the liver. But there may be an interstitial disease, and atrophy even, with enlargement of the organ, the disease not yet having arrived at the contracting stage. There is dulness on percussion over the apex of the left lung posteriorly. In the lower portion of the right chest the pulmonary resonance is better than on the left. The area of cardiac dulness is normal.

Auscultation. — The heart-sounds are natural and very good in quality. The respiratory murmur over the front portion of the right lung is modified by some hoarse ronchi in the larger tubes. In the lower portion of the left lung the respiratory murmur is exaggerated, but higher up and in the axillary line I can hear a distinct bronchial respiration, and this is still more distinct from behind; it is a true bronchophony.

It is now evident from this physical examination that the pneumonia in this case is situated in the upper portion of the left lung, and chiefly in its posterior part. This is a less common location of pneumonia than in the lower lobe of the lung, and especially of the right lung. Before this case reaches the day of crisis, the whole of the diseased lung may be consolidated, and to-morrow, even, we may get dullness all over the anterior portion of the left side of the chest. There is a slight trace of albumen in his urine. But this is of little importance, because this is a common symptom in pneumonia and other fevers. In fact, the essential fevers are reckoned among the causes of a temporary albuminuria, and we usually find it in the early stages of scarlet fever and measles in small quantities.

It is a fortunate circumstance that in some diseases our knowledge of their regular course enables us to give a pretty definite answer to the question as to the probable duration of the disease. And so it is in this case. It is well to let the patient understand that the disease has a natural course to run, and that you can do nothing to shorten it. And then he will not reproach you because he does not get better from day to day, and you will have, therefore, a better control over him.

We now come to the question of treatment. And the first thing to do is to put the patient to bed, and then keep him there; and thus you will secure what is of primary importance in the treatment of all acute diseases, namely, absolute rest. This fact is not recognized by physicians as much as it should be in the treatment of fevers. But in surgery there is no question of its importance, as, for instance, in acute inflammations after injury of a part. But in the treatment of acute diseases the question of rest often does not receive the attention which it deserves from the physician. I believe that in many cases of phthisis the patients are forced into taking violent exercise where their chances of recovery would have been much greater if they had kept still, and they would have been better off without the exercise. I think that a great deal more ought to be said about this matter both by clinical teachers and by practical treatises on the treatment of disease. And I urge you all to read a classical book on this subject, and one which will long remain classical; I refer to Hilton's book on "Rest and Pain."

The fact is, in many cases rest is all that is needed. You may, in a case of pneumonia, let the pulse go up to 120, and the temperature to 104°, and if the patient is well nursed and kept quiet in bed, he may go on to the end of the disease and recover without taking a drop of medicine. You cannot cut short the disease by medicine. At one time it was thought that this could be accomplished by bleeding the patient; but bleeding will not do it. Then it was thought that it could be done by tartarized antimony; but this is no longer used for this purpose. Then calomel was tried; and some practitioners to this day believe that given in large doses at the beginning it will stop the course of the disease. But I believe that when the patient has once started with a pneumonia, there is no way of aborting it, but it will run its course to the end. But, you will say, we must do something. Well, there is something for you to do. For it is not the fact that every case of pneumonia occurs in a perfectly healthy subject, who is blessed with a strong heart and a good digestion. You may be obliged to give stimulants for a flagging heart, or opium for the relief of pain. But you are not by these means doing anything to cure the disease; you are merely meeting emergencies as they arise. You meet pain with opium, and a weak and irregular pulse with wine, and exhaustion and indigestion with quinine and tonics, and a too high temperature with cold spongings of the surface. I can remember the time when a great deal more than this was done, not only in the way of administering stimulants, but the patient was often wrapped up in poultices, or swathed in cotton, or made to wear an oil-silk jacket, and caused to sweat profusely from beginning to end. But now I think that the oil-silk jacket, and the cotton, and the poultices, except occasionally for the relief of local pain, are abandoned in this hospital; though I believe that in private practice the jacket and the poultices are still used by some.

This patient has been taking nothing but quinine and a little brandy, because his pulse is feeble. But he is doing very well, and by the time you come here again next week, you will probably find him convalescent.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, June 7, 1883. The President, R. A. Cleemann, M. D., in the chair.

Dr. Fred C. Sheppard exhibited the uterus and appendages removed *post mortem* from a case of

Interstitial or Tubo-uterine Fœtation,

and read the following report:

Through the courtesy of Dr. George S. Hull, of Chambersburg, Pa., I am enabled to present, this evening, the *post mortem* specimens of one of the

rarer forms of extra-uterine pregnancy. The history of the case is given in such a clear and complete form by Dr. Hull, that I will read it in his own words:

"(April 11, 1883.) A few days ago it fell to my lot, as Coroner, to hold an inquest on a colored woman who had died snddenly. Vomiting followed by death, together with a history of family tronbles, led her friends to suspect her husband of poisoning her."

"Abont three a. m., pains had set in in the left inguinal region, accompanied by severe vomiting; I could not learn whether the pain preceded the vomiting or *vice versa*. A physician was sent for; he did not go but sent three ¼ grain morphia powders. She took one every hour, seemed easier, and the vomiting ceased. At noon, becoming very weak, the doctor was again sent for, responded in person, and found the patient pulseless at the radials; he ascertained that she had been constipated for about a week, and made a diagnosis of obstruction of the bowels; he gave five compound cathartic pills, and ordered an enema. In an hour the patient was dead."

"*Autopsy.* Peritoneum inflamed (recent — no pus); stomach empty save the pills, which were liquefied; *intestines* normal. About two quarts of clotted blood were found in the abdominal cavity. The womb was ruptured, a small circular rent in the fundus about the left cornu."

"The uterus was removed and the rent enlarged; a fœtus of about three months with membranes entire was found. The placenta seemed attached at the point of rupture."

"The pregnancy seemed to be interstitial, the tubo being involved. The lower half or two-thirds of the uterus was much hypertrophied and contained two or three teaspoonfuls of muco-pus, which could be pressed out at the os uteri. There was no communication between the pus-cavity and the cavity containing the fœtus. The uterus was not adherent to the other organs."

A sketch by Dr. Hull shows the uterus inclined to the right side, the fœtal sac occupying very nearly the normal position of the fundus, and the point of rupture a little to the left of the line of the umbilicus.

"It occurred to my mind that the rupture was spontaneous, causing the vomiting and pain of the night; however, the woman had eaten of sauer-kraut for supper, and it might have caused the vomiting, and that in turn the rupture. The morphia allayed the symptoms for a time, but the hemorrhage was slowly going on, and peritonitis setting in; the former predominating, death took place from loss of blood. She was the mother of one child, and was to all appearances in good health up to the time of the accident."

An examination of this very interesting specimen shows an enlarged womb with a dilated cavity, the walls of which are hypertrophied to a thickness of seven-eighths of an inch; lining this cavity is a structure which appears to be a true uterine decidua; the os is small, with an irregular stellate outline, and is perfectly patulous; the cervix is partially absorbed. The right ovary is small and flattened; the left of about normal size; at the point of entrance of the left Fallopian tube is a large intra-mural cavity, which contained the fœtus; the outer wall of this cavity is exceedingly thinned, and presents ragged edges at the point where rupture took place; to the inner wall are attached some remnants of the placenta; no communication can be detected between the fœtal cyst and the uterine cavity. The fœtus is apparently of from three to four months, and is presented with the membranes unbroken.

To cases of this class the terms interstitial, tubo-uterine, utero-interstitial, and parietal, have been applied. Dr. Parry, in his work on *Extra-Uterine Pregnancy*, classifies them under the head of "tubo-uterine, or those in which the germ is arrested in that portion of the tube which passes through the uterus." They are very rare. An analysis by Hecker (quoted by Parry), shows twenty-six cases out of two hundred and twenty-two, and Parry in his analysis of five hundred cases of extra-uterine pregnancy, finds but thirty-one of the tubo-uterine variety; but two hundred and thirty of his cases are grouped under the general head of doubtful. Mr. Alban Doran, (*Obstet. Trans.*, vol. xxiv., 1882, p. 234) has been able to find but six specimens in all London, though he states that "we see a goodly array of the more frequent tubal form in almost every museum." I will not occupy your time this evening by referring to the question of pathology or of diagnosis, as both points cover the entire ground of extra-uterine pregnancy, and will be discussed in a future paper.

The proper treatment to adopt in these cases is, however, a point of great interest, and merits notice. A ruptured extra-uterine fœtal cyst may cause death instantaneously, as in the case of the English actress mentioned by Dr. Chabazian (*Obstet. Trans.*, 1882, p. 157). "She was taking an ice in the Bois de Bologne, she fell down suddenly, and she was dead." Poisoning being suspected, an autopsy was performed. No trace of poison was detected, but the ruptured pouch of an extra-uterine fœtation showed the cause of death. In this case, of course, there was no time for surgical interference; but in many, as in the one reported this evening, an appreciable interval elapses between the first symptoms and the fatal issue. The diagnosis being made, what would be the proper course to pursue? Unquestionably, laparotomy. An exploratory incision would at once reveal the true condition of affairs, and the surgeon could either incise the cyst, turn out the contents, ligate the bleeding points, suture the edges to those of the abdominal wound, and establish drainage; or, if thought better, remove entire the uterus and its appendages. Either plan would offer a very fair prospect of recovery, while if left without surgical aid the patient would be doomed to inevitable death.

A number of points of interest present themselves in the study of this interesting case, but the limits of a paper of this character forbid us taking them up. I might merely call your attention to the large quantity of blood; Dr. Hull states, about two quarts exuded from a comparatively trifling rent. This fact has been repeatedly commented upon by other observers. Dr. Parry states that some of the most severe hemorrhages occur when the orifices are very small, and cites a number of instances in which from several pounds to two and a half gallons of blood have been found in the abdominal cavity after rupture of extra-uterine cysts.

In conclusion, let me recall to your mind Dr. Hodge's case. His patient went to the eighth month, labor was brought on by dilating the os uteri, and the child delivered by rupturing the septum between the uterine cavity and the fœtal sac; the child was delivered by the natural passages. The child lived two hours, and the mother made a complete recovery.

Dr. B. F. Baer had examined the specimens, and felt a doubt of its having been of the usual form of uterine tubo-gestation. That form is the rarest, and is considered the least dangerous, because not so liable to rupture, in consequence of having the muscular tissue of the uterine wall to strengthen it. In Dr. Hodge's case, the septum of uterine tissue between the uterine cavity and the fœtal sac was so thin that it could be scratched through with the finger. As the case reported by Dr. Sheppard terminated by rupture about the third or fourth month, it resembles a tubal in that particular. The question of operative interference is very interesting. In this case, as ten hours elapsed between the accident and death, an operation would be justifiable if the diagnosis could have been established.

Dr. Alfred Whelen remaked that Miss Neilson lived ten hours after the first shock of her illness, and the published report of the autopsy stated the cause of the death to have been rupture of varicose ovarian veins.

Dr. Sheppard, in closing the discussion, remarked that Parry classes all of this type of cases as tubo-uterine. The sac in this case was undoubtedly in the uterine wall, as the specimen shows. He had not been able to pass a bristle from the uterus into the Fallopian tube. As regards the possibility of the spontaneous stopping of the hemorrhage as a reason for postponing the operation, he would not consider it advisable to wait, for even when the laceration is very small, as in this case, the hemorrhage may, and probably will, be excessive; this hemorrhage is the cause of death in most, if not all, of the cases, and the only chance for the patient is in stopping the hemorrhage and removing the already effused blood. If the diagnosis can be made, laparotomy is justifiable, and would be the only resort. In the report by the French physician to the Obstetrical Society, no name is given, the patient is simply mentioned as an English actress.

Knotted Umbilical Cord.

Dr. Cleemann exhibitted for Dr. John A. Hunter an umbilical cord tied into a complete single knot. There was no difference in size of any portion of the cord and there had been no interference with the nutrition of the fœtus. Dr. Hunter had not been present at the birth of the child, but had come in soon afterwards, and in tying the cord and removing the placenta he noticed the knot. In a case reported by Dr. Wm. F. Jenks to this Society, a failure of the fœtal heart was naticed by auscultation; the child died in utero and the knot in the cord was suggested as a probable cause of the death of the fœtus. Such a knot as is seen in Dr. Hunter's case might be formed during parturition if a loop of the cord was around the child's neck and it was loosened and the body allowed to pass through it in the process of extraction.

Dr. Montgomery thought that such a knot, if existing in utero, might develop a murmur that could be discovered by auscultation.

Acute Hydramnios.

Dr. E. E. Montgomery remarked that although dropsy of the amnion is a quite frequent condition, that above named is exceedingly rare. For this reason he has felt that the following case was worthy of record:

June 4, 1883, he saw Mrs. P. in consultation with Dr. Chase. She was pregnant for the fourth time. In the one preceding this she had miscarried. Her last menstruation occurred December 10, 1882. In her former pregnancies she had been quite small, carrying the fœtus low down. This time the abdomen was larger than formerly at the same period, but she continued without any special discomfort until one week ago, when, without any assignable cause, the abdomen began rapidly to increase in size, and continued to do so. The increase has been attended by pain, tenderness, difficulty in breathing, entire loss of sleep for three days, loss of appetite, and scanty flow of urine. She has been obliged to maintain a sitting posture, as lying down greatly increased the difficulty of breathing. They examined the urine, but found it free from albumen. The abdomen was distended more than we would expect to find it at a full term. The tumor projected well forward and upward and a little more prominent to the right. It was perfectly regular in outline. The skin of the abdomen was smooth, tense, and glistening, and could not be pinched up over the tumor. It was quite tender to pressure. Short-waved fluctuation was distinct over the whole surface, percussion was dull; a slight tympanitic resonance could be determined in both inguinal regions. No part of the fœtus could be distinguished by abdominal palpitation. In fact, all the external signs were those of an ovarian tumor. They imagined they heard the heart-sounds, but so indistinctly as to be uncertain. She said she had felt the fœtal movement for several days very slightly. Per vaginam the cervix was found dilated, the os open so as to admit two fingers to enter it. The vertex of a fœtus was felt presenting, and, singularly, was but slightly movable.

Considering the rapid enlargement in a few days, the extreme discomfort of the woman, as well as the imperiled circulation and the extreme improbability of the woman or fœtus surviving until the latter had reached a viable age, they concluded the best course was to induce premature labor, and from the urgent need of relief, to cause it by rupturing the membranes. This he did, and on the evening of the same day a still-born fœtus was extracted. The upper part of the abdomen still continued almost as large as before. Examination per vaginam revealed the membranes of a second child. The rupture of these was followed by a gush and discharge of an enormous quantity of water. The second fœtus and the placenta were soon extracted. The latter was single with two cords. One cord appeared to have only a membranous attachment, but closer examination showed that it had been torn off from the base of the other cord. The quantity of liquor amnii was so great that it soaked through folded quilts, mattress, floor, and ceiling, and dripped upon the floor of the room below. The uterus contracted firmly and the patient was at once re-

lieved. The children were both males, and well developed for the sixth month; the second child lived a few minutes.

The fixed position of a fœtus in the os in these cases has been given by McClintock as a sure indication of a plural pregnancy, but I must confess that this did not occur to me at the time, though I was unable to account for the anomaly. The existence of a single placenta in twin pregnancies is said always to be accompanied by children of like sex; this theory is here confirmed as far as is possible by one case. As to the cause of the condition authorities greatly differ. Gervis, in *St. Thomas Hospital Reports*, brings the causes under three heads:

1. Cases due to inflammatory conditions of the amnion.

2. Cases where the decidua has been found diseased and hypertrophied, but the amnion healthy. This will cause effusion in the amnion by transudation owing to a disturbed circulation. In these cases the fœtus suffers and may atrophy.

3. It may arise from some maternal blood dyscrasia of uncertain nature, but evidencing itself by the same condition recurring in successive pregnancies in the same patient.

Puerperal albuminuria may be the cause, and comes under this head.

Simpson says disease of the placenta is likely to recur in the same individual. Savage asserts that an œdematous condition of the placenta is present in all cases of hydramnios. McClintock found a morbid condition of the placenta in every case. Mercier always attributed it to inflammation of the amnion. Others have ascribed it to obstruction of the fœtal portal circulation, or in the cord giving rise to transudation into the sac from the surface of the cord. Hydramnios greatly endangers the life of the fœtus. Of forty-three cases collected by McClintock, in which children were born where this condition existed, twenty were still-born, sixteen of these had ceased to live for some days or weeks before labor, eleven of those born living died in a few days. Of thirty-three cases, four mothers died, showing a high maternal mortality.

In this patient the success of the treatment was greater than expected. As the distension had been so rapid, they feared loss of power in the walls of the uterus, and a consequent long first stage and liability to hemorrhage. It becomes an important question to decide whether they were justified in undertaking so promptly the induction of premature labor, but they felt that the probability of the death of the fœtus and the danger to the mother certainly in this case justified the procedure.

Dr. B. F. Baer read the following

Supplement to the paper on the Effect of the Operation for the Restoration of the Lacerated Cervix Uteri on Fertility, Confirmatory of the Views there Advanced.

He there expressed the conviction, based upon his own experience, that sterility did not follow as a result of the operation, as had been asserted, but because the pathological conditions which almost constantly exist with the laceration were frequently not relieved, and this applied especially to the old cases. He there made this statement: "The longer the time which has elapsed between the occurrence of the injury and its repair (pregnancy being absent during this time), the greater and more permanent will be the changes in and about the uterus, which almost necessarily result in a continuance of the sterility after the cervix has been restored;" and he also said that if five years or more had expired between the occurrence of the injury and its repair, sterility would be likely to remain. In support of this, he reported twenty-seven cases, of which number thirteen had been sterile from six to sixteen years. Of this number, not one has become pregnant since the operation; but of the eight cases in which pregnancy had occurred within two to five years previous to the operation, he reported four that had become pregnant, and he now adds two more.

Case 5. Mrs. X., aged 32 years, mother of three children, youngest three years of age, complained of severe metrorrhagia every three weeks, and profuse leucorrhœa in the intervals, together with a dull aching pain in the lumbar region and pelvis and a sharp spasmodic pain in the bladder, which caused an almost constant desire to micturate. She had lost weight, was anæmic and nervous, and had so many obscure aches and pains that the doctor took refuge in writing the words "general hyperæsthesia from nervous exhaustion." Physical examination showed the perineum to be lacerated to the external sphincter ani muscle, but not through it. The cervix uteri was torn bilaterally, to the vaginal attachment, but not much hypertrophied. The body of the uterus was only slightly enlarged, but its cavity was relaxed and granular. On January 30, 1881, after four weeks' preparatory treatment, he operated on the cervix and secured a good result. He was made anxious on the second day after the operation by a rise of the temperature to 102°, which, however, subsided to the normal by the next day. This rise he ascribed to the use of the curette just before operating, which he now thinks ought not to have been used. This is the only instance in which he has observed a perceptible increase of temperature after this operation. This patient objected so strongly to the use of the catheter that he allowed her to pass her urine spontaneously. Since union was perfect here, he allowed his next patient to do the same, with a like good result, and this has been his custom ever since. It was his purpose to restore the perineum, but she was so much benefited that she refused to permit it, and returned to her home in Michigan. A communication received a few weeks since informed him that she was spontaneously delivered at term six months ago.

Case 6. Mrs. M., has had three children at term and one miscarriage, the latter two years previous to February, 1878, at which time she first consulted him. She complained of a dragging pain in the back from the sacrum to the nape of the neck, with menorrhagia and leucorrhœa. The neck and body of the uterus were hypertrophied, soft, and tender, and the former was badly torn on both sides; the mucous membrane was everted and abraded; sound entered four inches. February 17, 1880, he operated for the lacerated cervix; union was immediate. In his case-book October 25, 1881: "This patient has been in excellent health since the operation; whereas, I had pursued the ordinary local treatment at intervals

during two years before it, with only temporary improvement." She is now in the fifth month of gestation. This makes seventy-five per cent. of pregnancies following the operation of the eight cases of this class.

W. H. H. Githens, Secretary.

Editorial Department.

Periscope.

Antisepsis in Ovariotomy and Battey's Operation—Eighteen Consecutive Cases—All Successful.

Dr. Robert Battey, of Rome, Ga., contributes an article on this subject to the August number of the *Virginia Med. Mo.*, which concludes as follows:

"It will be seen from the brief history given, that these cases were for the most part favorable ones, but not without complications. They were not selected at all, but each case was operated upon as presented.

"The antisepsis was not strictly Listerian. It consisted in the use of the spray by a very superior German silver instrument, long used by Mr. Lawson Tait, of Birmingham, England, who was kind enough to offer it to me on my visit to him in 1881, that I might 'bring it to America just to show how not to do it,' as he pleasantly remarked. I find this atomizer an admirable apparatus; it throws an ample spray to a long distance, and it will maintain it for two hours. I use a two-and-a-half per cent. solution of carbolic acid, and the same for instruments and sponges, which are kept constantly immersed. Carbolized silk is alone used for ligatures and sutures. Precaution is observed that only clean and pure hands touch the abdomen. The greatest care is used in the purification of instruments and sponges. The wound is dressed with carbolic cerate surmounted by a mass of loose raw cotton and flannel bandage.

"It is a notable fact that since my last visit to Europe, the success of these operations in my hands has markedly improved. Why is this? In looking the ground over, I find myself at a loss to attribute the gain to any one thing. Without entering upon the discussion of the vexed question of bacterian influences it is a well-settled fact that a good, pure atmosphere is a most valuable aid to successful surgery. An observation of thirty-five years in this mountain region of Georgia, has fully satisfied me that wounds of all kinds, without antiseptics, heal with a promptness and absence of complications which I have nowhere else observed, either in America or in Europe.

"It has been my habit, and still is, to lay aside the so-called 'dignity of the profession,' when occasion arises, and to take hold with my own hands and assist in nursing any and every way that the safety of my patient may require.

"Experience and skill in this operation certainly should have high rank in estimating the chances of success. To neither of these, however, can the sudden and marked alteration in my results be attributed. I am myself inclined to look first to the observance of *extreme cleanliness* in hands, instruments, sponges, bedding, furniture, etc.; second, to the discarding of the écraseur as an instrument full of crevices for the lodgment of filth, very difficult to clean, and full of danger to the patient; thirdly, the use of hæmostatic forceps, which materially shorten the time of operating, save blood, and lessen the shock.

"Of the spray and the use of carbolic acid in general, whilst I think it has been pretty clearly shown by Keith, Bantock, and Tait, that neither is essential to the highest success, and when strong may even prove poisonous to patient and surgeon, I feel assured that weaker solutions do no harm, and think they may serve to guard the patient against any slight imperfections in the details of cleansing. Quite sure am I that my own results, with the acid and the spray, are now as good as I could desire—let those who can get the same results without these aids do so. For myself, I am content to hold them as valuable assistants until their utter uselessness has been more conclusively shown.

"My experience has been uniform upon one point, namely: When I have yielded to the solicitation of a patient, and operated at her distant home, leaving her in the hands of her family physician, the convalescence has been unduly slow, and not satisfactory. In a few cases, they have gone beneath the sod when I could but feel that they might have been saved.

"The friends of a patient are by no means the best nurses for an ovariotomy case. Whilst in England I was assured that no operator who had any character to lose would venture to stake it upon an operation to be done under such disadvantages. They all require their cases to come to them, and put them into the hands of their trained nurses.

Tumor of the Parotid Space.

The following case is reported in the *N. Y. Med. Jour.*, July 28, 1883:

A woman, forty-five years old, from the Province of Kwong-sai, was admitted to the Medical Missionary Society's Hospital, Canton, with a tumor of the right side of the face, extending from above the ear to the collar-bone, and from the corner of the mouth to the neck behind the ear. It was almost as large as her head, and had been growing for eighteen years, until now the weight made it very burdensome, and she was anxious to have it removed. About four years ago she went to a hospital at Hankow, on the upper Yangtse, when it was about half as large; but for some reason the operation was not performed. The outer and lower part of the tumor

was ulcerated, and discharged a thin sanious pus. The tumor was excised on the 10th of August, Dr. Joseph Thomson assisting. The skin was loosely

Fig. 1.

attached and easily dissected: but there were several enlarged veins, from which some blood was lost. The attachments in the parotid space were deep and strong, requiring careful dissection; but they did not involve the sheath of the vessels. The arteries and veins at the base of the tumor, constituting its blood supply, were, of course, large, and, with all possible precautions and as much rapidity of dissection as was admis-

Fig. 2.

sible, the loss of blood was great. On the completion of the operation, the patient was very much prostrated from shock and loss of blood. The application of hot bottles, stimulants, and the elevation of the lower extremities, brought about reaction. In a few days convalescence was decided, and the wound healed favorably. In two weeks she was able to walk about, and cicatrization was almost complete. The wood-cuts, taken from photographs, show the appearance of the woman with the tumor and after its removal. The weight of the tumor was four pounds. It was a glandular tumor, the irregularity of the surface indicating different lobes of which it was composed.

An Experimental Research on the Utero-Placental Circulation.

Dr. J. P. Pyle presented as a graduating thesis at the last annual commencement of the University of Pennsylvania (*Med. Times*, July 28, 1883,) a memoir with the above title. It is desired, as soon as practicable, to publish the paper entire, as it seems a scientific contribution of decided value. The conclusions the author deduces are formulated as follows:

"Nineteen experiments were made with ultramarine blue. In each instance the blue, which had been introduced into the circulation, was found widely distributed in the maternal organs. The total number of fœtuses obtained from these animals was sixty-one. Of these, forty-six gave positive results, *i. e.*, the fœtal tissues were impregnated with blue granules in varying quantities. Only fifteen of these fœtuses gave negative results.

"Of the placentæ only fifteen were examined, thirteen of these showing blue granules, the remaining two giving negative results.

"Of the thirteen umbilical cords examined, eight gave positive and five negative evidence. I regret that, owing to circumstances beyond my control, the remainder of the cords and placentæ were not examined.

"It is also seen that ten experiments were made with septic poisonings with the object to study the transition of bacteria from the mother to the fœtus. The maternal tissues were in every case impregnated with bacteria. Of the thirty-nine fœtuses examined, in every one identical bacteria were discovered. Eight of the placentæ gave positive results, as well as seven of the umbilical cords examined.

"The control experiments, two in number, made with the object to determine whether or not the bacteria were of an accidental occurrence, gave negative evidence. It is true that putrefactive bacteria do occur in animals after the lapse of a certain time after death, and this I observed in the blood from the heart of the animal which was examined eighteen hours after death. But even here the fœtuses were free of them. Moreover, it can be seen from my experiments that the examinations were made immediately after death, or within a few hours, and that only bacteria pertaining to septicæmia (micrococci) were seen, and not the organs of putrefaction, which are dumb-bell-shaped and rod-like. The few negative results are certainly of no significance in contrast with the many positive observations, especially in view of the difficulty in making the examinations.

"The observation in the human being, which I had the exceptional opportunity to make, I regard of still greater importance than all the experiments combined. As elsewhere described, I have observed that the bacteridian disease of the mother is transmitted to the fœtus. The examition of the fœtus, which was removed by Cæsarian section, was made one hour after the death of the mother. In this case, also, the bacteria in the blood and tissues of the fœtus could surely not be accidental.

* * * * * *

"I think that Cohnheim's theory of the migration of white blood-corpuscles, which has lately been proven by himself to be a mere passive process of filtration through the blood-vessel walls, is a fair analogy to what we may find in the transmission of solid particles through the attenuated utero-placental walls."

How Can We Obtain the Best Eyesight and Hearing.

Dr. Leartus Connor contributes an article with this title to the *Cincinnati Med. News*, July, 1883, which thus concludes:

To sum up what we have suggested, in plain propositions, the best eyesight and hearing can be obtained and maintained by—

1. By acting as if the eyesight and hearing were of more importance than any other thing on on earth.

2. By having every child's eyes and ears carefully examined by an expert before it is given specific tasks to perform, calling for the full exercise of healthy eyes. If the eye or ear be found defective, then by grading the tasks according to the nature of the defect.

3. By never using the eye or the ear when such use causes pain in either organ or in the head.

4. By never using the eye when it is imperfectly supplied with good blood, as before breakfast, when utterly exhausted, after a severe illness, etc.

5. By never using the eyes for close work in an imperfect light, as in early morning or evening twilight, by a very distant and weak light, far from the window on a dark day, etc.

6. By utterly avoiding the use of tobacco and alcohol, except for medicinal purposes.

7. By always cherishing a cheerful habit or thought and feeling toward all persons and all events.

8. By avoiding all such injuries to the ears as result from slapping, pulling, and very loud and sudden noises.

9. By keeping out of the external ear all things smaller than the forefinger, or stiffer than a towel or handkerchief.

10. By keeping out of the ear all oils, all soaps, all cold water, and everything else recommended by sympathizing but mistaken friends; especially never apply a poultice to the ear for the relief of pain. Dry heat will do all that moist heat can to relieve, and will be free from the danger of absolutely destroying the membrana tympani.

11. All running ears must be cured at the earliest possible moment, at the peril not only of the hearing, but that also of the life.

12. By heeding the warning given by redness of the eyelids and of the white of the eye, by pain in or about the eyes or ears, by the continuance of indistinct vision for any considerable time, or of imperfect hearing, by the continuance of frontal headache after usual remedies have failed to relieve it.

13. By regarding the eyes and ears as simply a part of a very complex system of apparatuses, the best health of all being absolutely needful for the best health of each.

14. By remembering that we do not see with the eye or hear with the ear, but with the brain. Hence, after the brain is exhausted, it is impossible to really see or hear. Hence, the utter absurdity as well as the perniciousness of any endeavor to see or hear after the brain has become exhausted. Especially is this true of young and growing brains. Here, too, it is needful to remember that the normal brain continues to grow until about the age of forty.

Disorders of Urinary Apparatus.

The following occurs in the course of the address on Surgery at the late meeting of the British Medical Association, by Mr. Reginald Harrison:

If we take the obstructive disorders of the urinary apparatus, and inquire what feature of them is most detrimental to the associated parts, the answer undoubtedly will be the misdirection of the muscular force that is thereby entailed. How can we explain the structural alterations which take place behind the obstructed point, and which manifest themselves in different ways, except as the results of urinary retention and retrograding pressure? How frequently do we find, in cases of stricture or enlarged prostate, that the whole of the apparatus behind the primary constriction consists of little less than dilated saccules and tubes. Is not this distinct evidence of the back-pressure going on, though it may be imperceptible, from the moment that impediment arises to the escape of urine from the bladder? The more we study animal mechanics, either in their physiological or pathological application, the more can we appreciate the truism that force is never lost. If it is not permitted to act for good, it must be productive of evil; if it is not exerted towards the legitimate fulfilment of a normal act, it must inevitably exercise a corresponding pressure in an abnormal direction. Whenever I see, in the *post mortem* room, an ordinary specimen of dilated kidney, tortuous ureter, or sacculated bladder, associated with an enlarged prostate, or a stricture, the expression of "misdirected force" almost involuntarily escapes from me.

The Pathology of Phthisis.

In the address on Pathology at the same meeting, by Dr. T. Henry Green, the following occurs:

The teaching of pathology, respecting phthisis, justifies, I think, the following three propositions. 1. The morbid processes which lead to phthisical consolidation of the lung are inflammatory in their nature; by which it is simply meant to imply that they owe their origin to some kind of injury of the pulmonary tissues. 2. Phthisical consolidation of the lung differs from most other forms of pneumonic consolidation, inasmuch as it exercises an injurious influence upon the adjacent

and distinct pulmonary tissues, and thus tends to spread. To this infective property, which varies considerably in different cases and under different circumstances, the progressive character of phthisical consolidation is largely due. 3. The infectiveness of phthisical consolidation is, in all probability, due to changes in the inflammatory products, for the occurrence of which the presence of organisms is a necessary condition. Koch's investigations seem, therefore, to supply the element that is wanting to establish the truth of our pathology as far as it has gone—they discover the organisms, the existence of which had been foretold. But they do much more than this; they appear to prove that the organisms are specific. This, if true, is undoubtedly a most important additional link in the still incomplete pathological chain; and our previous knowledge of the pathology of phthisis is, as it seems to me, rather in favor of than against its acceptance.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Acute Articular Rheumatism" is the title of a reprint from the *Columbus Medical Journal*, July, 1883, of an article by Dr. E. O. Bardwell, of Emporium, Pa., which is a very interesting and readable article on a subject in which we are all deeply interested.

——The *Therapeutic Gazette* has sent us, in the form of a reprint from its July issue, the results of its collective investigation of diphtheria. It is a valuable pamphlet.

——"Microscopy in the University of Michigan" is the title of an article by Dr. C. H. Stowell in the *Microscope* for June, 1883. It comes to us as a reprint.

——A paper that will give much comfort to the general practitioner is entitled "Hints on the Treatment of Some Parasitic Skin Diseases," by George H. Rohé, M. D. It comes to us as a reprint from the *Medical Record*, June 2, 1883.

——"On a Hitherto Undescribed Malformation of the Naso-Pharynx," by John N. Mackenzie, M. D., of Baltimore, is the title of a paper that will appear in the next issue of the *Quarterly Compendium of Medical Science*.

——The same author sends us a reprint of an article on "Nasal Cough," from the *American Journal of the Medical Sciences* for July, 1883.

——"Surgical Treatment of Wounds," by R. H. Day, M. D. Reprinted from the *New Orleans Medical and Surgical Journal*, for June, 1883. This paper was read before the Louisiana State Medical Society.

——Acne is sometimes a most distressing and obstinate complaint. Hence the reprint from the *Medical Chronicle* (May, 1883), by Dr. George H. Rohé, on the treatment of it, should find many grateful readers.

——The same author sends us a practically valuable reprint from the *Medical News*, June 23, 1883, on "Pemphigus and the Diseases Liable to be Mistaken for It."

——We have already made an extract from Dr. John Morris's article on "Hydrops Chorii," which now comes to us as a reprint from the *Medical Chronicle*, July, 1883.

——To our antiquarian readers, the reprint from the *American Antiquarian* entitled "A Part of the Navajos Mythology," by Mr. W. Matthews, will prove interesting.

——A case of "Primary Monomania," by C. B. Burr, M. D., is the title of a reprint from the *American Journal of the Medical Sciences* for July, 1883.

——"Godey's Lady's Book," for September, contains even more than its usual amount of interesting matter. Its presidential gallery this month furnishes the picture of ex-President Hayes.

BOOK NOTICES.

Anatomy, Descriptive and Surgical. By Henry Gray, F. R. S. A new American, from the tenth English edition. Philadelphia, Henry C. Lea's Son & Co., 1883.

It is scarcely necessary to do more than mention the issue of a new edition of "*Gray's Anatomy.*" It is thoroughly familiar to all physicians and students, who regard it as *the* work on anatomy in the English language. To this edition has been added "Landmarks, Medical and Surgical," by Luther Holden, F. R. C. S. Mr. T. Holmes presents an Introduction on General Anatomy and Development; the drawings are by by Dr. H. V. Carter, late Demonstrator of Anatomy at St. George's Hospital, London; while the American editor, the distinguished teacher of anatomy, Dr. W. W. Keen, has added many points that help much towards making this book a work that is absolutely essential to every physician and to every student of medicine. We must also commend the publishers for the handsome manner in which they have bound this standard work, which renders it not only useful, but exceedingly ornamental.

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THE QUESTION OF FOOD IN OBSTETRIC AND GYNECOLOGICAL PRACTICE.

This is the title of an address by Dr. Graily Hewitt at the opening of the section of Obstetric Medicine at the late meeting of the British Medical Association.

The author's well-known ability, and the novelty of what he had to say, render his address worthy of wide publicity.

To summarize, Dr. Hewitt considers that insufficient diet, particularly a deficiency of meat, has much to do with the diseases of women. He says:

"With very few exceptions, and those exceptions only tending to prove the rule, it is, I hold, impossible to find patients suffering from chronic uterine disease, who have not undergone, at some former period, what may be termed a starvation process; and careful inquiry generally elicits the fact that the quantitative deficiency in the diet extended over a considerable period. In many cases, the patients are found to be still under the influence of a deficiency in this direction, and to be 'eating,' as the expression is, 'next to nothing.'

"The period of life during which quantitative deficiencies in the dietary are most common, is the two or three years immediately following the arrival of puberty. The girl is at school probably, her appetite is bad, or the food is not palatable, or is deficient in important particulars, or, as I have found in some cases, she eats little in order to keep thin; the strength fails, the appetite diminishes, and a habit of taking little is formed—particularly little animal food is taken. Three or four years of the most critical stages of life are thus passed, a time at which the body should be growing fast, and to maintain this growth in adequate vigor, large supplies of nutritious material are required; instead of which, the supply is far below the normal standard. The result is a general impairment of vigor and of vital action. On the generative organs, the effect is, as I have observed in numbers of cases, most decidedly injurious; and the effect, in most instances, is of this kind, that the tissues of the uterus lose their

normal firm, healthy consistence. The further result is, that the pelvic organs, as a whole, but particularly the uterus, undergo a subsidence in the pelvis; the uterus becomes liable to change of shape, and other alterations, more or less marked, in different cases. Slight exertions, slight accidents, or even moderate exercise, are, under these circumstances, liable to act most prejudicially on the softened and weakened contents of the pelvis.

"This is a faithful description of what I have observed to occur in very many cases. I refrain from pursuing the further history of patients so affected, as not falling within the scope of these remarks.

"There are few observations bearing on the subject now under discussion which can be quoted from published works. Professor Voit (*Untersuchung der Kost*, Munich, 1877,) mentions an interesting fact. In a public institution, a home for girls, on which he reports, the diet included an average quantity of 170 grains of nitrogen only; the girls appeared healthy, but their muscles were found to be weak, and menstruation was found to be delayed in many cases until the sixteenth or seventeenth year.

"Parkes states that when the nitrogen is reduced to from 70 to 100 grains daily, the body gradually lessens in activity, and passes into a more or less adynamic condition, which predisposes to the attacks of all the specific diseases, especially malarious affections, typhus and pneumonia, etc.

"We all know that health and a good appetite usually go together. But it seems to be too frequently the case that, when the appetite is absent, such absence is taken as a matter of course, and receives no notice. It results from what has been stated, that absence of appetite may lead to most serious results. It is not immediately dangerous, but it is the first step possibly in the downward course. A continuously bad appetite constitutes a grave condition, and should be seriously regarded.

"If it be a rigorously-proved fact that the human body is dependent for its existence, in a state of vigor, on an adequate and regular supply of food, it behooves us to take all possible opportunities of enforcing this great principle; and in making it known as a great and universally applicable measure and precaution in the prevention of disease."

PRESIDENTIAL ADDRESS—BRITISH MEDICAL ASSOCIATION.

The President of the British Medical Association at its late meeting, Dr. A. T. H. Waters, delivered an address which is peculiarly worthy of attentive consideration.

After briefly reviewing the past history of the Association, the speaker very wisely devoted the major portion of his address to the glorious future which he predicted for the profession and the Association.

He sensibly told his hearers that they must not rest satisfied with what had been accomplished, that they must not contentedly and *lazily* gaze back into the past, but, rather, realizing from what has been accomplished how very much yet remains to be done, work steadily and unitedly onwards; for, as the speaker says, "the temple of medicine will never be crowned"—the more we learn, the more will be demonstrated to us the amount yet to be learned, and so on it will ever be.

Touching upon the value of the collective investigation of disease, Dr. Waters said:

"And here I must express the great satisfaction with which, in common, I am sure, with every member of the Association, I have seen the establishment of this Collective Investigation Committee, how strongly I feel that it is capable of accomplishing most valuable work, and how much I think we are indebted to Professor Humphry for initiating the movement. Doubtless, a large part of the work of the Committee will consist in collating facts with reference to specific disease: but there is one line of inquiry which, I trust, will receive from it a share of attention. I mean the consideration of the points of difference between functional disturbances and the early symptoms of organic affections. How difficult is it sometimes to say, when some slight symptom pre-

sents itself, and when no objective signs of organic disease can be discovered, whether that symptom indicates incipient structural change or mere functional disarrangement! Upon the right appreciation of the phenomenon, however, the safety of the patient may depend; for, although we stand almost powerless to arrest the course of confirmed structural changes, there can be no doubt that, could we recognize the earliest steps in these changes, could we see clearly the points of departure from normal conditions in various chronic and hitherto incurable maladies, we might do much to check these alterations of structure, and prevent the further progress of the disease."

The relations of micro-organisms to disease the speaker considers as the greatest question that can occupy the mind of the pathologist and the physician.

After pointing out in many ways the great questions now before the profession, the speaker thus closed with an allusion to vivisection:

"But if the results to which I have alluded, and the advances which I have ventured to foreshadow, are to be realized, if medicine is to be raised from the region of empiricism, and to be placed on a higher scientific level, and if we in this country are to take our part in the researches by which the great problems now awaiting solution are to be determined, then must all unwise legislative restriction on the work of the physiologist and pathologist be withdrawn; then must all measures which fetter the action of the original investigator be removed; and I trust that, by the labors of the Society which has been established for the cultivation of medicine by original research, a more enlightened public opinion will be formed, which will aid in bringing about these results.

"Medicine must more and more proceed on the lines of exact observation and careful scientific inquiry; and in connection with this it is satisfactory to know that one of our great guilds is about to devote a portion of its means to the encouragement of work such as I have referred to; and I trust that our own Society will be able yearly to devote larger sums than at present to a like cause."

THE HOLY WELL AT MECCA.

We all recognize the great potency of impure water in the production of disease, and we endeavor to guard against its baneful influence. In this connection the following reliable information concerning the water of Hagar's well at Mecca will prove interesting, if not practically valuable.

Some water from this well was sent to Dr. Frankland for analysis, and he makes the following report:

"The water is slightly turbid and has a saline taste. One hundred thousand parts of it contain in solution the very large proportion of 828.24 parts of solid matter, of which a considerable amount is organic and of animal origin. The water also contains an enormous quantity of nitrates—the usual product of the decomposition of animal excreta. The previous animal contamination, calculated from the proportion of nitrogen as nitrates and nitrites, shows that the liquid supplying this well contains in a given volume nearly six times as much animal matter as is found in the same volume of strong London sewage. This conclusion is confirmed by the presence of a very large proportion of common salt, one of the chief constituents of urine. The suspended matter in the water consists chiefly of dead bacteria."

Mr. Zohrab, late English Consul at Jeddah, gives the following particulars, which will account for this pollution:

"The city of Mecca, lying in a basin, contains a permanent population of about 40,000 souls, and annually during the Hadj (pilgrimage) from 100,000 to 150,000 pilgrims, who become residents for periods varying from one week to three months, crowd into it. This vast influx of strangers finds accommodation where it can; the well-to-do rent rooms, the poor live in the streets. The houses in Mecca are generally built in flats to accommodate pilgrims; each flat is provided with one or two badly-constructed latrines, and there are from six to twelve of these in each house. These latrines empty themselves into pits dug outside the houses. When these get filled they are emptied into other pits, which are made in the streets or any convenient spot, and then covered

over with earth. For the poor, latrines on the same principle are made in and outside the town, and the same method of emptying them is employed. This system of burying foul matter in every direction has been pursued for centuries; it is not, therefore, surprising that the ground in and around Mecca is surcharged with excrementitious matter, which rains (these are frequent in Mecca) carry by filtration into the wells. Hagar's well is not a spring, but its water is supplied by filtration—that is, by rain-water passing down through an overlying mass of foul matter. But there is yet another cause for the pollution of Hagar's well—this is the thousands of pilgrims, diseased or sound, who daily wash beside it, the water they use naturally finding its way back into the well."

Dr. Frankland considers that this well furnishes a most excellent place for the propagation of cholera germs or poison, and the fact that this water is sent throughout Mahommedan countries, would account in great measure for its spread.

Certainly, hygiene must be looked upon as a lost art, among the Mahommedans.

AN IMPORTANT MEDICO-LEGAL POINT.

A case recently tried in Michigan has given rise to a discussion as to whether arsenic, if injected into the stomach and bowels after death, will become disseminated throughout the various organs and tissues of the body. One would, at first blush, naturally assume the negative; but Drs. Victor C. Vaughan and James H. Dawson have made some experiments, the results of which they communicate to the *Journal of the American Medical Association*, August 4, 1883, and which seem to support the affirmative. They injected arsenic into the stomach and rectum of a large musk-rat, and of a human being, dead between two and three days; in each case, after an interval of twenty-five days, arsenic was found in appreciable quantity in all the organs.

When we remember that arsenic is so often used as an embalming liquid, we can appreciate the importance of these experiments, which are corroborated by similar results in the hands of Professor Kedzie, of the Michigan Agricultural College.

NOTES AND COMMENTS.

Tuberculosis in Fowls.

Dr. Ribbert, of Bonn, has had recently the opportunity of making quite extensive observations on this subject, owing to the prevalence of the disease among fowls in and near Cologne, and he contributes his labors to the *Deutsch. Med. Woch.* In the intestines, beneath the serous coat, he found nodules, which contained great numbers of bacilli.

Perhaps the most interesting fact that comes out of Dr. Ribbert's work consists in the observed relation of the bacilli to the blood-vessels, particularly of the lungs, where the indurated vascularized areas surrounding caseating tubercle yielded on examination the following facts: The parallel bundles of connective tissue forming the walls of the veins were seen to be thickly invaded by the bacillus, which occurred in irregularly shaped masses, in places encroaching upon the lining membrane of the vessel, the bulging of which produced the appearance of minute tubercles, and rendered thrombosis probable. The bacilli were specially massed within the mesh-like spaces of the connective tissue forming the vessel wall. Caseation was not to be found in these structures, and the arterial walls were similarly invaded by the bacillus. It is suggested that, if the same invasion of the blood-vessels occur in the human subject, we may not have to go far to seek for an explanation of that rather inexplicable occurrence in the history of pulmonary phthisis—viz., early hæmoptysis. The vessel wall, weakened by the invasion of the micro-organism, yields before the blood-stream and gives rise to the hæmorrhage; and the discovery by Hiller of bacilli in the sputa of cases of this initial hæmoptysis seems to support the inference, which, however, should not as yet be allowed to go beyond the region of hypothesis. More plausible is the other inference which Dr. Ribbert deduces from this involvement of the veins—viz., the facility with which a general tubercular infection may arise secondarily. He is careful to point out that there is no question here of any special form of new growth in the vessel wall; but the essential feature is the presence of bacilli in situations admirably calculated to ensure their entrance into the circulation.

If these observations are verified by others, it may help to clear up the etiology of many cases of tuberculosis; the bacilli passing into the human body in our food, and then developing and multiplying.

The Treatment of Cholera.

The variety of suggestions as to the treatment of cholera, just as in all other diseases, only tends to demonstrate the unreliability of all methods. Still, as we may have a visitation, it behooves us to note them all. Dr. R. G. Jack thus writes to the *Lancet*, August 4, 1883:

"I see a good many suggestions as to the treatment of cholera in your journal, but none of them allude to what must surely prove the most effective, viz., the introduction of drugs hypodermically. I am sure the great failure in all treatment arises from the fact that all absorption is arrested, and the medicine put into the stomach is returned to the basin. The experience derived from the observation of several epidemics of cholera would induce me to rely on morphia and Fowler's solution of arsenic, diluted with twice its weight of water, and given in five-drop doses every fifteen minutes until some effect is produced. At the same time a blister may be made over the epigastrium with nitrate of silver; this I have seen do much good. Of course I would not omit the use of hot flannels and the free drinking of iced water. Having seen a great number of cases of cholera while in charge of troops between Marseilles and the Crimea, and afterwards in hospital and private practice in China, I can bear painful testimony to the small effect produced by medicines given by mouth or rectum. Arsenic in large doses I have seen do some good, as also chlorodyne, but very little."

The Results of Lithotomy.

The following paragraph occurs in the address on Surgery by Reginald Harrison, at the late meeting of the British Medical Association:

One word in reference to lithotomy before I leave the subject of stone. There is no great operation in surgery, I believe, which furnishes more successful results than this. Taking the experience of the two hospitals in this city with which I have been associated, I find there have been within my recollection 102 cases of lithotomy in persons of all ages, but chiefly in children, and operated on either by my colleagues or by myself. In only five of these cases could I ascertain that a fatal result followed. My late esteemed friend, and our former associate, Mr. Southam, speaking of his own experience of lithotomy at Manchester, informed me that he had operated 120 times, and could only recall one death. In the great majority of the Liverpool cases the stones were not exceedingly large, and I have no doubt that many of them might have been removed by lithotrity. I question, however, whether the small mortality these figures indicate would thereby have been still further diminished, even if the calculation were made on a basis corresponding with the most successful statistics in lithotrity that have hitherto been obtained.

Excessive Sweating of Hands.

For this annoying condition, Dr. F. H. Alderson says in the *Lancet*, July 28, 1883:

"The patient should soak her hands night and morning in warm water, in which should be dissolved about two drachms or half an ounce of the chloride of ammonium, and about twice as much carbonate of soda (crystals), enough water to be used to well cover the hands. I generally prescribe for my patients sufficient for six applications; and as skins vary in tenderness, tell them to use as much as will temporarily to a slight extent cause the wrinkling known as cutis anserina, a condition which I describe to them as looking like the hands of a washerwoman. After well bathing, the hands are to be well rubbed with the following embrocation: Tincture of iodine one drachm, compound camphor liniment and glycerine of each a drachm and a half, and compound liniment of belladonna one ounce. (If for the hands, a drachm of eau de Cologne makes the embrocation more agreeable.) The embrocation to be applied twice a day. A cure quickly follows. This treatment is equally appropriate and successful for excessive sweating and even bad-smelling feet, for that odor is due to the excessive function of the sudoriparous glands."

Treatment of Croup.

M. Jules Simon, of the Hôpital des Enfants Malades, treats croup as follows (*Med. Press*, July 25, 1883):

As soon as the malady is diagnosed, he touches the throat with lemon juice or a solution of muriate of iron every two hours. Every three hours he washes the part affected with a solution of borax (two drachms to the ten ounces). The atmosphere of the room is charged with atomized phenic solution, a stimulant nourishment is given, and three to five drops of tincture of iron admin-

istered every three hours. When dyspnœa becomes apparent an emetic is given, but if the symptoms are not relieved, tracheotomy must be performed without delay.

The after treatment consists in placing a piece of tarlatan over the cannula, warming the room, and administering beef tea and tincture of iron. The removing and cleaning of the cannula should be done by an experienced person; it might be definitely removed after the eighth or tenth day. M. Simon considers that chlorate of potash is of little use in croup.

Three Cases of Removal of the Female Breast.

Mr. D'Arcy Power records these cases in the *Brit. Med. Jour.*, July 28, 1883, on account of the exceptionally rapid recoveries which occurred, and which he considered chiefly due to the position in which the patient was kept after the operation, viz., upon the side opposite to the wounded one. A free exit is thereby afforded for the discharges from the wound, through the opening left at the end of the flaps; and this opening is dependent, and is at the lowest part of the wound. The position is also convenient, as it allows of the wound being dressed with the least possible amount of disturbance to the patient. In each case the wound was syringed daily with a strong solution of Condy's fluid in water. The effect of the previous application of cold to the breast in the first case was very marked, as the hæmorrhage during the operation was comparatively trifling; whereas, in the second case, where no such precaution for diminishing the quantity of blood had been taken, although the breast was small, the amount of blood lost was considerable.

The Treatment of Non-Specific Ulcers of the Leg.

Dr. Smith Baker thus writes about it in the *Med. Record*, Aug. 4, 1883:

"Hence what can be better for local treatment than to order the surface cleansed thoroughly at bedtime with a weak solution of potassium permanganate, also in the morning with a medium solution of potassium chlorate, and after having covered it lightly with absorbent cotton, to have drawn over all a *well and snug-fitting* elastic stocking, with instructions to go about the usual labor, using the limb freely but not senselessly? At any rate, in nine-tenths of cases, this, according to my recent experience, seems to be all-sufficient; while in the other one-tenth a few days rest and preliminary treatment with the same lotions and a pure-rubber bandage seems to be equally necessary."

Coffee in Strangulated Hernia.

In *Lyon Med.*, May 20, 1883, Dr. Sarra describes a case of strangulated femoral hernia in a man aged 63. The patient was nearly moribund; there was no appreciable radial pulse, the face was pinched, the extremities were cold, and the attempts to vomit were almost incessant. Happening to remember the report of a similar case relieved by coffee, Dr. Sarra ordered an infusion of this substance to be employed as a drink and also externally, and then took leave of the patient, warning the family that death was inevitable unless a prompt amelioration ensued. Upon returning early next morning, he was surprised to find his patient in perfect health. The man stated that soon after taking the coffee he experienced a feeling of warmth and returning strength, then a large quantity of gas was expelled above and below, and when he put his hands upon the tumor, it at once slipped back into the abdominal cavity.

Eczema of the Face.

In their work on the diagnosis and treatment of ocular affections, Messrs. Galezowski and Daguenet recommend, against the eczematous and impetiginous eruptions which often show themselves on the lids and nose of young patients suffering from phlyctenular keratitis, either calomel in powder, or the following ointment:

℞.	Olei cardini,	0.25 gr.
	Hydrarg. oxid. rubr.,	0.10 gr.
	Camphoræ,	0.25 gr.
	Vaselini,	10 gr.

However, when there are many scabs, the best treatment consists in removing them with a forceps, and touching the denuded surface with a stick of nitrate of silver. The excess of caustic can be neutralized by the application of a solution of common salt.

The Formation of Callus in Diabetics.

For some years Mr. Verneuil has had this matter in his mind, and observing whenever opportunity offered, has been struck by the fact that fractures do not heal well in diabetics. From his observations, he formulates the following conclusions in *Gaz. Hebd.*, July 27, 1883:

1. The retardation and absence of consolidation found in the three cases seem to be due to diabetic dyscrasia.

2. This retardation and absence of consolidation necessarily imply a diminution or suppression of the reparative forces, and particularly of nutrition.

3. From these facts we may conclude that dia-

betes, when it embarasses or stops the formation of callus, does so, at least indirectly, by impairing nutrition.

Acute Œdema of Glottis.

How dangerous and how readily provoked sometimes is this condition, is well illustrated by a case reported in the *Jour. de Med. de Bordeaux*, June 24, 1883:

A man, aged 64, previously in good health, but in whom no urinary examination was made, was suddenly seized with chills after working in the garden. The next morning there was some hoarseness and difficulty of deglutition. In the evening he was seized with a sense of suffocation. Active counter-irritation was useless, and it was decided to perform tracheotomy. The urgent symptoms subsiding, the operation was postponed; but another attack coming on, the patient died before relief could be given him.

Puncturing Bladder through Prostate.

From the address of Mr. Reginald Harrison before the *Brit. Med. Ass.* we note the following:

I may be permitted here to submit to your notice a method of puncturing the bladder through the enlarged prostate, which has afforded very gratifying results. It consists in passing the trocar through the gland, and retaining it in the perinæum, so as to aford a permanent as well as a convenient drain for the urine. I should have had more diffidence in commending this operation to your notice had it not received the approval of our distinguished associate, Professor Gross, whose contributions to the surgery of the urinary organs are held in deservedly high repute on both sides of the Atlantic.

Phimosis.

While we must ever consider what might be called the *radical* treatment of phimosis the best, that by which the redundant prepuce is removed, yet, when high authority says otherwise, it must command our attention.

M. de St. Germain, in the *Rev. Med. Francè et Etrang.*, June 9, 1883, says that he believes dilatation to be the best, even in the adult. He uses Nélaton's three-bladed dilator. This procedure has always seemed to us like temporizing.

Submammary Intercostal Neuralgia.

Chiran has noticed that many women complain of this pain, which he considers due to uterine disease. In *Progrès Med.*, June 16, 1883, he recommends the following treatment:

Tinct. gelsemium gtt. ç., simple syrup, ℥ ij., distilled water ad. ℥ viij. S.—Dose, three to five dessertspoonfuls before meals, or three hours after. Sometimes there are extremely painful spots in the course of a nerve, and running back to the spine. These may be painted with tincture of iodine every three days.

Feeding Syphilitic Infants.

M. Parrot has introduced into the Hôpital des Enfants Assistés in Paris a nursing service for syphilitic infants. The nurslings draw their nourishment directly from the teats of the ass, to which they are presented five times during the day, and three times at night. They thrive under this treatment, and seventy per cent. live, while almost all formerly died when fed from the bottle. —*Boston Medical Journal.*

Benzoate of Sodium in Acute Gastro-intestinal Diseases.

Dr. William P. Watson claims that he has had good results from it in acute dysentery, cholera morbus, and intestinal colic. In the *Med. Record*, August 18, 1883, he publishes the following formula:

℞. Sodii benzoatis, ℥ j.
Elixirii simplicis, ℥ ij.
M. S.—Two teaspoonfuls at a dose.

Nussbaum's Treatment of Cancer.

From the *Physician and Surgeon*, we note that Professor Nussbaum has secured good results by the formation of a furrow around the tumor, down to the fascia, which he makes with the thermo-cautery. He reasons out that his success is due to the fact that the furrow prevents the feeding of the tumor by its peripheral vessels, and thus checks its growth by reducing its nourishment.

Excision of Strumous Glands.

In the *Lancet*, July 21, 1883, Dr. Henry A. Lediard relates some cases of strumous glands in which he operated as follows:

After exposing the gland, he teased away the surrounding connective tissue with two dissecting forceps, and passed a thread through the gland, which was then drawn in different directions until the gland was teased away without hemorrhage. Better results ensue when the glands are firm.

New Treatment of Phagedenic Chancre.

The non-syphilitic phagedenic chancre sometimes resists every form of treatment; excision of

the edges, cauterization and the actual cautery proving unsuccessful.

In such cases M. Thiersch, (*Gaz. Med. de Strasbourg*) has obtained a cure by the subcutaneous injection of nitrate of silver at a short distance from the borders of the ulcer. This treatment is without effect in phagedenic ulcerations of syphilitic origin.

Perosmic Acid.

M. O. Delbastaille (*Centralbl. für die Med. Wiss.*, March 31,) has met with success from the injection of a one per cent. solution of perosmic acid in sarcomata, lymphomata, strumous enlarged glands, and also cancerous glands. Three minims daily were employed. This injection had the advantage in a case of lymphoma, that, whilst it caused the shrinking of the tumor, it exerted no effect upon the surrounding textures.

Poisoning by Illuminating Gas Successfully Treated by Inhalations of Oxygen.

Dr. Alonzo Clark reports two cases in the *N. Y. Med. Jour.*, August 11, 1883; but as is usually the case in almost all reported cases of whatsoever nature, other means were resorted to. Dry cups over chest, digitalis, whisky, and hot water bottles to the extremities, were all used; and now, which proved curative, the oxygen or its accessories?

Suppositories in Piles.

The following formula is recommended in a recent issue of the *Gazette Medicale de Paris:*

℞.	Iodoformi,	ʒj.
	Balsam peru.,	ʒij.
	Ol. theobromæ,	
	Ceræ alb.,	āā ʒiss.
	Magnes. calcin.,	ʒj. M.

Divid. in suppos. No. xij.

One of these should be introduced after each evacuation.

Poisoning by Tartar Emetic.

In the *Brit. Med. Jour.*, July 7, 1883, Dr. Chas. Moore Jessop relates the case of a lady, who took, by mistake, at least seven and one-half and may be fifteen grains of tartar emetic. She recovered after several days' indisposition without any special treatment. The drug had been on hand for two years.

The Function of Vision.

The *Med. Record*, July 28, 1883, says:

The rods and cones in the ninth layer of the retina have generally been considered to have an important function in vision. Dr. Borysikiewicz has recently asserted that they are entirely absent in the eyes of tigers and leopards which he has examined. Yet these animals have acute vision.

Intense Itching.

Dr. James Startin (*Lancet*, July 21, 1883,) recommends sponging the parts once or twice a day with pure rectified spirits, containing five minims of carbolic acid to the ounce.

Cranial Capacity of the Insane.

Dr. Amadei (*Riv. Sper. di Fren. e di Med. Leg.*) has examined 475 skulls of persons who died insane. The result of his investigations is that the cubic capacity of the cranium is greater in the insane than in the sane.

Arsenic in Certain Forms of Anæmia.

Dr. F. W. Warfvinge, of Stockholm, reports some success in the treatment of leukæmia, pseudo-leukæmia, and progressive pernicious anæmia, with arsenic, in the *Nordiskt Medicinisk Arkiv.* The dose of arsenic employed by Dr. Warfvinge was four drops of Fowler's solution given two or three times a day, and four drops of the same daily when used as an injection.

Scarlet Fever Due to a Micrococcus, and not a Bacillus.

So thinks Dr. Fraser, of Edinburgh, who formulates his views in a graduation thesis which has been specially commended by the University of Edinburgh. It does not make much difference which parasite is the cause: what we now cry out for is a parasiticide.

A Note on Vesico-Vaginal Fistulæ.

In the course of a lecture on this subject in the *Med. News*, August 18, 1883, Dr. J. Ewing Mears calls attention to the great importance of careful preliminary preparation before the operation, and lays great stress upon the use of specific remedies where the opening is due to syphilitic disease.

Correspondence.

"Preacher-Doctors" No. 2.

Eds. Med. and Surg. Reporter:—

With the statement made in the article of your last issue under the above heading that "it is not within the intellectual capacity of any man to *successfully and practically follow* any two or more of the learned professions, neither I, nor perhaps any of your readers, can have any disagreement; but with what seems to me to be the spirit underlying the

article, the spirit of uncharitable opposition, issue should be taken, at least so far as to a proper discrimination as to the application of the diatribes.

Let me quote a few of the epithets: "Diabolical Frauds," "Spiritual Mountebanks," Half-and-Half Rascals." And he characterizes them as specimens of hybridity, exercising a "diabolical diplomacy," as well as tricks, schemes, etc.

Now, we think this is rather straining a point, for while occasionally there may be one who "invades the sanctuary in a hypocritical spirit, and simply uses the pulpit as an advertising medium," it would manifestly be as unjust to judge all preacher-doctors by them, as to condemn *all* specialists (doctors) because some set themselves up as oculists, or surgeons, or professors, who are lamentably ignorant of their specialty—perhaps hoping thereby to gain a general practice; or to condemn all medical lecturers because one may seek to make himself a sort of reputation by inveighing against a class of his own marking-out.

We have as hearty a contempt for a hypocrite as any man; but to declare a man a hypocrite *without the most positive proof* "is to invade the realm of the *motives* which none but the Infinite may do" without presumption.

The simple fact that a man both preaches and practices, is not evidence of hypocrisy. It is evident that if he habitually does both, he can be as efficient in neither as he would be in either alone; but if he be in truth a "man of God who walks in the footsteps of his Divine Master with a contrite, humble heart," and seeks to know His will and understand the Scriptures, his general abilities may qualify him to teach (preach) even without "*constant meditation;*" and certainly the possession of such a spirit will lead him in such teaching to seek only "the conversion of souls, or the edification of believers." He may not have felt "called of God" for the especial work of the ministry; but having been called into the vineyard, he may be willing to labor outside his special line if the skilled laborer be wantiug. Such men are not frauds, or mountebanks; and it is because there was no room in "A Regular Subscriber's" article for such exceptions as these—and they are doubtless the rule, rather than the exception—that this article has been written. While we admit that there are frauds and frauds, let "Regular Subscriber" and his pattern, Dr. Knight, and others of like inclinations, be cautious in such assertions as that a patient died under the treatment of a physician who preached, who would DOUBTLESS have recovered if treated by one who did not preach, *i. e.*, one who gives his undivided attention to his profession—for even such sometimes lose patients.

Now, we are not one of the preacher-doctors, but to us it would seem as unjust to condemn this class so sweepingly as it would to condemn a doctor who, besides his profession, makes for himself a name as a scientific investigator in some other line. Let us have opinion based on judgment rather than on prejudice. ANOTHER SUBSCRIBER.

—The *Deutsch. Med. Woch.*, June 13, 1883, contains a report of the removal of a kidney for pyonephrosis; the patient, a young woman, died on the fourteenth day.

FOREIGN CORRESPONDENCE.

British Medical Association.

EDS. MED. AND SURG. REPORTER:—

I thought a few remarks on the above subject would be acceptable for your journal. We arrived in Liverpool as delegates to the British Medical Association. Its central position and the scientific eminence and hospitality of the profession was sufficient to guarantee the success of the meeting. The local organization was perfect, especially the Reception Committee, the Secretary of which (Dr. Rich) was extremely courteous to us. The arrangement is something after the same manner as the American Medical Association. We arrived too late to listen to the address of the President. The address in "Surgery," by Mr. Reginald Harrison, contained many practical points and was full of interest. In connection with urethral surgery, he showed though the art of surgery was an imperfect one, it was a progressive one. The address on "Pathology," by Dr. Creighton, contained very much valuable information on bacterial pathology. Bovine tubercle, small-pox, yellow fever, and contagious ophthalmia, were considered.

We found the same fault in the "sections" of the British Medical Association as we do in the American Medical Association, to wit.: too many papers read, and very little discussion. Everything seems, to use an American expression, to be "railroaded through;" but on the whole, the meeting was a success.

DR. H. ISAAC JONES, of Scranton, Pa.

Tremadoe, North Wales, August 21, 1883.

NEWS AND MISCELLANY.

M. Pasteur on the Etiology of Cholera.

The Paris correspondent of the *Lancet* says:

M. Pasteur having been solicited to lay before the public the instructions he had given the members of the scientific mission to Egypt to investigate the nature of cholera, now raging in that country, and which was noticed in your annotation of last week, has generously complied with the expressed desire of his friends. M. Pasteur prefaced his instructions (of which I send you an abstract copy) by remarking that the precautions hereinafter enumerated relate to those cases where the causes of contagion will be found to prevail in their maximum intensity. These precautions, he added, are instituted under the hypothesis, which he considers very probable, if not certain, that cholera does not enter the human organism by the air passages, but that it does so only by the digestive canal, unless under very exceptional circumstances:

1. Not to make use of the drinking-water of the locality in which the mission will be located without having previously boiled the water, and shaken it well, after it has become cold, for two or three minutes, in a bottle half filled; or the water may be put into vessels previously heated, "vases flambé"—that is to say, vessels that had been subjected to air heated to about 150° C., or even more; the higher the temperature the better. The natural mineral waters may be employed with advantage instead.

2. Make use of wine that has been heated in bottles to from 55° to 60° C., and which should be drunk in glasses also previously heated.

3. To make use of alimentary substances only after being well cooked, and fruits in their natural state, but previously washed with water that had been boiled, and preserved in the same vessels in which it was boiled, or had been transferred into those previously heated.

4. To make use of bread cut up into thin slices and submitted to a temperature of about 150° C., during twenty minutes or more.

5. All the vessels employed for alimentary purposes should also be previously subjected to a temperature of 150° C., or more.

6. The bed linen and towels should be plunged into boiling water, and then dried.

7. The water for washing or bathing should be previously boiled, and, after being cooled, mixed with solutions of thymic or of carbolic acid, the former in the proportion of 1 to 500 parts, and the latter 1 to 50 parts.

8. The hands and face should be washed frequently during the day with boiled water, and to which should be added solutions of thymic and carbolic acid.

9. It is only in cases where the bodies of patients who have died from cholera or their soiled linen has to be handled that it would be necessary to cover the mouth and nostrils with a small mask formed of two pieces of thin plates of metal, enclosing between them a little cotton-wool of not more than 1 centimetre thick, the mask having been submitted to 150° C. only, and renewing the temperature of 150° on each fresh exposure to contagion.

On Personal Precautions that may be Adopted by Medical Men whilst Attending Cases of Infectious Disease.

Dr. Charles Green makes these suggestions in the *Lancet:*

1. Always have the window opened before entering the patient's room or ward.

2. Never stand between the patient and the fire, but always between him and the open window.

3. If possible, change your coat before entering the room.

4. Do not go in for unnecessary auscultation or other physical examination.

5. Stay as short a time as possible in the room.

6. Never, while in the room, swallow any saliva.

7. After leaving the sick room, wash the hands with water containing an antiseptic.

8. Rinse out the mouth with diluted "toilet Sanitas" or Condy's fluid, also gurgle the throat with it, and bathe the eyes, mouth, and nostrils.

9. Expectorate and blow the nose immediately on leaving the sick-room.

10. Keep up the general health by good food, exercise, and temperance.

11. In addition to the above recommendations, which are all pretty generally known, I would suggest another, which is, in my opinion, the most important of all. This is to filter all the air you breathe while in the sick-room or ward through an antiseptic medium. My method is to use a McKenzie's inhaler over the nose and mouth. I carefully soak the sponge in a strong solution of carbolic acid before entering the sick-room. It is so made that all the air breathed must necessarily come through this sponge, and the expired air is emitted by a valve action at another place. I have worn this not only in the Fever Hospital wards, but in many of the typhus dens in this borough. It is to this method that I attribute the fact that although I have attended between 200 and 300 cases of typhus during the last twelve months, and seen many more, I have hitherto escaped infection myself. The only objection (which is not of much importance in a hospital) is the unsightly appearance one has with the inhaler *in situ*. This objection, is, however, a very slight one when weighed against the greatly increased safety one not only feels, but I believe actually possesses. I am not aware of this method having been mentioned previously; and this fact, and my desire to prevent a repetition of the late disastrous fatalities, must be my apology for bringing it before the profession.

The Prevention of Calculous Disease.

In the course of Mr. Reginald Harrison's address before the late meeting of the British Medical Association, occurs the following paragraph:

"Considering the great activity that has within recent years been shown in demonstrating the preventible nature of many diseases, and the energy that has been displayed in grappling with them, it seems remarkable that no adequate steps should have been taken to ameliorate the hygienic condition of certain parts of this country where the amount of calculous disease is excessive, and the inhabitants, consequently, are exposed to an inordinate risk of contracting it. The admirable address by Mr. Cadge before our Association at Norwich, in 1874, furnishes abundant data for the further prosecution of inquiries of this kind. I cannot help thinking that if it could be shown to be even probable that the dogs, cats, rabbits, or frogs of the aforesaid districts were inconvenienced in a like manner with their owners, the matter would long ago have been forced upon our legislature with all the exaggeration that usually characterizes agitations of this kind."

Another Prize.

The Grocers' Company of London offers a prize of $5,000 open to universal competition, to the discoverer of a method by which vaccine may be cultivated in an indifferent medium. The process must allow of the indefinite multiplication of the virus by successive generations, and the product of each generation must have the properties of natural vaccine lymph, so far as the time allowed may suffice to determine. A description of the process, written in English, must be submitted before December 31, 1886, and the prize will be awarded as soon after that date as possible. Further information may be had by addressing the clerk of the Grocers' Company, Grocers' Hall, London.

The Origin of the Cholera Epidemic.

A very interesting report has been published by Chaffey Bey as the origin of the outbreak at Damietta. After a careful analysis of all the circumstances of the case, he arrived at the con-

clusion that the cholera was not imported, but broke out spontaneously on account of the condition of the river and city, which this year presented conditions similar to those to be found on the banks of the Ganges when the epidemic made its appearance. The great fair at Damietta attracted a crowd of fifteen thousand people, who for eight days lived on foul water and decayed fish.

Women Doctors for India.

The project for introducing medical women into Bombay is now fairly established, upwards of 40,000 rupees having been already subscribed for this purpose. The *Hindoo Patriot* states that the scheme includes the bringing out of women doctors from England; the establishment of a dispensary for the poor; medical education for female students, through the Grant Medical College; and, finally, the establishment of a hospital for women and children. A Parsee has offered a lakh of rupees to build a hospital of the latter description.

A Righteous Judgment.

Lacombe, the French wholesale druggist, who was accused of fraudulently substituting sulphate of cinchonidine for sulphate of quinine, which he supplied to the Paris hospitals last autumn, has been sentenced to a year's imprisonment and 50 francs penalty, and is also called upon to pay for the advertisement of the judgment in a dozen French journals.

Personal.

—R. Dorsey Coale, Ph. D., Assistant in Chemistry, Johns Hopkins University, has been appointed Lecturer on Chemistry in the School of Medicine of the University of Maryland.

—The following gentlemen have been appointed by the Governor the State Board of Health of Missouri: E. H. Gregory, W. R. Conery, and P. D. Yost, of St. Louis; G. M. Cox, of Springfield; G. T. Bartlett, of Poplar Bluffs; H. F. Hereford, of Kansas City; and S. C. Hearne, of Hannibal.

—Dr. Donald McLean, of Ann Arbor, has been appointed Surgeon-in-Chief of the Michigan Central System of Railroads.

—Dr. W. E. Quine, late of the Chicago Medical College, has been elected to the Chair of Practice of Medicine in the College of Physicians and Surgeons of Chicago.

—Dr. Spina, Koch's opponent, has been nominated Professor of General and Experimental Pathology at Prague.

—Dr. Holmes will deliver the address at the opening of the new building of the Harvard Medical School, October 15.

—Dr. Shoshee Bhoosur Mookes Gee is the name of the President of a new Homœopathic Medical College recently founded in Calcutta, India.

Items.

—The *Glasgow Medical Journal* for August, 1883, contains the report of a successful hip-joint amputation.

—The English surgeons who volunteered for service in Egypt during the cholera epidemic, are paid $500 per month.

—M. De Lacaille, of Rio de Janeiro, reports successful treatment of yellow fever with carbolic acid and carbolate of ammonia.

—In the *Lancet*, July 21, 1883, is reported a severe case of compound comminuted fracture of skull with recovery, and also a case of depressed and comminuted fracture of skull with recovery.

—According to the *Deutsche Medizinal Zeitung*, the widow of Professor Boll, who is a daughter of Traube, has been made a doctor of medicine in Rome.

—The Egyptian census returns have just been completed, and show that the population of the country comprises 3,393,918 males, and 3,404,312 females.

—Professor H. Newell Martin, of the Johns Hopkins University, Baltimore, has been appointed the next Croonian lecturer of the Royal Society of London.

—Professor Osler, of McGill University, Montreal, says the *Canada Medical Record*, has been elected a Fellow of the Royal College of Physicians of London.

—The British Medical Association object to the compulsory notification of infectious diseases by the physician, preferring to have this obligation placed upon the householder.

—The Brunton Memorial Prize of the University of Glasgow, given to the most distinguished graduate in medicine of the year, has been won this year by John Innes Dunlop, M. B., C. M.

—The *Pittsburgh Medical Journal* states that a charter has been obtained for an institution to be termed the Pittsburgh Medical College, but adds that preparations have not been completed for its organization.

—Dr. Thomas Dwight has been appointed to the chair of anatomy at Harvard, the duties of which he has discharged during the past winter on account of the resignation of Dr. Oliver Wendell Holmes.

—The *Journal of Psychological Medicine and Mental Pathology* has ceased its publication. It is one of the old journals connected with the last generation, and was first issued under the editorship of the late Dr. Forbes Winslow, Sr.

—In the course of a dispute between the Chicago dealers in lard, it has been incidentally disclosed that most American lard is adulterated from ten to one hundred per cent. with oleomargarine, stearine, cotton-seed oil, tallow, and terra alba.—*Boston M. and S. Jour., Aug.* 2, 1883.

—At a meeting of the trustees of the Astley Cooper Prize Fund, held at Guy's Hospital, on July 20, the triennial prize of $1,500 was awarded to Dr. William Alexander, of Liverpool. The subject of the essay was "The Pathology and Pathological relations of the Disease known as Osteo-Arthritis, or Chronic Rheumatic Arthritis."

—In the *Lancet*, August 4, 1883, Mr. Pick reports a case of suture of the musculo-spiral nerve six months after its complete division, with entire restoration of its functions about one year after operation; and in the same journal Dr. Noble Smith reports a case of spina bifida successfully treated by injection and examined *post mortem*.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

GLIMPSES OF SEVENTEENTH CENTURY MEDICINE AND MEDICAL MEN.

BY E. T. BLACKWELL, M. D.

Of Paterson, N. J.

II.

(*Continued from page* 258.)

Chapter xv. treats "*Of the vomiting of what is contain'd in the Guts, the Disease* Cholera and Ileos." Of the last he says: "The *Upper Part of the Guts, thrust in the Under Part, will never* (at least in my judgment) return; but the *Under* being *thrust into the Upper*, will not be so difficulty repell'd by *Golden or Lead Bullets*, swallow'd down with *Oil of sweet Almonds*, or of *Olives*, or one or two ounces of *Quicksilver* taken."

Speaking of strangulated hernia and the desperate condition attending it, he says: "All these Evils are often increas'd or bred by *Fomentations* evilly and too hot applied; as also by a preposterous and strong *rubbing* of the swell'd part. Lastly, by violence us'd to the swell'd Guts to repel them." "As often as Irritation of the Guts depends on the *vitious Effervescence of sharp Humors flowing together* to the inversion of their contracted Motion, so often these *over-sharp Humors* are to be *corrected* and *temper'd*, by Medicins that *temper* * * * to which *Opiats* are always to be added *to assuage the vitious effervescency* and *stupefie the sense of the Guts.*" "I judge a Gangrene of the Guts incurable."

Chapter xvii.: "*Of the Motion of Chyle through the Lacteal Veins deprav'd, and the Dropsie Ascites often following it.*" "The over-Viscous Chyle, or Phlegm of the Guts being thus (by a sudden chilling) Coagulated in the Lacteal Veins; and an *Obstruction* made in more or fewer of their Branches, is *stopt*, and settles presently in the same whatsoever is driven into them out of the Guts, either of *Liquor* rising from the continual conflux of Choler, the Juice of the *Pancreas*, and the Phlegm of Spittle, or of *Chyle*, or *Drink*, only drunk plentifully; and it does by degrees more and more *distend the same* so far, that at length they *burst*, and consequently either first this *manifold Moisture* receiv'd into them, and intercepted in its Motion, is pour'd out between *the Membranes of the Mesenteric*, or presently after *into the Cavity of the Belly*. I take this often to be the Breeding of the *Dropsie Ascites*. * * The *waters collected* will be remov'd out of that place, both by strong *Hydragogues*, and also *Sudorifics*, and a *Paracenthesis* or boring the Belly * * not that common one so very dangerous, but a new one that is so very safe, by a *Silver hollow Needle*, gently thrust into the Belly."

The author advises an early operation, "*lest* whilst it is too long delay'd, the Humor collected in the Belly *get an hurtful Acrimonie*, and by degrees *corrode* and *corrupt* the *Membranes*, and hence the *Substance* of all the *parts contain'd*, and so make the Disease incurable."

Chapter xix. "*Of the Continual and Vital Effervescency of Blood in the Right Ventricle of the Heart hurt.*" "*By the Conflux of the Volatil Oily Salt ruling in the Gall*, and constituting the chief part of the *Sowrish Sweet Spirit;* of these, I say, being *somewhat contrary*, there is rais'd *a gentle*, and to Nature friendly *Fight*, describ'd by Us with the Name of an *Effervescency*, in and by which the *Fiery Parts* lying hid and shut up in both are

loos'd from their Fetters, and being free'd, insinuate themselves into the *Oily* and *Fat* obvious Parts, both of the *Blood* and also of *Chyle*, as the proper Subject of their Action, *rarefying* the same; and moreover do so *change* and *alter* the other parts more or less mixt with them, that *Life may be continu'd* and *Blood mov'd any whither;* and the necessary *Reparation* of all the *containing* and *contain'd* Parts, perpetually more or less Consum'd, may be *perfected* and *absolv'd.*"

Among many things that depress this action, he notes: "The same Vital Effervescency is Abolish'd By the *over-potent Vital Fire* rais'd in the Heart, *rarefying the Blood* more than enough, and to an *Height*, whence by the defect either of a Space large enough, in which it may be receiv'd, or sufficient Cooling, whereby the hot Blood might be tempered, our Vital Fire is often Suffocated in the *most Burning Fevers* by its own fault." * * *By the help of Medicins, our Vital Fire* may be said *to be kindled and restor'd*, when in the aforenam'd Diseases, one or two Drops of some *very Aromatic Oil*, with a little Aromatic Spirit of Wine, or any other convenient Liquor, once or often pour'd into the Mouth of the Sick, who is in the Agonie of Death, pierce to the Blood infected, and worst affected with the aforesaid Viscously-Acid Phlegm, may raise or stir up suddenly, or by degrees, the Vital Fire itself, languishing or extinct, *by correct or amending Phlegm*, and also strengthening and *relieving Choler.*" Again: "These *Aromatic Oils*, if they be united artificially, with the *Spirit of Wine*, are call'd by some *Balsams* or *Elixirs of Life*, whereof one or two drops being given in a convenient Liquor, especially Wine, do restore the *Vital Strength, Languishing for the defect of Choler*, and seem to snatch those out of the Jaws of Death that otherwise were dying, do sometimes raise again those that were esteem'd for dead."

Chapter xxiv. "*Of the Nourishment of the Lungs Deprav'd.*" "*The Lungs Pine* more or less, sometimes in both *sides*, sometimes in either, and in this or that *Lobe*, by the fault either *Itself* or the *Blood* or *Matter*. By the fault *of the Blood*, when it is *Purulent*, especially in a *Pleurisie*, tending to an *Apostheme*, and communicating *its Matter* to the Lungs, either immediately, or by means of the Blood; whence Leanness, not only of the Lungs, but of the Universal Body is wont to follow. Leanness may hap by fault of the *Lungs*, when by an *External* or *Internal Cause*, they become *unfit to assimilate to themselves the Blood duly flowing in;* which happens *Internally by an Ulcer, Externally by a Suppuration;* in both places by *Matter corrupting*, not only the blood of what sort soever carri'd to them, but also the very *Substance of them*, so that they cannot longer be nourisht by any Blood."

* * "The nourishment of the *Lungs is Deprav'd* by either or both kinds of *Blood vitious*, at least having *Vitious Humors* mixt with it. * * To these *Causes*, depending somtimes on *Choler*, somtimes on the *Juice of the Pancreas*, somtimes on *Spittle*, somtimes on *Liquor* rising *from this Ternarie*, somtimes on *Chyle*, somtimes on *Lympha* any way vitiated, somtimes on *Serous Liquor not separated in the Kidneys*, but remaining in the Blood contrary to Nature; and if there be more things which may and are wont to vitiat the Blood, is ascrib'd the rising of *Tubercl's* oft observ'd here and there in the Lungs, and *the change of their* soft and spongie *Substance into a Fleshy, Tumorous*, and *harder* and *more solid* many ways *than is wont*, or otherwise declining from their Natural Consistency."

Therapeutically, he adds: "I doubt how *little Knobs* arising *in the Lungs*, and not easily known, unless by conjecture very uncertain, ought or may be *Cur'd*, unless perhaps *the more fixt Antimonial Medicins* can do it, being indued with an universal force of purifying Man's Body from all Harm and Impurity."

Chapter xli. "*Of the Generation and Separation of the Animal Spirits in the Brain*, and Cerebellum Deprav'd." "A *Volatil* anon to be call'd an *Animal Spirit is Separated from the rest of the Mass of Blood* in the *Brain* and *Cerebellum*, which although it be not perhaps seen and discerned with the Eyes of the body, yet is it demonstrated to the Mind by solid Reasoning, and that manifold."

* * "The Animal Spirits being sever'd from the *Blood* in the Brain and Cerebellum are every whither carri'd by their continu'd Marrow as it were in a Pipe in the nerves, to Exercise the *External Senses* and *Animal Motion.*" Again: "The *Marrow* that *it slipping down by a closing*, renders its Pipes unfit to let the Animal Spirits pass through, so that somtimes one, somtimes more parts, do more or less lose Motion and Sense."

"If *No* Animal Spirits be separated, it seems not likely that a man can live long, being destitute of motion, especially of the Heart and Breast and Midriff."

Chapter lv. "*Of the Separation of Urin in the Kidneys Deprav'd.*" "As the best part of Food, and that which is useful to the Body, is separated from the Food taken in, and fermented in the Ventricle, being fluid and of a milky colour, and carri'd under the name of Chyle, through the Lacteal Veins toward the Heart, whilst the unuseful and excrementitious parts go away by Stool, keeping a thicker consisteney; so again *the serous*

superfluous part is separated in the Kidneys out of the Chyle chang'd into Blood; which, whilst the principal part of Blood flows back to its mass, it distills through their capillar fleshy parts into its Funnel, and is sent hence through the ureters to the Urinar Bladder, so nam'd from the mentioned Serous part then constituting Urin."

"This Urin because it is observ'd Salt even in those (in whom the serous part of their Blood is found insipid), and may suspect, and not without cause, *that the matter of Urin undergoes some Singular Change in the Kidneys, while it is strein'd through the mention'd fleshy Parts.*" * * "*These fleshy parts may be Obstructed by much and glutinous Phlegm*, any ways loosened in the small Gut and confused with the Blood being afterwards *again coagulated in the Kidneys.*" * * "Urin consists of two parts, both *Watry and Salt* * * whence after that much and especially piercing, and therefore Diuretical Drink is taken in, the Urin that is wont to be first voided, is observed Watry and insipid, not only in Colour but also in Tast: as that which coms away after the Fermentation of food in the Stomach absolv'd, is not only a more or less yellow Colour, but moreover Salt." * * "*The things Contain'd in Urin* are several, where of some *swim in its Superficies*, some *fall to the Bottom*, some *are carri'd in its Liquor* * * lastly, some *adhere to the sides and bottom of the Vessel;* none whereof is found in Urin according to Nature." * * * "*Gravel setling at the bottom of the Urin* is of all kinds; both that may be crumm'd and solid; both red and yellow, or somewhat ashie, and so coming nearer to the nature of *Stones.*" * * "*A greater quantity of the things Contain'd signifies much unuseful Matter is in the Blood*, and *so to be separated.*" * * "These *Contain'd things, how much the whiter they be, are liked so much the more*, and they are *the signs of a laudable Concoction*, that is, desir'd Alteration or Correction, and hence Separation of the hurtful Humors in the Blood; *how much the more they decline from whiteness*, such as are *red, and chiefly black, so much the* more are they dislik'd, and they are *signs of a deficient Concoction*, and so *of greater danger.*"

The final chapter, lvii., "*Of the Retention of Urin in the Bladder, and its Excretion through the Urethra Deprav'd,*" shows the usual thoroughness of the author; and is not far from accord with modern practice. A few examples will suffice. "*Stones stopping the Orifice of the Bladder* are either to be repeld with a squirt, if more great; or are to be Expeld forth by Drink, and that Diuretical being taken freely." * * "When *the Channel of the Passage* call'd *Urethra, is grown together*, it must be bored, a fit Instrument being mildly thrust in; and the same, if hollow, is to be left there so long cover'd with a Consolidating Ointment or Plaster, till the fear of a new closing be remov'd." "*An Extreme Distension of the Bladder by Urin too long held in, may be Cur'd* by thrusting in *a Wax Candle* being first oil'd, through the *Urethra* to its Cavity, and anon by drawing out the same." * * *

A few extracts selected here and there, and I have done. The course of "Choler" so much spoken of, seems to have been imperfectly understood, and the author's views began to be questioned in the public disputations held in the "Physicians' Auditory," of which Sylvius was president. This was his belief: "I judg'd the same *Choler was driven forward out of its Bag through the Cystic Passage into the Common Passage, hence partly through that of the Guts to the small gut, partly through that of the Liver to the branches of the Port and Hollow Vein, thence together with the ascending Blood to the Heart for notable uses.*" He complains that many of his pupils, regardless of their oath, made known their dissent to his enemies, rather than to himself; though he speaks kindly of Marcellus Malpigius, and quotes his belief as follows: "*The whole Liver consists of manifold Lobes, which are joind to certain Glandulous Knobs, by which the extreme parts of all Vessels bringing in and carrying out*, that is to say of *the Port* and *Hollow Veins, Hepatic Arteries, Nerves*, and *Hepatic Passage of Choler, and of the Roots springing from the Bag of Gall are ended.*"

On gall-stones this: "Among medicines that dissolve Stones of Choler, I doubt not to refer *the roots and herbs of Grass*, either distilld, or, which I prefer, boild or bruisd, and the Juice Extract exprest out of it, Sugar or Honey being added to make it pleasant."

"As often as the Jaundice is bred *by the Poison of a Viper*, a Treacle is here mentioned, not without cause, containing the Troches of Vipers in it, and several other things prepar'd of Vipers, abounding with a Volatil Salt."

Under "*The Generation and Separation of the Animal Spirits, etc.,*" occurs this passage: "Seeing that Volatil Salts are drawn from all the parts of a Man by a light Art, let it seem strange to none, if I so often commend and praise *Volatil mild Salts* among the medicins *that Alter and Amend the deprav'd Humors of Man.*"

Under "*The Expiration [of Air Deprav'd,*", we find this: "That we may begin at the *Hicket* as often as *hurtful* and *sharp Food or Medicins*, or rather *Poison* are in the stomach, unless they can be *tempered* and *corrected* by those that *Alter* they

are to be *Expelld*, either by a *Vomit* upward the shorter way, or by a *Purge* downward, the longer way." * * "Among *Vomits*, I here prefer *Antimonials* before all others, both because they do most happily empty any Humors promiscuously, and because they are most friendly to Man's Nature, by degrees bringing all the Humors in Man, after a peculiar manner, to a most laudable State."

Another remedy is extolled in this fashion: "Not long since I experienc'd the stupendious power of *Balsaam of Sulphur Ambred* (B. S. Succinat.) in a *Goutish Pain very corroding*." * * * "Many also approve their own *Spittle* rubd in in the morning to defend the parts against new assaults."

The following is suggestive of the method of examining patients in the author's time: "*The Serous part of Blood* is naturally *Insipid*, yet in *Belgia* it is found *somewhat Salt* in the half perhaps of Men, at least as much as I could conceive by tasting the Blood let out of Healthy or Sick People."

Apparently the same country and period furnish a traumatism not often encountered among us: "It somtimes happens that there is such a vehement Palpitation of the Heart, and such a smiting of the Ribs, that they are broken by it or driven forth in younger and more tender People, and remain sticking out."

The extracts above given are among the most striking utterances of the author; but there are practical things besides of considerable value. He is a bright light, gleaming upon a horizon already studded with stars which have broken through mediæval darkness. To present his characteristics so fully to the readers of the Medical and Surgical Reporter has involved more labor than one who quietly enjoys it will be likely to guess.

SHALL I LOCATE? AND WHERE?

BY GEORGE B. H. SWAYZE, M. D.,
Of Philadelphia, Pa.

Where should I locate? is the significant, often the critical, question that confronts the young graduate in medicine, and puzzles even many a perplexed practitioner whose beginning has been harrassed by disappointment.

Amid a halo of rosy anticipations and commencement word-painting, hundreds of young men, by squads and by companies, annually receive their college commissions and seals of office to set out on what to most of them so speedily proves a prosy descent to anxious scrambling for the necessities of a livelihood.

Enthusiasm is the paddle that propels and hope is the anchor that grounds the student and beginner in medicine; if employed with necessary discretion, these prospective influences prove invaluable agencies of progress and success. But in close kinship with these expedient qualities of the naturally vicacious disciple of Hippocrates there is usually also associated the *aura* of pardonable self-conceit, that exhilarates both motive and effort like the resiliency of a self-sufficient atmosphere. Each young man is therefore disposed to fancy and to think that *his career* will be buoyed by the exceptional good fortune that attends the favored few. In the freshness of his plans and foretaste, imagination spreads her captivating wings and presents the fairies of many a deceptive egotism that whispers sweet prophesies of the superiority of *his* acquirements for professional preferment—of the exceptional skill by which *he* will be enabled to easily outstrip competitors in practice and opportunely win the golden fleece of an abundant prosperity. Such is the untutored dream. Alas! how different the awaking of disciplined experience!

In no sense is this paper intended as a literary thesis; the writer is not penning "bosh;" he is not aiming disparagement against any of our old and reliable, honored medical colleges; he is not throwing discouragements in the way of any intelligent young man who *should* become a physician; his sole object is to serve young men who are students and beginners in medicine, by conscientiously presenting some inside glimpse of the sphere of medical practice to as many who *ought not* to become practitioners of medicine, as can be reached by his words through the legitimate medium of a medical journal, as well as to give such useful hints to those who are beating about the bush of location for practice, as the writer's threefold experience and observation afford. Neither do I write to give expression to any private grievance, as the goodly success that has always attended my work must fairly forbid. Then why have I said "three-fold experience?" I might have said four-fold: First, in the agricultural section of central Pennsylvania. Second, in service of the army during the war. Third, in the Schuylkill county coal region. Fourth, in the "City of Brotherly Love?" And I may premise to all querists that the writer is, therefore, in position to *know something* of the experience of establishing a practice respectively in the country, in the town, and in a large city. The indications of a finger-board at cross-roads may prevent many a traveler from journeying astray. Young men,

and occasionally men not so young, sometimes reach a cross-road of contingency, of purpose or choice; and if one who has studied the topography of motive and achievement may be permitted to tack up some useful indicator on the guide-post of individual election and life-work, it may save the sober inquirer from many a serious disappointment—it may keep him free-handed to engage in other lines of business that both promise and yield more certain and larger advantages to pocket, to body and mind, to family and descendants, than the practice of medicine secures.

Our medical colleges are, as usual of late years, full of eager aspirants for *diploma-tic* honors. A few months since more than a thousand of the ill-starred of these students were turned out into the highways and byways, and upon the public commons to find patients and bread. Where are they all to go? What can they all find to do when they get there? It will be a long time before each can be enabled to answer for himself.

Thousands of young men launch their lives and prospects in the medical profession, who would do otherwise if they had any adequate conception of what awaits them there. Thousands of young men have been induced to devote themselves to the healing art, to whom it would have been a life-long kindness instead, if for them some judicious practitioner of experience had timely lifted the spangled veil of sentimentalism, which superficially disguises the obstacles, anxieties, privations, hardships, sacrifices, and disappointments of the physician's usual sphere. Young men are too often misled in the choice of medicine for a business by inconsiderate practitioners, who desire to avail themselves of the temporary convenience of an office assistant, as well as of the fees of the student for office preceptorship. Over-persuaded victims of the enticing bait of inflated prospectuses, especially of new "medical colleges," that have of recent years been springing up like mushrooms into announcement attitude in numerous directions, do not usually know that these pretentious institutions are called into transient existence, neither in consequence of the progressive prosperity of the profession nor the augmenting educational needs of the country. Many of them are mills whose projectors have axes to grind, and who, through the means of personal solicitation and underbidding tolls, propose to coax in enough stray grist to turn the stones and keep up the noise.

Comparatively few of the impressible class of matriculants, for whom the accommodating net is set, are supposed to be aware that many of the new medical school enterprises are run on competitive principles for business profits, and not unlikely by self-appointed "faculties," with an imposing array of "adjuncts"—who perform prodigious duty on advertising paper only, but make convenient stool-pigeons withal to help draw in such candidates for the doctorate as combined ingeniousness can secure. Medical students, or those proposing to become such, are not opportunely advised by their preceptors and professors that the larger the number of applicants for diplomas to enter practice from commencement to commencement throughout the country, the more certainly must their obstacles to professional success be augmented. Many learn too late that it is not always wisdom to follow the crowd; that it is more provident to plant where there are not more gleaners than there is wheat.

It is often said that "Competition is the life of trade;" a fallacious maxim as related to medical practice. The physician is a conservator of health, and health is the happy condition that waives the mediatorial functions of a doctor. Ideally, the physician's relations to the world are those of benefaction to humanity. Not unfrequently the weary practitioner finds too many in a community disposed to practically so consider his office, by their evident belief that their duty to the doctor ends when they have sent for him! It is a high calling to be a physician; but more than the honor of the calling is required to support him and his family. Like most enterprising men can do in other lines of avocation, the physician cannot *make business*. While other men may go energetically ahead and drive their enterprises, the physician must nervously wait for sickness to come. He cannot go out and invent epidemics nor develop systems of contagion; and if he could, he would all the sooner drape his home in mourning and sacrifice his own life in the bargain. He cannot enlarge his facilities and create a demand for his productions; he must hold his yearning soul in patience and wait to be sent for. The less sickness there is, the less there is for him to do. If but a dozen cases of illness occur in his neighborhood in a month, it would require the income from them all to make him a moderate practice: but if this dozen cases be divided between a dozen neighborhood physicians, the income to each is reduced to a modicum, while if a favored one gets the paying cases, and the other eleven serve the remainder without pay, it soon becomes to them a problem of *move*, or starvation, unless they are blessed with a substantial reserve fund. We thus see how competition may be the death as well as the life of business.

Again, as a rule, physicians must do their own professional work, whether much or little. They cannot employ the toil of others, nor share the profits of such employment. In almost no other line of business does a man find his hands so irrevocably tied to the limits of his individual effort. Doctoring by proxy is usually resented by dismissal. If a rush occurs, the hurried practitioner cannot be at two or more places at the same time; and in ten days he is already overworked. If he has but little to do, the exactions of that little forbid him to risk engaging himself in other directions. At best, the scope of his work, whether profitable or unprofitable, must be gauged to the capacity of his own strength and endurance.

"It will be a long time, gentlemen, before you all get practice and get yourselves wives," good-humoredly remarked Prof. Gross to the large graduating class of 1859, as we fell into line to march to the old Musical Fund Hall. He then understood the language of prophecy better than we, as his tall figure loomed above the baluster from the stair-step in the lower vestibule of the noble old Jeff. of that day. Before graduation, the absorbing concern of the conscientious student is to honorably obtain the diploma of a medical college of high standing; this much gained, his next solicitude usually is to find a desirable and favorable location for the acquisition of patients and experience and exchequer. Under the exhilarations of music, flowers, genial faces and graceful oratory, has he not been baptized with the faith that with the first and second professional accomplishments the third is safely assured? And as he industriously trudges along from year to year, going from patient to patient, striving to add experience to experience, how often are his hungering eyes turned back to the golden dream of his commencement? How often does his yearning soul exclaim: "How long, oh, Lord! how long?" Quickened by the beatitudes of the bow of promise, every graduate thinks he sees the traditional pot of gold. It would be gratifying to know what proportion of the ardent hopefuls find it in medical practice. An old-fashioned class-meeting on this interesting feature of information might prove both gratifying and edifying to the profession. That's right, my friends, *none speak at once!*

Beginners in practice do not realize until after they have been distinguishing themselves in the harness of their calling, through heat, cold, mud, and darkness for some years, how many people may be found in the world who consider the doctor a public experimenter, anxious for chances to demonstrate his skill, and who esteem the compliment of giving him something to do, a trifle of which he should make no account in his debtor-book, or they will pass the favor of their clientage on to the next. It takes some time before the ardent graduate gets it ground into his compresion how many people a courteous, gracious young man may find who meet him with smiles for a whole year, dodge him the next, and don't know him at all the next. And just in this connection, let me add that the hopeful, sanguine young doctor will more than once be amazed by discovering how often his professional popularity will be suspended by the precarious cobweb of whim—how often the estimation of his services will be captiously measured with the flippancy of a breath!

The aspirations of the medical novice are worthily stimulated by exhortations—

> To study always and to strive,
> Till at the top round you arrive.

"Don't be satisfied with mediocrity," urges the monitor; "keep your eye on the polar star of progress, and work ever towards its glory—there is plenty of room at the top." And so with shining armor and bounding hearts these new recruits go into the smoke and hail of the ordeal in good faith, and after slashing right and left through successive conflicts, and pushing ahead for ten or twenty years until their sharpened senses prognosticate the crack of doom, and beginning to think they have about reached the indicated elevation of acquirement, they find there is no more room at the top than at the bottom. They perceive that not the indefatigable alone, but rather the lucky, fill the posts of the highest honor—and these posts are all full. They find the top as jealously and zealously contested as the bottom or any intermediate round of the ladder. "Overcrowded," "overcrowded," is the sad, chafing token-call all along the line. Who is ready to make way and give place? Nobody. And therefore the aforesaid recruits, who begin to feel themselves entitled to some of the honors of veterans, begin to cast about to make more places for self-promotion, by originating additional colleges, or hospitals, or dispensaries; they devise multiplicity of chairs, extend the lines of professors, lecturers, and adjuncts, mount some crank as a hobby, inaugurate a specialty that may be adroitly revolved into the mainspring of all modern good or evil; pick straws from the forgotten or neglected lore of illustrious past-masters, and regild them for trophies of modern progress: compile the wisdom of the fathers under new titles,

and throw up the lustre of freshened ideas by reversing the slides of the camera; write testimonials for some thrifty pharmaceutical dogma, and be thereby universally advertised; start mission journals to supply the especial needs of the enlightened and the ignorant in the profession, who have experienced some "long-felt want" that the established medical periodicals do not adequately supply: such is the jostling sphere *at the top*—as at the bottom, plenty of work and poor pay!

(*To be continued.*)

DIABETES MELLITUS—PECULIAR DEVELOPMENTS.

BY J. TURNER, M. D.,

Of Brandon, Wisconsin.

Believing it to be the duty of every physician to carefully note and report peculiar and exceptional cases occurring in his practice, and especially so if the disease is one whose pathology and treatment are as unsatisfactory as is the case in diabetes mellitus, I send you the following:

Mrs. F., a married lady, about 26 years of age, of a strumous diathesis and sparely built, was under my treatmentt for diabetes mellitus for nearly two and a half years. During that time she was subjected to the creasote treatment, the arsenite of bromine treatment, the opium treatment, the ergotine with citric acid and glycerine treatment, and when traveling and not under my supervision, to the lactic acid and skim-milk treatment. At the same time her diet was carefully regulated—starchy and saccharine articles excluded, Bethesda mineral water given, exercise enjoined, etc., but all to little effect. The disease progressed; the patient became more and more emaciated; dropsical effusions made their appearance; boils, muscular pains, derangement of the digestive system, and finally a drowsy, comatose condition supervened. Then it was that the peculiar symptoms to which we wish to call attention developed. When in this progressively increasing comatose condition, she was suddenly attacked with a profuse diarrhœa. Her friends assert that within two or three hours she passed as many as that number of vessels full of a dark colored and very offensive excreta. This occurred during the night. In the morning I found her exceedingly weak, but intellectually clear and rational—more rational and quick in her apprehension than she had been for nearly two weeks, during which she had been getting more lethargic and comatose. *Her urine had a specific gravity of only 1011*, whereas since the advent of the disease it had ranged from 1030 to 1042, and a day or two before the diarrhœa, had stood at the last figure. The specific gravity rose during the ensuing two days to 1020, and there remained, except that in the latter part of the day it rose two or three degrees. It was now *free from sugar*, whereas it had ranged in the neighborhood of twenty grains to the ounce. No albumen; reaction slightly acid; appearance normal; thirst disappeared. The quantity of urine voided was now normal. Appetite good, and the food seemed to be well assimilated and digested.

Notwithstanding these favorable and hopeful symptoms, which continued to the last, after two days her mind became deranged so that she talked at random, refused to take medicine, wanted to get up, and slept only when exhausted. Her strength failed, and ten days after the change in the disease she expired.

As to what occasioned the radical change in the disease, I confess my inability to explain. The last remedy tried to control the disease was Dr. Gilliford's solution of arsenite of bromine, but that had been discontinued over a week prior to the attack of diarrhœa, owing to the fact that it seemed to do no good, and the specific gravity registered 1042. Perhaps some of my learned brethren in the profession can account for the unusual symptoms. If so, I have no doubt they will confer a favor upon the profession in general by so doing.

HOSPITAL REPORTS.

A CLINICAL LECTURE DELIVERED AT THE PENNSYLVANIA HOSPITAL.

BY JAMES H. HUTCHINSON, M. D.,

One of the Attending Physicians at the Pennsylvania Hospital, Physician to the Children's Hospital, etc.

Reported by WILLIAM H. MORRISON, M. D.

Cancer of the Stomach—Facial Erysipelas—Embolism of the Cerebral Arteries.

GENTLEMEN: I shall begin this morning's lecture by the exhibition of some specimens removed from an old colored woman who was before the class early in the course. She was quite advanced in life, the age which her employer ascribed to her being eighty years, although she herself thought that she was somewhat older. As you may recollect there was considerable difficulty in the diagnosis. She had been in the house sometime before she came under my care. Her history was that of fair general health up to a short time before admission. She then had a great deal of vomiting and pain in the epigastric region, and difficult digestion. Dr. Arthur Meigs, who saw her at the early period of the disease, was inclined to regard it as a case of cancer of the stom-

ach. When I took charge of her the vomiting had entirely ceased. I think that she vomited but two or three times after she came under my notice, and so far as having any difficulty with the digestion, she was rather inclined to eat freely. There was positively no anorexia. I found her emaciated to a certain extent, but not markedly so. On examining the abdomen, I found an exceedingly prominent tumor in the region of the left lobe of the liver. I was surprised on examining the tumor a few days later to find that it had shifted its position. It was then on the right side. On another day I found it at the umbilicus. At times, it was quite prominent, while at others it entirely eluded the finger. The recti muscles were so stiff that at no time was I able to grasp the tumor. Finding the examination so difficult, I, on one occasion, etherized her. I was then able to examine the tumor to a better advantage, but could not gain much more information. There was a transmitted impulse from the aorta, and when pressure was made with the stethoscope, a murmur was produced. This disappeared when the tumor was not in line with the aorta. The previous history of vomiting and progressive weakness of course pointed to malignant disease of the stomach. As I have said, at the time I saw her all these symptoms had disappeared. There was no pain and there was no vomiting except when she took a purgative. In addition, the tumor was so movable that it seemed impossible that this should be a cancer of the stomach. I told you that it might be a cancer of the omentum, but the patient's strength did not waste rapidly, and I thought that even this explanation was not satisfactory. It occurred to me that it might be a movable kidney. This supposition was strengthened by the fact that there was great clearness on percussion in the left renal region. The tumor, however, had not the feel of a floating kidney. It was not of the same shape, and therefore the nature of the case, at least as far as I was concerned, remained a matter of doubt until the death of the patient.

The autopsy shows that it was really a case of cancer of the stomach, affecting the pyloric orifice and the parts of the stomach in its immediate vicinity. The pyloric orifice is perfectly patulous. The absence of vomiting is explained by the absence of stricture. There is no obstruction. If there ever had been, it has entirely disappeared. This not infrequently takes place, the obstruction yielding by ulceration. The mucous membrane does not seem to be affected. The liver is free from disease, but the pancreas is involved.

Even with the light thrown upon the case by the *post mortem*, I am unable to explain the great mobility of the tumor. I know that occasionally, cancer of the stomach causes great displacement of the organ, the pylorus being in hypochondriac region or even over the pubes, but in these cases it does not shift its position as much as in the present case. This tumor moved in a space not less than six inches in diameter.

The diagnosis of abdominal tumors is by no means easy. I recollect a case which I saw a year ago, and which subsequently passed under the care of one of my colleagues. There was in this patient a distinct tumor felt on the right side in the region of the liver. This I believed to be due to cancer of the liver. My colleague thought it to be the result of pyloric disease. The autopsy showed that there was both cancer of the liver and cancer of the pylorus. The tumor was, however, due to a cancerous nodule in the liver.

This patient required but little treatment. The vomiting appeared to have been relieved by a mixture containing chloroform, morphia, and compound tincture of cardamom. We merely endeavored to sustain life. At one time it was thought possible that the tumor was due to fæcal accumulation. It was at times found in the position of the transverse colon. The patient was purged freely, but the tumor did not disappear, and after a purgative, instead of descending, it moved further to the right. We had, therefore, no difficulty in excluding fecal accumulation.

The result of this case is interesting and instructive in showing the difficulty which often attends the diagnosis of abdominal tumors.

Erysipelas of the Face.

The patient whom I now bring before you is one whom I have not yet seen. Her history, as far as it has been obtained is as follows: She was always healthy until two weeks ago, when the present illness began, with a chill and loss of appetite, followed by fever, which has continued ever since. She continued to perform her duties as a servant until six days ago, when her face became swollen and she took to her bed and remained there until yesterday, when she was brought to the hospital. He family history is good. She is now much improved. She has evidently been much worse than she is at present.

The condition of the face is still sufficiently marked to make it an interesting study. It is much swollen and red; it has a glazed appearance which may be due to phlyctænæ, or to the applications which have been made; I think more probably to the latter. The distinctive characters of the disease are unfortunately not well seen, but in certain parts you will observe that the redness is defined and circumscribed. There is no shading off into healthy skin, but on the other hand, the margins are abrupt. There has evidently been the raised border which we have in erysipelas of the face. The eyelids are also much swollen. Where there is loose cellular tissue, the swelling is always very great. In the scalp and forehead, where the skin is bound down to the skull, the swelling is not great, but the pain from the tension is very severe.

This patient has not had a high degree of fever. Her temperature on admission was 103°. This was probably due, at least in part, to the fatigue consequent upon her removal to the hospital. I am inclined to attribute the high temperature which is sometimes noted at the beginning of a patient's stay in the hospital to that cause. We also find that her temperature has suddenly fallen. To-day it is normal. In the natural history of erysipelas, there is frequently found to be a sudden fall of temperature, but the fall in the present instance is probably attributable to the fact that the high temperature was accidental.

The temperature of erysipelas is often high, a marked feature of the disease being a sudden rise of temperature. A patient who has been sick for but a few hours may have a temperature of 105°.

The rise in the temperature often precedes any great degree of inflammation. This I observed a few years ago in a case in the Episcopal Hospital, which was under my care for some other trouble in which the temperature was taken regularly. It was observed that the temperature became high several hours before the inflammation appeared. This high temperature was accompanied by enlargement of the submaxillary glands, which probably had something to do with increasing the fever.

The tongue of this patient is moist and slightly coated with a dirty yellow fur, which may be in part due to the medicine which she is taking. Her urine has not yet been examined. It is important that the urine should be examined in these cases, because where there is a high degree of fever in erysipelas, albumen is nearly always found in the urine. I believe that erysipelas may lay the foundation for disease of the kidney, just as scarlet fever may do, but not so frequently, because the former disease is of shorter duration and the degree of functional disturbance is there slighter.

We have here a patient in whom the disease is declining, and who therefore requires but little treatment. If she had been brought to the hospital earlier, I should have placed her on the use of the tincture of the chloride of iron in large doses. It has been found that no other drug is more efficacious in this disease than iron. I give it in doses of twenty to thirty drops every two or three hours. I have yet to see the case in which it has disagreed with the patient. It is always well borne. If the patient is weak, she should be stimulated. She should receive punch and milk and nutritious food in large quantities.

The local treatment is also of importance. Any application which relieves the pain and tension will be found of service. I know of none better than lint wet with warm water and laid upon the face. There is often difficulty in having this simple remedy properly applied. You will sometimes succeed better if you add to the water a little mucilage; but if the lint is allowed to become dry it will act as an irritant and will do more harm than good. If the remedy is properly applied, it will afford the patient great relief. Some physicians prefer the use of ointments. The oxide of zinc ointment makes a very nice application. A friend of mine is in the habit of applying cotton for the purpose of excluding the air. He believes that nothing gives so much relief as this. When I was a student of medicine, and for some time afterward, it was thought that the inflammation could be limited by the application of remedies around its borders. For this purpose a broad strip was painted with tincture of iodine, one-half being on the sound skin and one-half on the inflamed skin. This was supposed to prevent extension to the hairy scalp. It has however been shown that the disease has a self-limiting tendency, that it but rarely invades the hairy scalp, and that when it does, it does not produce such disastrous symptoms as was formerly supposed. Nitrate of silver and sometimes a blister were also used for this purpose. A blister is especially objectionable because it produces a solution of continuity which often induces a further spread of the disease. If you have recourse to any of these applications, I should advise the tincture of iodine, which, if it does no good, will do no harm. I do not, however, believe that it has the slightest effect in limiting the inflammation.

From the fact that a high degree of fever may be present before the appearance of the inflammation, it would seem probable that this was a pure febrile disease, and that the eruption was simply an accident, just as the eruption in smallpox and measles; but there are other circumstances that show that it is often of traumatic origin. Some authorities believe that there is always a solution of continuity of the skin. It may be only a small pimple or a slight scratch. If you investigate these cases closely, you will be surprised to find how often such a solution of continuity is present. This is, however, so slight in many cases, that I am disinclined to look upon every case as traumatic.

As to the prognosis. When erysipelas occurs in a young healthy person, and proper treatment is adopted, I think that death is exceptional. It was a long time before I saw death from erysipelas. I then had two within a short time of each other. The first was in a person with dilated and weak heart. The second suffered from disease of the ear, and the inflammation seemed to involve the meninges of the brain. Neither of these can be looked upon as exceptions to the general rule, that erysipelas occurring in a young and healthy person is not a serious disease.

When erysipelas occurs in advanced life, it often appears in the feet, and when it occurs under such circumstances the patients should be freely stimulated from the commencement of the attack. I have, however, treated many cases of erysipelas coming on in advanced Bright's disease, and have never lost a patient. I have simply continued the treatment they were on, and increased the amount of iron.

In this patient the temperature is now normal, and there is no reason to fear that the disease will recur. There is in these cases a tendency to relapse, and it is possible that the exposure to which this patient has been subjected may cause a recurrence of the disease. I have known it to recur two or three times. Last winter we had a patient who continued to have relapses until we kept him for some time in the ward, protected from every influence which might bring on an attack.

Embolism of the Cerebral Arteries.

I shall now bring before you one or two patients whom you have seen before, in order that you may see the change in their condition.

The first one has advanced disease of the heart. When last before you, she was brought on a stretcher and was unable to walk. She can now walk a little. The history was that she was suddenly seized with paralysis of the left side. There is a little doubt in regard to the diagnosis, because there is reason to believe that the patient has had syphilis, and a tendency to vomiting and other slight symptoms of disease of the brain preceded the paralysis. The paralysis was complete. She is still unable to raise the left hand without lifting it with the right, but she is able to move the left leg quite freely. When you last saw her, she was unable to move the leg even when lying in the bed. There has been considerable improvement, in fact more than I had expected. The

tongue is still protruded to the left side, indicating paralysis of the muscles on the left side of the tongue.

The action of the heart is irregular, and there is heard with the systole, a very slight murmur. There is also intensification, or accentuation of the second sound over the pulmonary cartilage. This indicates the existence of mitral disease. There is reason to believe that there is constriction and regurgitation at the mitral valve. Under these circumstances a vegetation on one of the leaflets of the valve might become detached, and be swept along in the circulation until it reaches an artery the calibre of which it entirely occludes, cutting off the blood from that portion of the body which the artery supplies. In this woman, there is reason to believe that an embolus has been washed into the carotid artery of the right side and has entered one of the cerebral arteries, shutting off the circulation of a certain portion of the brain, and as a consequence there has been loss of power on the opposite side of the body. This not infrequently occurs in disease of the heart. I shall bring before you another case in which the same thing has taken place, and in which much improvement has occcurred. The improvement in the present patient may be due to the setting up of the collateral circulation by which the brain becomes nourished. Whether or not the brain will ever be able to entirely regain its functions, I am unable to say.

The diagnosis is a little doubtful, not only because there were some symptoms of brain disease before the attack, but also because the left side is the one affected. In embolism, the right side is the one usually involved. This is owing to the fact that the course of the left carotid artery is a little more direct than that of the right.

Fortunately, the doubt that exists in regard to the diagnosis does not affect the efficiency of the treatment. In either case iodide of potassium would be useful. She has been taking this freely until a few days ago, when I discontinued it and gave her simply a tonic.

The other case presents a similar disease of the heart. There is a murmur distinctly heard over the base of the heart and at the apex, the first sound is prolonged and rather labored, and the second sound is reduplicated. In this woman there is no doubt at all in regard to the diagnosis; the seizure was sudden, and the loss of power complete. Power is gradually returning, not only in the leg, which is always the first to recover, but also in the arms. She can execute every movement with the arms. There has been an embolus which has probably obliterated the middle cerebral artery upon the left side, causing the paralysis.

At the present time I am attending a case in consultation in which an embolism has lodged in a different part of the body. There was in this case a sudden seizure of pain in the right leg. On examining the arteries of the leg, I found scarcely any pulsation below the groin. A faint, indistinct pulsation was felt in the popliteal, and a slight one in the posterior tibial artery. As the patient was also suffering from disease of the heart, I had no hesitation in pronouncing the case to be one of embolism of the artery high up, probably in the common iliac. The leg was very cold, and it was deficient in sensation, the patient not being able to locate the part touched. The next day the limb assumed a whitish color, and a little later the color due to mortification. In the course of a week, it was noted that the other leg was becoming affected. There can be no doubt that the embolus, in consequence of the coagulation of the blood, has caused obstruction of the circulation on the other side of the body. The first effect of an embolus is to arrest the flow of blood through the artery in which it has lodged, the blood coagulates behind it, and this coagulum extends backward until it meets another branch. In this case the coagulum has extended from the embolus until it has reached the artery of the other side, and has gradually passed across it, shutting off the blood from the left leg. It might be thought that this was due to the presence of a second embolus, but if such had been the case, the attack would have been sudden. It, however, came on gradually. This patient is still living. She can only recover with the loss of both feet. Death will probably occur, and is the preferable termination.

With the exception of this case, I have not seen an instance of embolism of the iliac artery since 1862. That was in a child of about eleven years. It resulted in the loss of a foot, and subsequent death.

It is interesting to study the results of embolism. Some authors believe that chorea is always due to embolism of the minute cerebral arteries, but this condition has not always been found after death, and in many cases there is not even disease of the heart. It therefore does not seem probable that such is the case. On the contrary, it seems probable that anything which disturbs the circulation of the brain may cause chorea.

This patient is doing very well. She has however decided disease of the heart. She has been out of the house on several occasions, but always returns in the condition, which the French call "cardiac asystole," *i. e.*, excessive frequency of the heart's action, palpitation, and dyspnœa. The disease of the heart unfortunately unfits her for gaining her livelihood, the exertion of going up and down stairs being too much for her.

Until yesterday she was taking digitalis. She now receives nothing but good diet and tonics.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Catarrhal Pneumonia.

The patient whom I now show you, gentlemen, is the man whom you saw last week (see page 262) with a catarrhal pneumonia, and he was then in the sixth day of the fever, and his temperature had reached 104°. On the seventh day it was also 104° in the evening, and on the eighth not quite so high. On the ninth day it fell to 100°, but there was an exacerbation up to 102° in the evening. On the tenth day it fell to the normal, but with a not very considerable evening exacerbation. Each day since then there has been a small degree of fever with a slight evening exacerbation. He deffervesced on the ninth and tenth days.

After you saw him, the pulmonary lesion involved the whole of the left lung, and there was a higher degree of fever, and the pulse became feeble and irregular, and the tongue dry, and delirium came on. So it became necessary to administer a considerable amount of stimulants which steadied the pulse, kept down the fever, moistened the tongue, and quieted the delirium. But one practical point has been brought out in the history of the treatment of this case, and that is the fact that he has had no stimulants for the last four days, while during the height of the fever he took eighteen ounces in the course of twenty-four hours. The office of stimulants in these cases is to quiet delirium, steady the pulse, and lower the fever; and I doubt not that this man's temperature was kept within bounds by the large amounts of whisky which he consumed. But after he deffervesced the quantity was diminished to twelve ounces in the twenty-four hours, and was maintained there for several days, because his pulse was still feeble. But now the delirium was rather more troublesome than when he was taking eighteen ounces, and he became more restless at night, and his tongue became drier, and his nervous excitability was increased. So yesterday morning as I was making my rounds in the wards, my attention was called to these symptoms, and I learned that twelve ounces of whisky had been administered within the past twenty-four hours. Yet I found no fever, and the physical examination showed that the pneumonia was resolving. I then suggested to the doctor that it was the whisky which was causing this irritation of the nervous system, and that if it was withdrawn, the symptoms would probably subside. This was done, and since then he has had no delirium, and the restlessness has disappeared. His temperature this morning was only 99° and a fraction, his pulse 84, and his respirations 22 to the minute.

I have mentioned this incident in the treatment of this case, because it is important to remember the fact that in the large majority of cases where whisky is demanded in large quantities during the height of the fever, it will bear reduction immediately upon the subsidence of the temperature. You will find that when a patient is suffering from a high temperature, with a rapid pulse and dry tongue, whisky in large doses will moderate these symptoms, and at the same time it will produce no evil effects, but as soon as the crisis is passed and the fever has become less, you must stop the administration or you will intoxicate the patient. And that is the effect which the whisky had in this case. However, it is often extremely difficult to know just how to manage the alcohol so as to get the best effects, and at the same time to do no harm. In such a case you must be guided by the rule laid down by Stokes, of Dublin, namely, that as long as the alcohol reduces the temperature and the pulse, and moistens the tongue, and allays the delirium, it is doing good, and you can continue to administer it in large doses; but if under its influence the fever is not lessened, while delirium increases, and the tongue becomes more dry, and the patient is restless, the alcohol is doing harm and it should be withheld or diminished in quantity. Another fair guide is this: that as soon as the odor of the alcohol manifests itself in the breath it is doing harm, and until then it is doing good. For instance, while this man was taking eighteen ounces of whisky a day the odor of it could not be observed in his breath, but if he were taking even a less quantity now you would easily be able to perceive it. This simply means that when a patient is suffering from a high temperature, the alcohol is consumed just like any other fuel which undergoes combustion in a hot flame, and it is converted into carbonic acid and water, and so does not circulate in the blood as alcohol; but when it is not so consumed, and it does circulate as free alcohol, then it is carried to the lungs and all the tissues, and it may, therefore, be perceived in the breath, and by acting as a nervous irritant it produces the symptoms which I have already described.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Infant Foods.

BY PROF. ALBERT R. LEEDS, PH. D.,

Of the Stevens Institute of Technology, Hoboken, N. J.

[Read, by invitation, May 2, 1883.]

In attempting to discuss the problem of Infant Foods, I shall begin by assuming that the natural food of the human infant is the best infant food. Without pausing to give the grounds on which it is based, I shall merely add that the conviction has constantly strengthened with the progress of chemical analyses of the human milk and of the various substitutes which have been proposed, that the above assumption is the safest and least presumptuous one which can be made in the present stage of theoretic and practical knowledge.

But what is human milk? To answer this question satisfactorily, we should know at least three things: 1st. All the components; 2d. Their relative proportion; 3d. Their chemical and physiological properties.

Strangely enough, present knowledge on all these points is very far from satisfactory. With reference to the first point, it is sufficient to state that no complete analysis of woman's milk has yet been made. As to the second, I am not referring to the fact that the milk necessarily varies with the interval since parturition, the nutrition and constitution of the mother, and numerous other variable elements, but to the much more important one, that the average composition of the milk of healthy nursing women is by no means satisfactorily established. You will be surprised, I think, on turning to the literature of this subject to find how widely different are the figures obtained by investigators, and variously adopted, usually without critical consideration, in works treating of the nutrition and diseases of children. Finally, in reference to the third point, our knowledge of the properties of the components themselves is extremely meagre. We know, as yet, very little concerning the true nature of the nitrogenous bodies which are lumped together under the head of albuminoids. And as to the fat of human milk, no separation into the many oily

and fatty bodies, of which it is made up, has as yet been attempted.

It may be said that this is foolish hypercriticism—that if we do not know everything, we know sufficient to conduct the nutrition of infants on a sound basis of adequate knowledge. But many reasons could be given under the heads previously specified for regarding the last assumption premature. Our time will not permit us even to allude to these, but will enable us to speak only of the one practical issue which it is our business to deal with this evening. This is, granting that woman's milk is the best infants' food, in what manner should the nature and proportions of the components be determined of any substitute we may be necessitated to employ. Certainly, only by knowing, in the first place, the average composition of human milk.

As this point is fundamental, and as the wide diversities I have just alluded to existed concerning it, I have thought it well to devote the past four months to its study. In this labor I have had the cordial coöperation of Dr. A. M. Thomas, Chief of Medical Staff of the Emigrants' Asylum and Hospital, and, during the later part of the inquiry, of Dr. K. Parker, of the Infants' Asylum of New York. Both of them have given their personal attention to the collection of the samples, which, in every case, were taken from healthy women, mainly young, and mostly primiparæ. All the points of interest, with regard to the history of the woman, the child, and the sample, have been tabulated and coördinated, and will probably be published in connection with a future monograph devoted to the topic of human milk. This would not be a proper place for these details, further than adding that the samples usually amounted to two ounces, were taken in most instances two hours after time of last nursing, and were generally the entire contents of the gland.

The sources of variation in the multitudinous analyses of woman's milk that have been previously published, are principally three in number: the most important being the differences in the methods of analysis; next, the variation in the constitution of the milk itself; lastly, the circumstances connected with the collection of the sample. Without delaying to discuss these matters, which would require much time and precision of statement, I shall bring before you to-night only so much of the results thus far obtained, as are needed for our present purpose. They are to be regarded as an approximation, to be still further modified by incorporation of the results of other analyses still in progress.

ANALYSES OF FORTY-THREE SAMPLES OF WOMAN'S MILK.

Reaction uniformly alkaline.

	Average.	*Minimum.*	*Maximum.*
Specific gravity	1.0317	1.030	1.0353
Water	86.766	83.34	89.09
Total solids	13.234	10.91	16.66
Total solids not fat	9.221	6.57	12.09
Fat	4.013	2.11	6.89
Milk-sugar	6.997	5.40	7.92
Albuminoids	2.058	0.85	4.86
Ash	0.21	0.13	0.35

Not only was the reaction alkaline when the samples were fresh, but with one exception in which it was neutral, this alkalinity was found to remain twenty-four or more hours after.

The most striking feature in these analyses is the great range of variation in the amounts of certain constituents, more especially in the albuminoids, the maximum, 4.86 per cent., being nearly six times the minimum, which is only 0.85 per cent. The next most variable constituent is the fat, the maximum being more than three times the minimum. Then come the saline matters, nearly three, and last of all the milk-sugar, which differs but little from the mean (6.997 per cent.) in most samples. In other words, the most striking peculiarity in woman's milk is not the constancy, but the great variability in its composition. Furthermore, this variability is by far the greatest in the constituent most essential to nutrition, the albuminoids, and diminishes in degree of variability in proportion as the constituent becomes less and less essential to nutrition, becoming very nearly constant in the case of milk-sugar, the function of which is not nutrition but heating. By which nature appears to intend to teach us that the rate of nutrition in an infant may safely vary within wide limits, but that the animal heat of a highly organized and rapidly developing creature must be maintained *coûte qu'il coûte*. To maintain at a temperature somewhat exceeding that of an adult, a creature whose vital processes on the one hand are of great activity, while on the other hand the supplies of heat due to cerebral impulses and self-originated locomotions are extremely small, requires the rapid consumption of available fuel; and the abundance of carbohydrates in the milk, supplies this most imperative want.

Without stopping to draw out the significance contained in the proportionality of the constituents, both are considered in themselves and as compared with the new-born of other mammalia, let us hasten on to the comparison of human milk with its nearest analogue. This is properly asses' milk, but as this is not and never will be generally available, it will be more profitable for us to consider the cheap and universally accessible cow's milk. For a similar reason, I shall not institute a comparison between the above average aud that of the rich milk of blooded cattle, the Alderneys, Jerseys, and so on, nor with selected samples from the best ordinary milch-cows. Rather, as such comparison would be of greater practical utility, I shall adduce the analyses of unadulterated whole commercial, or "market" milk. And as this market milk is itself the average of a great number of samples, it is useless, so far as it is concerned, to give the maxima and minima of its individual constituents.

As determined by methods identical with those employed in the analyses of woman's milk, I shall state, therefore, the following results obtained upon samples of unadulterated cow's milk, such as is sold by farmers in New Jersey to the citizens of New York and Philadelphia.

ANALYSES OF ELEVEN SAMPLES OF WHOLE MARKET MILK.

Water	87.7 per cent.
Total solids	12.3 "
Total solids not fat	8.48 "
Fat	3.75 "
Milk-sugar	4.42 "
Albuminoids	3.42 "
Ash	0.64 "

As in the case of woman's milk, the slight discrepancies noticeable are due to the fact that the figures for "total solids" were those obtained by appropriate separate determinations, and of course do not precisely agree with the figures obtained by mere addition of the solid constituents.

Before proceeding to make a comparison, I wish to quote here the results given by König (*Chemie der mensch. Nahrungs und Genussmittel*), deduced in each case from the analyses of many hundred samples of woman's and cow's milk, and to call attention to the fact that whilst these results include determinations effected by very many and diverse methods, of all descriptions of samples, and present a distinction between caseine and albumen (a distinction which cannot be sharply effected by present analytical methods), yet as a whole they are similar to and support the inductions which I shall base upon the analyses above given.

WOMAN'S MILK.

	Mean.	*Minimum.*	*Maximum.*
Water	87.09	83.69	90.90
Total solids	12.91	9.10	16.31
Fat	3.90	1.71	7.60
Milk-sugar	6.04	4.11	7.80
Caseine	0.63	0.18	1.90
Albumen	1.31	0.39	2.35
Albuminoids	1.94	0.57	4.25
Ash	0.49	0.14	?

COW'S MILK.

	Mean.	*Minimum.*	*Maximum.*
Water	87.41	80.32	91.50
Total solids	12.59	8.50	19.68
Fat	3.66	1.15	7.09
Milk-sugar	4.92	3.20	5.67
Caseine	3.01	1.17	7.40
Albumen	0.75	0.21	5.04
Albuminoids	3.76	1.38	12.44
Ash	0.70	0.50	0.87

The same striking peculiarities are noticeable in the above analyses of woman's milk. The greatest variable is the albuminoid constituent, the maximum being more than seven times the minimum; the most nearly constant is the milk-sugar, varying little from the mean of 6.04 per cent., which is likewise the largest of the solid constituents.

When we compare woman's with cow's milk, it is the great differences and not the similarities which surprise us, and demand study, recognition, and utilization in the solution of the problem of artificial infant's food. In woman's milk we have a persistently alkaline liquid, of a somewhat animal, usually disagreeable, and very rarely sweetish taste, of somewhat greater specific gravity (1.317) than cow's milk (1,029). Although it has less water, and greater total solids, and total solids not fat, than cow's milk, it is by no means so opaque, and with its thin and watery consistence gives us a notion the reverse of true with regard to its real composition. Agreeing with cow's milk in the fact that the milk-sugar in both is the chief solid, it differs in that its milk-sugar largely exceeds the milk-sugar of cow's milk. It likewise exceeds in fat. In albuminoids it falls far below. And whilst by present modes of analysis the separation of the so-called caseine from the so-called albumen is not accurately performed, yet the results are approximately correct, and have a very great value in pointing out the most important of all the differences between the two secretions, which is that the fraction of the total albuminoids in cow's milk which is coagulated by acids is far greater (perhaps four times) than the non-coagulable part.

In woman's milk, on the contrary, the reverse is true, and the non-coagulable part much exceeds (perhaps by more than twice) the coagulable portion. And whilst the absolute amount of ash is less, the relative amount of potash is greater, in woman's than in cow's milk.

For reasons which will appear further on, it would seem that the best solution of the problem of artificial infant feeding is to be found in the substitution of cow for human milk. But, inasmuch as the secretion of herbivora is radically and in all particulars different from that of the omnivora, of cow milk, so profoundly altered as to assimilate, in the ratio and nature of its constituents, human milk.

To discuss the various methods by which it has been proposed to effect this result, would far outrun my present scope, which is only so much of the general discussion as relates to the influence exerted upon cow's milk by the addition of the various articles of infant food now manufactured and offered for sale. This influence, we shall find, is chiefly of a mechanical or physical character, and does not necessarily involve the discussion of those chemical changes at present time under investigation in many quarters, the practical results of which have not yet been satisfactorily determined, and belong, therefore, to the future of this subject.

The method hitherto employed is spoken of as mechanical for reasons based partly on the practice of physicians and partly on laboratory experiments. The mere addition of water to cow's milk is sufficient to reduce the percentage of albuminoids to the same amount as its percentage in human milk. But this addition does little to diminish the size and compact character of the clot of cow's milk. This last is effected, as far as it actually is effected, which is only partially, by the addition of the various attenuants composing manufactured infant's food, whether that attenuant is starch, gum, sugar, dextrine, or other bland nutrient. This explanation of the utility of manufactured infant's foods accounts for the seeming anomalies in present medical practice, which at first sight appear very startling and inconsistent with generally-accepted physiological doctrines. For whilst admitting that the secretions of the salivary and pancreatic glands are insufficient in the early stages of infancy to digest more than very limited amounts of starch, yet physicians frequently use with good results a farinaceous food like Ridge's, which contains 77.96 per cent. of starch, or like Robinson's patent barley, which contains 77.76 per cent. of starch. But when we consider that the utility of this starch is not in the way of infant's food, for which it is not adapted, but as an attenuant of the large amount of diluted milk with which it is mixed, then the seeming contradiction between theory and practice disappears.

To discover whether this interpretation is in accord with experiment, the coagulation was effected in presence of similar attenuants. In the first place, the total albuminoids were determined in a sample of whole cow's milk, and were found to be 3.39 per cent. The so-called caseine was

then separated by coagulation with acetic acid, and amounted to 2.42 per cent. On boiling the filtrate, 0.26 per cent. of albumen so called separated out, leaving a deficiency of 0.71 per cent. of albuminoids to be accounted for. A direct determination of the albuminoids in the filtrate from the albumen, gave an additional yield of 0.76 per cent., showing that both coagulation and boiling of the filtrate subsequently, had left nearly one-fourth of the total albuminoids in solution.

Ten grams of the same milk, together with 25 grams cane sugar, and 110 c. c. of water, were treated in like manner, the precipitates being exhaustively washed. I obtained:

As precipitated by acid	3.13 per cent.
" " by boiling	0.40 "
Precipitated by copper sulphate from filtrate	1.14 "
	4.67 "
Total albuminoids	3.39 "
	1.28 "

In other words, the precipitates carried down with them 1.28 per cent. of saccharine matter, which could not be removed by washing.

Some barley-water was then made and filtered through ordinary Swedish filter paper, the clear filtrate being used in the following experiment. 10 grams of the same milk as before were mixed with 110 c. c. of the barley water. I obtained:

As precipitated by acid	5.21 per cent.
" " by boiling	0.37 "
" " by copper sulphate from filtrate	1.35 "
	6.93 "

That is to say, the precipitates carried down with them from the clear barley-water 3.54 per cent. of barley extract which could not be removed by washing. In this case, the attenuants of the clot exceeded in weight the coagula themselves.

An experiment with grape-sugar yielded results closely resembling those with cane. With gelatine a very remarkable result was obtained. 10 grams of the same milk were added to 110 c. c. of a solution of 1 part of gelatine in 150 parts of water. Although the gelatine was so attenuated, it entirely prevented the precipitation of caseine on the addition of acid, and what is likewise interesting, appeared to arrest decomposition, the white jelly not having altered after a week's standing.

Ten grams of the same milk were added to 110 c. c. of clear starch-water (filtered through Swedish filter paper). I obtained:

As precipitated by acid	3.07 per ct.
" " by boiling	0.36 "
" " by copper sulphate in the filtrate	1.08 "
	4.51 "

Or 1.12 per cent. of starch carried down and not separable by exhaustive washing.

The utility of diluting cow's milk until its percentage of albuminoids does not exceed that of human milk, and adding some bland attenuant, is obvious. But the special virtues of *extractive* of barley or oatmeal, as compared with starch, and the relative values as nutrients of sugar, gum, dextrine, gelatine, barley, oatmeal, etc., etc., and their relative advantages when thus employed, have been very imperfectly determined. It is much to be desired that new physiological and chemical experiments directed especially to these all-important factors in infant nutrition, should be instituted. I shall have occasion to refer to the same points in connection with Liebig's Foods.

(*To be continued.*)

Editorial Department.

Periscope.

On Some Post-epileptic Phenomena.

In a paper read in the Section of Medicine, at the Annual Meeting of the British Medical Association at Liverpool, August, 1883 (*Brit. Med. Jour.*, August 18, 1883), Julius Althaus, M. D., M. R. C. P. Lond., Senior Physician to the Hospital for Epilepsy and Paralysis, Regent's Park, makes the following introductory observations before describing a series of cases: "I wish to draw attention to certain either acute or chronic alterations of the mental faculties which have fallen under my notice, as direct consequences of epileptic attacks. I shall purposely exclude, in discussing this matter, any cases in which epileptiform seizures took place in consequence of gross organic lesions, such as tumor of the brain, chronic inflammation of the membranes and the grey surface of that organ, blood-poisoning of various kinds, and other diseases in which the convulsive paroxysms were only one symptom amongst many others; and I shall confine myself strictly to the consideration of those cases in which epilepsy occurred as a true neurosis, that still mysterious and unexplained functional disease of the grey matter of the brain, which is possibly owing to some kind of imperfect nutrition, but certainly not to any such structural alterations as would reveal themselves to our present means of research.

"The paper is based on an analysis of the cases of 250 epileptic patients which have been under my care, in private and hospital practice, during a period of six years. Amongst these cases there were 80, or 35.6 per cent., in which no perceptible temporary or permanent alteration in the mental condition, which could be ascribed to the epilepsy, was to be ascertained; while in 161 cases, or 64.4 per cent., such alterations did occur. Of the 89 cases which escaped mental deterioration, 61, or 68.5 per cent., were instances of nocturnal epilepsy; while in 28, or 31.4 per cent., attacks took place in the daytime. All, however, which escaped were cases of typical convulsive attacks;

while, in all cases of loss of consciousness without convulsion, or *petit mal*, and epileptic vertigo or automatism, a more or less permanent mental alteration was induced. Amongst the 161 cases which were followed by mind-affection, there were:

123 cases (or 76.5 per cent.) of typical convulsive attacks;
26 " (or 16.1 per cent.) of *petit mal;* and
12 " (or 7.4 per cent.) of epileptic automatism.

"Amongst these patients there were 91 males, or 56.5 per cent., and 70 females, or 43.5 per cent. The ages of the whole series varied from 5 to 62; and when these were distributed over decades, it appeared that the decade from 5 to 15 was at the bottom of the list with 10.5 per cent.; while that between 15 and 25 headed the list with 24 per cent; the other decades being very nearly even, with a medium of about 16 per cent. The hereditary influence was marked in 66 cases, or 40.9 per cent. The nature of other predisposing or exciting causes, as far as they could be ascertained, did not appear to have exerted any special influence, since they were much of the same kind as in those cases in which the mind was not affected. I will, in passing, remark, that I have excluded from the present consideration those cases which were apparently owing to injury to the head, syphilis, and masturbation, as these are of a complex character.

"The cases, therefore, which form the groundwork of this paper, are only such where epilepsy was the primary event, and where some mental disturbance was observed subsequently to, and as a direct consequence of, the attacks. There are two forms of this disturbance, viz., an acute one, where mental symptoms occur soon after attacks, and disappear again after a certain time; and a chronic form, in which there is a gradual and permanent loss of mental power consequent upon attacks. The characteristic feature of the acute form of post-epileptic mental affection is its periodicity. Identical, or at least highly similar, symptoms are seen to occur year after year, and gradually become intensified, unless they be checked by active treatment. They do not always occur immediately after attacks, but occasionally a day or two afterwards, and last a variable time, but rarely longer than a week. After such an attack is over, the patient has mostly no recollection whatever of what has occurred."

The Comparative Advantages of Scraping and Scarification in the Treatment of Lupus Vulgaris.

In a paper read in the Section of Surgery, at the Annual Meeting of the British Medical Association in Liverpool, August, 1883 (*Brit. Med. Jour.*, August 18, 1883), by Malcolm Morris, F. R. C. S. Ed., Surgeon to the Skin Department of St. Mary's Hospital, Mr. Morris speaks highly in favor of free erosion by means of a blunt spoon. He continues: "The plan I adopted was, with a few minor modifications, identical with that originated by Volkmann, in 1870. With a large spoon, all scabs are thoroughly removed, and with them the great bulk of the superficial deposit; and after drying the surface, the minute nodules which are deeply lodged in pockets of the corium, are dug out with smaller and pointed scoops. The margins are also vigorously scraped. The spoon should be applied till the whole of the soft friable lupus-tissue has been removed, and only the firm resistance of the sound parts is met with. Though the greater portion of the disease may be removed at one operation, some of the smaller deep-seated nodules which have escaped will reappear in the scar, and require subsequent treatment. After the healing of the wound produced by the operation, a scar with more or less loss of substance is left.

"The great advantage of this treatment is the rapidity with which a cure can be obtained; and if a large surface be affected, in a position in which a scar is of no consequence from its appearance, it is, on the whole, the best that can be recommended. On the face and other exposed parts, the appearance of the cicatrix is a matter of some importance, and it is here that the other mode of operation, scarification, yields better results. I would here mention that in lupus of the mucous membrane I have had the most satisfactory results from scraping.

"The method of multiple punctures, as suggested by Veiel, of Cannstatt, in 1871, is effective but tedious in application, and I have preferred to practice linear scarification with a narrow triangular-pointed knife, as used by Professor Vidal, of St. Louis Hospital, Paris. The little operation is performed by pressing the sharp point of the knife, which should be held like a pen, on the sound skin at the edge of the lupus-growth, and quickly drawing it across the mass to the healthy skin on the opposite side. In its course it should penetrate the entire thickness of the morbid nodule, dividing at its base the fibrous bundles of the corium. Other incisions, parallel to this, should be made as close as possible, and these should be crossed by others at right angles. The bleeding, which is slight, is easily checked by a compress of cotton-wool, and the little cuts heal rapidly. After a week's interval, the operation should be repeated. Occasionally two or three operations are all that is needed, but more often it is necessary to repeat them several times. The scar left is smooth, supple, and usually distinguishable from the healthy skin only by its paler color, being little if at all depressed.

"In the severer ulcerating forms of lupus, especially in lupus exedens, the one alluded to in the opening of the paper, scarification, to be of service, must be used more boldly. We have sometimes to plunge the whole blade of the knife into the mass for a depth of one-half to three-quarters of an inch, to incise it in all directions, leaving the part in a condition literally of mincemeat, but without removing any portion of the tissue. This plan, I can state from my own personal experience, is most effective, and fully merits the favorable recommendation of Vidal.

"In comparing scraping and scarification, the former, though it has the advantage of rapidity, in the charcter of its scar is much inferior to the latter. Scraping is, after all, a destructive method, similar to, though milder than the older forms of treatment, as it mechanically removes the diseased material, whereas scarification is essentially conservative in its action. The incisions, by cutting off the blood-supply, modify the nutrition of the new growth, and lead to its atrophy with a

minimum loss of substance. In addition, in the severe forms of lupus exedens, in which scraping fails, or even aggravates, scarification acts most rapidly and completely. A further though minor advantage is, that scraping, on account of the pain, requires an anæsthetic, which can be dispensed with in scarification."

A Case of Malignant Disease of the Lung Involving the Superior Vena Cava.

We note the following case from the *Glasgow Medical Journal*, August, 1883:

Mrs. H., æt. 56, was admitted to Ward IV. of the Royal Infirmary on the 2d of July, 1883, complaining of great breathlessness, and of swelling of the upper part of her body. Since December last she had been troubled with a slight cough and spit, but these both ceased previous to her admission here. In other respects she uniformly enjoyed good health, but although married for twenty-one years she never had any family. There is no history either of specific disease or of rheumatism. As to family history: her mother died of phthisis and her father of bronchitis; she has still two brothers and one sister alive and well.

Upon examination, it was found that the face, chest, and arms were swollen and pitted on pressure; the arms, however, felt much firmer than is usual in œdema due to cardiac or renal disease. The superficial veins of the neck and chest were engorged, the skin of the latter having, on account of this, a mottled or patchy look. It is to be noted that these symptoms were equally marked on both sides.

Upon percussing the chest, a dull area was found on the right side, extending vertically from an inch below the clavicle nearly to the level of the nipple, and laterally from the left edge of the sternum for about three inches towards the right side. No pulsation was detected in this situation. Elsewhere over the lungs there was clear resonance, except at both bases behind, which were found to be quite dull. Here the breath sounds and the vocal fremitus were both wanting, and generally, the respiratory murmur seemed fainter on the right side than on the left. As to the heart, its area of dullness was of normal extent, and the sounds, although somewhat weak, were unaccompanied by any murmur.

The liver was neither enlarged nor painful on pressure. There was no expectoration, nor did patient's temperature ever rise higher than 99°. She always sat, propped up in bed, any attempt to lie down being followed by increased breathlessness and lividity of the lips.

As there were no evidences of true lung or heart disease to account for this orthopnœa and œdema, a diagnosis was made of a malignant mediastinal tumor, affecting mainly the right lung, but hindering the venous return from both sides of the body equally. This conclusion was arrived at from a consideration of the patient's age, the duration of the disease, and the locality of the physical signs. Some pleural effusion was also suspected.

Little hope was entertained of much improvement in her condition; indeed, she seemed to grow weaker every day, and died on the 10th of July, eight days after admission.

With the relatives' permission, a *post mortem* examination was made thirty-six hours after death. The following notes of it are mainly from the Journal: Upon opening the thorax a quantity of serous fluid was found in the pleural cavities, in the right thirty-two and in the left thirty ounces.

The right lung was somewhat collapsed; both lungs had fallen away from the chest wall, there being no adhesions except a small one towards the lower part of the left lung.

Occupying the second and third interspaces of the right side, a whitish tumor was seen, nodular on the surface, and resembling a mulberry calculus in appearance. It was soft, and on section a milky fluid exuded, which, under the microscope, was seen to consist of round cells. The tumor involved the root, and also extended some distance into the substance of the right lung At one point it had penetrated into the cavity of the pericardium. It had also grown through the wall of the superior vena cava, and in this way hindered the return of venous blood from both sides of the face, and from both arms equally: in addition to this there was thrombosis of the right innominate vein near its junction with the left.

The pericardium contained a small quantity of blood-stained fluid. No malignant growth was found in any of the abdominal viscera. Dr. Coats having seen the preparation, stated that the tumor was probably a sarcoma originating in the bronchial glands at the root of the lung.

Undue Arterial Tension.

In the section of medicine at the late meeting of the Brit. Med. Ass. (*Brit. Med. Jour.*, August 25, 1883), Dr. W. H. Broadbent read a very interesting paper on this subject. He noted the cause of undue arterial tension as two-fold, either excessive action on the part of the heart or some interference with the free circulation of the blood through the arterioids or capillaries. Resistance in the peripheral circulation he considers the main cause. The prominent phenomenon of vigor is general arterial spasm; and in the cold stage of malarial fever, this may be carried to such a degree as to bring the heart to a standstill by the resistance produced. Pressure on the large abdominal veins may cause undue arterial tension by interfering with the circulation.

In a word, undue arterial tension is produced by any cause that will retard the circulation of blood in any part, causing distension of the vessels of such part.

In conclusion, Dr. Broadbent said, that "a careful study of pulse-tension extending over many years—almost, indeed, over my whole independent professional life—has brought me back to some of the old-fashioned modes of treatment, which formed the subject of Dr. Hare's address to the Metropolitan Counties Branch a few weeks since. I was taught that bleeding and mercury were unnecessary and injurious; before I had concluded my term of office as house-physician, I had learnt that venesection might save life, and I have recently endeavored to formulate, from my experience, the conditions for its employment; while mercury has become one of the remedies from which I expect and obtain therapeutic re-

sults of the highest value. In undue arterial tension, the immediate indication is elimination, and especially by aperients. It is not, however, a matter of indifference what aperient we employ; with an equal amount of purgation, the effect on the pulse may be totally different; and observation has taught me that mercury, given in combination with colocynth or rhubarb, etc., is the purgative which is most to be relied upon in the reduction of excessive tension. Even in Bright's disease, in which mercury in any form is considered to be a poison, and in which, no doubt, a course of mercury is most injurious, we cut ourselves off from the means of relieving some of the most trying and dangerous consequences of the renal affection, if we are afraid of giving an occasional dose of calomel. It must not be forgotten, however, that mercury is a powerful remedy, not to be used indiscriminately or by rule of thumb, but to be employed with an intelligent appreciation of the end to be attained; and, when this end is reduction of arterial tension, it must be by removal of peripheral resistance, and not by reduction of the power of the heart, which would be a distinct injury to the patient."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The Next Step for the Medical Profession of the United States." An address delivered before the graduating class of the College of Medicine, Medical Department of Syracuse University, June 14, 1883, by D. B. St. John Roosa, M. D., LL. D. This address sets forth in vivid terms the crying necessity that exists in this country for higher medical education, hints at the means of accomplishing it, and suggests legislation as a way of making this desideratum a reality.

——"A Report on Laceration of the Cervix Uteri," by T. B. Harvey, M. D., Professor of Surgical and Clinical Diseases of Women in the Medical College of Indiana, read before the Indiana State Medical Society, concludes with the following forcible and excellent advice: "If there is no laceration, do not operate; if there is laceration, operate! It is a little like the use of forceps; I, as Prof. Reamy says, never use forceps until I get to the house."

——In a reprint from the *Archives of Medicine*, October, 1882, Dr. E. C. Seguin describes a condition of elevated ulcers upon the legs, occurring in epileptic patients using the bromide treatment, and which he considers as most likely caused by the drug.

——As a reprint from the *St. Louis Medical and Surgical Journal*, February, 1883, we have received an article entitled "A Rectal Obturator," by Dr. David Prince, of Jacksonville, Ills. The instrument seems like a very useful and practical one.

——We have received as an extract from the Transactions of the College of Physicians of Philadelphia (third series, vol. vi.), Dr. George Hamilton's valuable paper on "Sewer-Gas and Its Alleged Causation of Typhoid Fever," which has already appeared in full in our columns.

——In a reprint from the *St. Louis Medical and Surgical Journal* for August, 1883, Dr. F. X. Hendrix, of St. Louis, describes a new tracheotomy tube, which possesses the advantage that it can be gradually withdrawn, allowing the operation wound to close up behind it.

——We have already noted the appearance of an article by Dr. G. de Gorreguer Griffith on "The Unity of Poison in Scarlet, Typhoid, and Puerperal Fevers, Diphtheria, Erysipelas, Sore Throats, certain forms of Diarrhœa and allied affections, and in many other ailments heretofore usually considered to be separate and entirely distinct diseases." We have now received the article as a reprint from the *Glasgow Med. Jour.*, for July, 1882. After citing many strong arguments to support his position, the author concludes thus: "I have many other affirmative proofs, and expressions of opinion which I will not here quote, and will conclude with this axiom, that 'by unity of poison is meant not that the poison is always the same; but that the one poison—the one *origo mali*—whatever it may be, will originate several so-called different affections.'"

——As a reprint from the *Philadelphia Medical Times*, August 11, 1883, we have received "Remarks on Hydrophobia," read before the Philadelphia County Medical Society by Dr. Charles W. Dulles. It is an admirable presentation of our existing knowledge of the disease, with some valuable original suggestions.

——We have received the report for the year 1882–1883, of H. A. Newton, Director, to the Board of Managers of the Observatory in Yale College, presented by them to the President and Fellows: to which is appended the report of the astronomer in charge of the Horological and Thermometric Bureaus. Physicians' thermometers will be verified at the small cost of fifty cents, and a certificate of accuracy furnished.

——The beneficial effects of metallo-therapy (gold) in hysterical convulsions and hemi-anæsthesia are well put forth by Dr. E. C. Seguin in a reprint from the *Archives of Medicine*, October, 1882.

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D. G. BRINTON, M. D.,
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RUSSIAN BATH IN PRIVATE HOUSES.

The most effective of our diaphoretic means is undoubtedly the hot-air-bath, especially as it has none of the often dangerous efforts of jaborandi, our most reliable internal diaphoretic remedy. Generally, however, it is far easier to order such a bath than to procure it. Many and excellent means have been provided by skillful mechanics, and costly apparatus can be bought. But a cheap and ready procedure has still been a desideratum, though most physicians possess mechanical skill sufficient to get up, in necessary cases, something that will answer the purpose.

We need remind our readers only of cases of uræmia, of stubborn dropsy, especially ansarca and of the effects exposure to cold and damp frequently cause in some individuals, to prove that the following invention by Prof. H. Quincke, in Kiel, is well worth our consideration.

The apparatus, the description of which, as published by the inventor himself, we take from the July number of the *Illustr. Monatschr. der Ærztl. Polytechnik*, has been placed in the Berlin Hygienic Exposition, now still going on, and caused a great deal of comment, and met with general approbation. It is so simple that any person possessed of a few cents and the smallest amount of mechanical skill is able to provide the same anywhere within a few minutes.

At first a common pine-board, about half an inch in thickness, two feet wide, and about eight inches longer than the foot-board of the bed, is provided on top with a round hole large enough to admit the knee of a stove-pipe, one arm of which (a), about two feet long, is bent at an angle of 22° to the back-board, and the other (b) about one and a half feet long, bent at an angle of 45° to the other arm (a). The patient is placed on a mattress and pillow, which are covered by a piece of oil or gum cloth, over which a blanket is spread on which the patient is lying. Two common slats are then laid across the bed beginning each on the pillow near the patient's shoulder and ending either in two holes also cut for their reception in the pine-board first mentioned or resting on brackets projecting from the latter, the pine-board

itself, with the stove-pipe, being placed between the mattress and the foot-board, so that the arm (a) reaches into the bed, the arm (b) back over the foot-board to a wooden chair, on which an oil or spirit lamp, or a gas light is so arranged that the flame, when lit, will enter the orifice of the stove-pipe arm (b). A blanket is then laid over the patient in this manner: One end is tightened around his neck, the sides hang down over the slats and are pushed between the mattress and the side-boards; the end is placed over the pine-board and held tight between this and the foot-board. It is matter of prevention to nail a piece of tin-sheet or zinc to the pine board so that it also covers the pipe a little, so that the blanket cannot come in direct contact with the hot pipe. When now the light is lit there soon will be hot air sufficiently developed under the blanket to start an active diaphoresis.

The temperature usually ascends within eight minutes to 110–120°. A very small quantity of oil, alcohol, or gas, is sufficient to keep the temperature at that height for an hour. It is not possible to get up an apparatus more effectual or cheaper than the one mentioned, and whose manufacture takes less time than it took to write its description down, for the purposes indicated. Certainly it will often do to let a patient sit on a cane-seat chair, cover him with a blanket, and heat the air by placing a light under the chair, or by any similar contrivance; but often patients are not able to sit, or at least not for a considerable time, and in the most favorable case it is more convenient and more effective for the patient to be in the recumbent than in the sitting position. There is also in this apparatus no danger of burning the patient or the blanket, and the air is heated to the desired degree in a remarkably short time on account of the size of the pipe. If the whole is a little carefully arranged and the maker of it possesses only the average skill of the least expert amateur, the apparatus might be plainer still, and all zinc-covering can be omitted. Besides the bed and the bedding, one pine-board with the necessary holes, two slats, the stove-pipe and the lamp are all that is required; and where such baths have frequently to be taken this simple apparatus will be found a cheap, convenient, and just as efficient substitute for the more costly and elaborate fixtures gotten up for the same purpose.

TREATMENT OF ANEURISMS BY INJECTION OF FIBRIN FERMENT.

The case of femoral aneurism treated by injection of fibrin ferment reported to the late meeting of the British Medical Association, by Dr. F. A. Southam, presents some features worthy of remark. Theoretically, this plan offers an excellent method of treatment, for by it we may hope to coagulate the blood, form a firm clot in and thus obliterate the tumor, without the necessity of resorting to the more dangerous operation of ligature.

But, practically, we can say but little of it, since its use, as yet, has been very limited. In the case under consideration, it was partially successful, in so far as the pulsation in the vessels below the aneurism was checked, though no change in the tumor itself was appreciable; upon the re-establishment of the circulation, the pulsation in the distal vessels returned, which phenomena the author thus explains:

"That the effect of the injection was to cause partial coagulation of the blood in the tumor, but, on the re-establishment of the circulation, the clot, which was not sufficiently firm, was carried on by the blood-stream, and became temporarily arrested in the distal portion of the vessel, where it was afterwards broken up and washed away by the blood."

The operation is thus described:

"A solution was prepared by Dr. Gamgee, and, with his assistance, one drachm was injected in the following manner. The patient having been anæsthetized, the flow of blood through the tumor was completely arrested, digital pressure being made on the artery above the aneurism, and an Esmarch's elastic tourniquet being tied tightly round the middle of the thigh below. The solution of fibrin-ferment was then injected into the aneurism, and the circulation through it was

arrested for thirty minutes. [Had the pressure been continued longer, so as to give the ferment more time to act, the result might have been more satisfactory.—Eds. Reporter.] At the end of this period all pressure was gradually taken off the vessel above and below, and the blood was allowed to slowly re-enter the limb."

In this case, the sac ruptured, the external iliac artery was ligated, and the man recovered. Unfortunately, the author does not state *how* Dr. Gamgee prepared the solution, but should any of our readers desire to try this method, a letter addressed to Dr. G., care of the Secretary of the British Medical Association, would, no doubt, procure the desired information.

COPPER VERSUS CHOLERA.

At a recent séance of the Académie de Médicine, M. Burg again affirmed his belief that the impregnation of the tissues by copper conferred almost complete immunity from the attack of cholera.

He considers also that the administration of this medicament, intus and extra, renders very great service in the treatment of the disease.

To fulfil these indications, he recommends the internal administration of the binoxide of copper in doses of from $\frac{1}{6}$ to one grain per diem. As regards the external application of the metal, it might be brought about by the combustion of bichloride of copper in alcohol lamps.

As regards the prophylactic value of copper, it has been proven by experience in different epidemics of cholera, that workmen employed in copper works, and even people living in houses exposed to the action of the fumes from such places, enjoy almost complete immunity from attacks of the disease.

It is very probable that the researches of M. Burg will be corroborated by the recently undertaken experiments instituted by MM. Chamberland, Paul Bert, and M. Miquel.

They have already demonstrated that the salts of copper have a very powerful anti-parasitic action, and in very minute proportion arrest the development of certain microbes in their culture liquids.

ORIGIN OF THE PRESENT EPIDEMIC OF CHOLERA IN EGYPT.

The ravages of cholera in Egypt, though dying out in Cairo, are spreading in the provinces of upper Egypt, and the few deaths at Beyrouth inspire great anxiety lest the epidemic spread to Syria.

Since the epidemic made its appearance in Egypt, general public opinion, and the press in the European countries threatened, has thrown the responsibility for its rapid progress and origin on the English Government.

In a memoir addressed to the Académie des Sciences, M. Fauvel furnished proofs that the Asiatic cholera was brought to Damietta by Bombay merchants, and that the epidemic thus originated in the mercantile egoism of the English authorities in Egypt, who allowed free entry into the country of articles coming from localities where cholera existed in India.

M. Fauvel passes in review the different points on the Mediterranean whence the disease spread over Europe in previous epidemics, and after discussing the dangers of invasion, he shows that the stringent measures of quarantine taken in all of them, renders very improbable any invasion of Europe by the dread disease.

In Cairo the number of deaths has sensibly diminished, since large fires, fed with sulphur and tar, have been kept burning in the streets.

AMMONIACAL TRANSFORMATION OF THE URINE.

In a recent memoir (crowned by the commission on the Prix Civale), M. Guiard passes in review the different opinions held on this subject.

According to Pasteur and Von Tieghem, this species of fermentation is due to the presence of a mushroom or fungus similar to the torula cerevisiæ, which may act on the urine after its expulsion, or during its stay in the bladder to which the fermenting agent is introduced during catheterization.

According to Prof. Guyon, cystitis is the unique cause of ammonuria. M. Guiard himself regards the union of the two factors, fungus and cystitis, as indispensable for the production of lasting ammonuria; cystitis prepares the soil and the microbe determines the fermentation.

Ammonuria by itself is not of grave issue—it does not act in the causation of urinary abscess, cystitis, or nephritis, nevertheless the ammoniacal condition of the urine aggravates the prognosis in urinary infiltration and favors the production of phosphatic calculi.

Notes and Comments.

Ulcer of the Stomach.

Dr. F. P. Atkinson had a very obstinate case, which had resisted all treatment. During four different occasions she was under his care, and he gives the treatment in the *Practitioner* for July 1883:

"On each occasion I ordered complete rest in bed. A teaspoonful of Brand's liquid essence of beef, or a teaspoonful of Valentin's meat juice in a little cold water, in small quantities every four hours; a wineglassful of milk and lime-water (mixed in equal proportions) to be taken frequently, and the body to be rubbed with olive oil morning and evening. The beef essence and milk were very gradually increased, and when the pain had almost subsided, a little sponge-cake, bread, barley-water, arrowroot, etc., were allowed, and at last, by very slow degrees, ordinary food replaced the liquid diet. Stimulants of all kinds were interdicted.

"The medical treatment consited of:

8 grains of Tartrate of Iron,
15 minims of Tincture of Conium,
15 minims of Tincture of Calumba,
15 minims of glycerine,

in one ounce of water, three times daily.

"No aperients were allowed. After a time the mixture was replaced by 15 minims of Bravais dialysed iron, three times a day. Since the last attack, about a year ago, the patient has very materially gained in flesh and color, has been able to take the ordinary diet, except for two or three days, and can walk four or five miles without fatigue."

Gallium Aparine in Cancer.

Referring to the use of this drug, Dr. Charles Boyce writes to the *Brit. Med. Jour.*, July 7, 1883:

"The following are the directions given for its employment by a gentleman in Hertfordshire, to a poor woman suffering from cancer. The bowels having been previously cleared by aperient medicine, and the patient enjoined to live upon the most simple diet, five ounces of the juice of the plant, obtained by pounding and squeezing, are to be taken twice daily; at the same time, an ointment of the juice is to be applied to the cancerous ulcer, laying bruised clivers over it, and keeping them constantly applied and renewed. The amendment is very gradual, so that steady perseverance in the use of both internal and external means is necessary. According to one account, in three months, the wound had healed perfectly.

"Cliver, or gallium aparine, has also the reputation of reducing the size and diminishing the pain of cancer; the latter I have noticed in a marked degree in a case in which I recently employed it locally; my patient, indeed, rebuked me for not telling her of it sooner. It certainly sems to have power in arresting the ulcerative action, and in promoting a more healthy one.

Parostal Sarcoma of the Radius.

Dr. Henry T. Butlin uses this term (*Lancet*, August 11, 1883,) to denote a tumor growing by the side of a bone, probably from the outer surface of the periosteum. Such a tumor is easily distinguished from a subperiosteal tumor; for, while the one leaves the periosteum unbroken and closely adherent to the bone, the other raises it off the bone, erodes and destroys the compact tissue, and often penetrates into the medulla or cancellous tissue. They are by no means common.

On July 20 the tumor was cut into, and removed by cutting and scooping. Three inches of the radius, where it was bare of periosteum and rough; were also removed. The growth, like the recurrent tumor in the first case, infiltrated the muscles. It bore all the general characters of a soft cancer without cysts and without capsule. It consisted largely of fibrous tissue, in the meshes of which were numerous round and oval cells, and he regarded it as a fibrifying sarcoma. The wound healed well, and the patient left the hospital. But, three months later, in October, she returned with considerable recurrence in the parts above the scar, extending so high towards the elbow as to render amputation through the arm necessary.

The Relations between Glycosuria and Diabetes, and the Different Forms of Malarial Fever.

The *London Med. Record*, July 15, 1883, says that Dr. E. Calmette records his observations, made in the malarial district around Tunis. These relate—1. To forty-one cases of remittent or intermittent fever, in five of which there was a transitory presence of sugar in the urine; 2. To fifty-five cases with jaundice and subconjunctival extravasation of blood. In several of these, a transitory albuminuria was seen, but no sugar in the urine. The patients of both categories, sev-

eral months afterwards, passed urine without either sugar or albumen, but with a considerable quantity of phosphates and oxalate of lime. Among the natives diabetes is very frequently met with in those who had suffered from malarial fevers. The same is not observed among the population in towns, a circumstance which M. Calmette attributes to a relation between malaria and oxaluria; the separation of sugar or oxalic acid depending upon a disturbance of the glycogenic function of the liver.

First Coitus Attended by Extensive Laceration of the Walls of the Vagina, and Followed by Profuse Hæmorrhage.

Dr. Mundé reports this instructive case in the *New York Med. Jour.*, August 25, 1883: He was called to see a girl, twenty-two years of age, whom he found pallid and anæmic from the loss of blood. She had been married the night before, and but a single connection had taken place. It was not attended by severe pain nor by immediate hæmorrhage, but some hours afterward she observed bleeding from the vagina, and sent for a physician, who gave ergot, but without benefit. He made no examination. Then another physician put ice into the vagina, but also without stopping the hæmorrhage. Dr. Mundé examined the hymen for the source of the bleeding, but found that it came from a point higher up. Introducing a Sims's speculum, the vagina was seen to be ruptured on the right side for a distance of about two inches and a half, extending from one inch above the intestines up into the right fornix. The uterus was retroverted. He assumed that there was a disproportion between the male and the female organ. The bleeding was checked by firm tamponade with cotton. Two years ago he had attended a case of profuse hæmorrhage from rupture of the hymen up into the vagina along the urethra during first coitus, in which tamponade also was required to check the bleeding.

Treatment of Typhoid Fever.

Dr. J. P. Klingensmith has treated typhoid fever with considerable success in the following way, which he records in the *Medical Record*, August 25, 1883: He uses iodine in conjunction with carbolic acid, which he believes prevents the multiplication of germs in the intestines, checks fermentation, and maintains an antiseptic action in the blood. The following is his formula:

℞. Tr. Iodinii, ℥ij.
Acidi carbolici, ℥j.
M.

Of this mixture he directs three drops to be given in a wineglassful of iced or cold water, three times daily, after meals, and which is continued until convalescence is well established. Quinine is given, q. s. to control temperature. If there is excessive diarrhœa,

℞. Argenti nitratis, gr. ½.
Pulv. opii, gr. j.
M.

To be given every four hours until brought under proper control. On the other hand, should obstinate constipation intervene, he gives a dose of calomel, unless there are reasons to suspect serious intestinal lesions, in which event the bowels may be emptied by enemata.

In connection with these drugs, he enjoins rest, liquid diet and careful nursing.

Calabar Bean in Diarrhœa.

Dr. Maschka, of Carlsbad (*Berliner Klin. Wochsch.*, April 9), has found this extract of great service in intestinal catarrh, diarrhœa, atony of the alimentary canal, etc., and explains his views of its mode of action. The physiological action of the Calabar bean, Dr. Maschka states, is upon the muscular coat of the intestines, producing contraction thereof. In acute catarrh of the intestines, it controls the hyperæmia of the mucous membrane, and arrests the excessive secretion. Under its continued use the calibre of the intestine becomes narrow, while its contents are held back or only partially expelled. In cases of habitual atony of the muscular coat, it produces a normal evacuation of the contents of the bowels. Dr. Maschka gives it the preference over preparations of opium, as its continued use does not produce the injurious effects of the latter. Although the author has not much experience of the use of this drug with children, he argues *à priori* that it has a great advantage over opium in their case, as being free from the dangers that attend the administration of opium to children.

Diseases of the Eye and Ear in connection with General Diseases.

Dr. W. Cheatham, recognizing the fact that affections of the eye and ear may often be but local manifestations of a constitutional derangement, and *vice versa*, gives this warning in the *American Practitioner* for August, 1883:

"I believe it to be of the utmost importance to make a thorough examination of the eyes and ears in almost all nervous disorders. As stated in this article, I have often seen headaches, vertigo,

cerebro-spinal irritation, hyperemia of meninges, and many other affections having for their sole cause some defect or disease of eyes or ears. Again: Where an eye or ear complication is not the cause, it is often the first and most important symptom of the primary disease; and an early and proper diagnosis of this complication will save many lives and much suffering to humanity."

Another Death from Chloroform.

The *Med. Press*, August 8, 1883, reports another case. The man, aged 46, was chloroformed for the excision of a tumor of the lip. Soon after the inhalation was commenced, the patient became livid, and the efforts to restore respiration, which quickly ceased, were unavailing. Examination of the body post mortem showed that all the organs were in a healthy condition, and a verdict was returned to the effect that "deceased died from sudden paralysis of the nerves caused by chloroform, which had been properly administered."

These cases teach us to use great caution in the administration of chloroform, and we would lay it down as a cardinal rule that the inhalation should be very gradual—that is, plenty of air should be allowed to be inspired with the chloroform until the system has commenced to tolerate the toxic effects of the anæsthetic. The common practice of pouring chloroform on a towel and clapping it over the patient's nose and mouth, is to be greatly deprecated.

Resection of the Lung.

The *Med. Press*, August 8, 1883, contains the following:

Professor Ruggi, of Bologna (Italy), last week successfully performed the above operation. His patient was a woman, æt. 27, attacked with tuberculosis, with almost complete disintegration of the upper half of the right lung. M. Ruggi proposed ablation of the organ, and, the woman consenting, the operation was performed by the surgeon, assisted by a young doctor of rising talent. The whole of the upper lobe was removed, and a part of the middle one. The patient bore the operation well, and is now in a satisfactory condition. Although the above operation has been only reported by one of the daily papers, it is to be hoped that it will not turn out to be another Koch and bull story. As to the *modus operandi*, details are wanting.

Peroxide of Hydrogen in Ophthalmic Practice.

Landolt first introduced it, and now Dr. Le Roy Pope Walker (*Med. Record*, August 25, 1883), after considerable experience with it, considers that it is very beneficial in ulcerative and purulent processes in the eye.

"Peroxide of hydrogen (H_2O_2) is ordinarily prepared by the action of dilute acids on the peroxides of the alkaline earths. The hydrated peroxide of barium is decomposed by dilute sulphuric acid, so as to form sulphate of barium and peroxide of hydrogen. The solution obtained in this way contains three per cent. of its weight of pure peroxide of hydrogen, and is sufficiently strong for medical purposes. The dilute solution is a clear, colorless, inodorous liquid, with a taste something like that of cress."

It is dropped into the eye, a dozen to fifteen drops at a time.

Galvanism in Basedow's Disease.

Dr. Chvostek recommends (*Centralbt. für Klin. Med.*, June 23, 1883) the following method:

1. The ascending constant current applied to the cervical sympathetic, on each side, for at the most one minute.

2. The same to the spinal cord (the anode at about the fifth dorsal spine, the cathode high up in the cervical region).

3. Through the occupit (one pole at each mastoid process), and in certain cases also through the temples, a constant current, for at the longest one minute, and so weak that the patient can feel but the slightest sensation of burning. Sometimes also local galvanization of the thyroid gland with a weak constant current for about four minutes, the current to be reversed at the end of each minute.

The applications should be made every day if possible.

Spina Bifida.

In the *Med. Record*, June 16, 1883, Dr. Robert T. Hayes reports a successful operation for spina bifida after the method of Mr. Robson, of Leeds, England. Dr. H. adds the following precautions: First, care in removing a portion of the fluid in the tumor before free incision, as a guide to the degree of tolerance present in each case for such a procedure; second, the careful maintenance throughout the operation and for some time after, of such a position of the patient as will most favor the retention by gravitation of the largest amount possible of cerebro-spinal fluid.

His case tends to confirm the successful and useful application of periosteal grafting in this operation.

Avulsion of the Scalp by Machinery.

In the Society of German Physicians in Prague, on March 16 (*Wien. Med. Blätter*, April 5), Professor Gussenbauer showed a case in which the entire scalp had been removed by machinery. The integuments, which were attached by a strip of skin to the neck, were replaced the same day, but adhesion did not take place, and the healing had to be carried out by a skin-grafting. Both in this case, and in a former one in the same factory, where death occurred from hemorrhagic meningitis, the skin was separated along the line of the glabella.

A Successful Porro Operation.

Dr. Ferdinando Franzolini, of Udine, performed this operation (*Gaz. degli Ospitali*) on June 17. Tha patient, aged thirty-four, was much deformed with rickets, and had aborted three times. After violent labor pains had lasted fifty hours, and the membranes had been ruptured twenty-six, it was decided to remove the gravid uterus, and its appendages, thus obviating the possibility of a future pregnancy. From the third day the child took the breast, and continued to thrive without any further nourishment. On the sixteenth day after the operation the patient left her bed, and Dr. Franzolini had the satisfaction of watching the uninterrupted progress of mother and child.

Flax as a Dressing for Wounds.

In *Vratch*, No. 12, 1883, Dr. Makuschina recommends it as a cheap and convenient surgical dressing. It is prepared as follows: Small bundles of flax are boiled for three hours in ordinary lye-water, and then left to soak in the same for eight or ten hours. After that it is washed five or six times in clean water, dried, and combed out. It loses about twenty-five per cent. in weight, and is a perfectly white, soft material, much more hygroscopic than before being so treated. It is several times cheaper than absorbent cotton, in Russia at least.

Chronic Dysentery Caused by Accumulation of Bones.

Before the New York Pathological Society (*Med. Record*, August 25, 1883. Dr. C. A. Leale related the case of a woman who for thirteen years had suffered from periodical attacks of dysentery, with pain in the back and colon neuralgia. Every recognizable cause was removed, yet the trouble continued. Finally the anus was thoroughly dilated, the rectum drawn down, and a cul-de-sac two inches deep was found at the lower end of the sigmoid flexure. In it were discovered six bones of birds, after the removal of which the patient recovered.

Locomotor Ataxia and Syphilis.

So much has been said from time to time as to the causative relation between syphilis and locomotor ataxia, that it is well to look at the views entertained on the subject. There are many who hold that syphilis is a very common cause of locomotor ataxia. We now learn that French opinion is divided on the subject; in Germany the weight of opinion is in favor of a relationship, and in England the same view is gaining ground.

Cannabis Indica.

Dr. William Strange (*Brit. Med. Jour.*, July 7, 1883,) has great faith in this drug as a nervous sedative, for the relief of anxiety and restlessness but he thinks that it is seldom given in sufficiently large doses. He recommends a grain of the extract, or from twenty to thirty minims of its tincture. It may be advantageously combined with bromide of potassium.

Rectal Examination for Vesical Calculus.

A very valuable suggestion has been made by Prof. Volkmann in the *Archiv. für Chirurgie.* The patient must be anæsthetized, and then while one hand is placed over the pubis, the finger of the other hand is introduced into the rectum. In lean subjects, it is often made easy by this method to grasp the stone.

Veratria in Tremor.

M. Feris, of Brest, claims that in disseminated sclerosis, alcoholism, and adynamic states, it will be beneficial, and that it will cause various kinds of tremors to disappear in from ten days to two weeks. He uses it in doses of four pills daily, each containing $\frac{1}{120}$ of a grain of veratria.

Poisoning from Boracic Acid.

There is a case reported in *Schmidt's Jahrbücher*, following the use of an injection of a four per cent. solution for chronic diarrhœa, and the *Med. Record* reports a death supervening upon its external use in an ulcer. The cases teach us that boracic acid is not as harmless as is usually supposed, and warn us to be cautious in its use.

Fœtid Feet.

M. Vieusse says that excessive sweating of the feet, accompanied by pain and fœtidity, can be

quickly cured by frictions carefully conducted with the subnitrate of bismuth. In the *Gaz. Hebd.*, July 27, he states that he has never seen any bad results follow the suppression of the sweating.

Through Drainage in Empyema.

Dr. M. Allen Starr reports a case in the *Med. Record*, August 18, 1883, from which he concludes that a double incision and through drainage is eminently successful in the treatment of empyema in children, and that it has decided advantages over every other method.

CORRESPONDENCE.

Gastric Ulcer.

EDS. MED. AND SURG. REPORTER:—

SIR: if you will allow me the space in your journal, I would like to report a case of alarming hæmatemesis caused by gastric ulcer, in the person of myself. Allow me to say, I saw a similar case which was reported in your journal last summer by one Dr. Gray; his description fitted my own, with the exception that his case was fatal and my own was not. At the time I was well nourished, aged about thirty, and riding largely on horseback. On the morning of January 12, 1882, as I came in from the country, I felt sick at the stomach, and vomited a pint of arterial blood; at that instant I became blind, lay down on the sofa, and in a few minutes I vomited about two quarts more, apparently arterial blood. In the treatment there were used the different astringents, some hypodermically; ate ice; chest was packed in ice, but I continued to vomit blood until, as several doctors present expressed it, I had vomited two gallons of blood. I became unconscious. The night of the 13th the doctors concluded to give me a large dose of quinine. They gave me sixty grains. I almost immediately threw it up, with some blood, and never vomited any blood afterwards. I remained in a semi-unconscious condition for three days. Then as I rallied I had a craving for sour food. Continued to improve slowly, so that at the end of three weeks I was with difficulty able to walk out. My pulse continued to be at about 140; no appetite, and a constant sinking and sick feeling in the stomach; and at the end of six months I felt no better, and thinking that traveling might help me, I took a trip East and consulted some good doctors. Got no better, and returned in July, after being East six weeks, feeling worse than ever. Now what I wish to get at is, all this time I was craving something sour. I drank some sour wine, which agreed very well with my stomach; but finally I got to drinking buttermilk, and it agreed so well that I continued its use, discontinuing all other medicine. The sick feeling in my stomach gradually began to leave, and by last January I considered myself well. All this time I have been drinking more or less of the milk, and strange to say, I have never seen the day in that time that I was tired of it. For five months I have attended my practice, and to-day I am heavier by ten pounds than ever before.

What I wish to say in my case is this; I believe in all cases similar to my own, and kindred weak stomach affections, that we have no agent that will give better results than the free use of buttermilk; and where a patient is not able to retain other food, I would recommend the absolute diet to consist of the milk.

WILLIAM E. MOORE, M. D.

Derby, Iowa.

Effects of Maternal Impressions on the Fœtus.

EDS. MED. AND SURG. REPORTER:—

I notice in the MEDICAL AND SURGICAL REPORTER of August 11 a case of monstrosity; and the only cause given was a bad dream about the fourth month. Now, gentlemen, if you permit me through your columns, I will give you my opinions of the idea that some doctors hold in regard to impressions made upon the mother during gestation as the cause of such monstrosities. I would like to ask those gentlemen if a mother receives an impression during gestation that will cause her to give birth to a monstrosity of any kind, would not the impression be so lasting on the mother that each succeeding child would be deformed in the same manner? And if that theory was true, would not monstrosities be the rule instead of the exception as they are now? I will give one case of a great many that I could give. It is of a child that was born in Monmouth, Ill., without feet and only one hand. It is living and well today; it is now thirteen months old. Of course there has none been borne by the same mother since.

Now, I ask, is there any doctor that will for *one moment* say that *any* impression *could* or any *number* of impressions, cause such?

I am so opposed to such an idea that I say if it is right to sue a doctor for want of attention to his patients, it is pre-eminently right to sue a man that calls himself a doctor, and will harass and annoy a woman with any such idea.

I have had women to become frightened at a fish, and worry and fret because they were sure, from what they had been told by doctors, that the child would have scales.

My answer has always been, it is a lie, and your child will neither have scales or feathers. I hold that filling women's minds with such ideas is criminally wrong. S. R. MILLEN, M. D.

Dunbar, Neb.

Moral Responsibility in the Case of Monstrosities.

EDS. MED. AND SURG. REPORTER:—

Will you or some of your readers inform me as to the duty of the accoucheur in cases of monstrous births, with regard to the (living) child? For instance, during the past three years I have had two cases of acephalous monsters, both born living, one having but a partly developed cerebellum and no cerebrum. On mentioning these cases to an old practitioner, he informed me that he always at once destroyed life in such cases. What is customary in this respect? What are the legal,

ethical, and moral rights and duties of the accoucheur? A SUBSCRIBER.

Ossian, Iowa.

Squalling Tumors.

EDS. MED. AND SURG. REPORTER:—

Many are nature's freaks, and along with her long list comes one from the woods of Northern Wisconsin. A certain lady became sick, and Dr. A. was called. A natural process taking place within was the woman's idea of the trouble. Dr. A. thinks it (the sickness) due to a tumor, the exact nature of which he is unable to say.

Not being satisfied, Dr. B. is called; and even Dr. C. All agree that the first diagnosis is the correct one.

The lady laughs to tell that she knew what "ailed" her. Nature in a week revolutionizes affairs, for this tumor is born into the world, whereupon the news of a *squalling* tumor was announced not only to the doctors, but to the community.

Verily, nature does simulate all forms in masked clothes, but is this not a new departure in pathology? The lady expressed her surprise in that it was the first time she had heard a tumor "squall" (!)

YOUR ANTIGO SUBSCRIBER.

Antigo, Wisconsin.

NEWS AND MISCELLANY.

Talmage on Doctors.

We take the following from the *Med. Record:*

"There is much cheap and heartless wit about the physician: but get sick, and how quickly you send for him. Some say doctors are more harm than good, and there is a book written entitled, 'Every Man His Own Doctor.' The author ought to write one more book, and entitle it, 'Every Man His Own Undertaker.' Do you think physicians are hard-hearted because they see so much pain? Ah, no! The most eminent surgeon of the last generation in New York came into the clinical department of the New York Medical College when there was a severe operation to be performed upon a little child. The great surgeon said to the students gathered around him: 'Gentlemen, there are surgeons here who can do this just as well as I can. You will excuse me, therefore, if I retire. I cannot endure the sight of suffering as well as I once could.' There are so many trials, so many interruptions, so many exhaustions in a physician's life that I rejoice he gets so many encouragements. Before him open all circles of society. He is welcomed in cot and mansion. Children shout when they see his gig coming, and old men, recognizing his step, look up and say, 'Doctor, is that you?' He stands between our families and the grave, fighting back the disorders that troop up from their encampments by the cold river. No one ever hears such hearty thanks as the doctor. Under God he makes the blind see, the deaf hear, the lame walk. The path of such is strewed with the benedictions of those whom they have befriended. Perhaps there was in our house an evil hour of foreboding. We thought all hope was gone. The doctor came four times that day. The children put aside their toys. We walked on tip-toe, and whispered, and at every sound said, 'Hush!' How loud the clock ticked! and, with all our care, the banister creaked. The doctor stayed all night, and concentrated all his skill. At last the restlessness of the sufferer subsided into a sweet, calm slumber, and the doctor looked around to us and whispered, 'The crisis is past.' When, propped up with pillows, the sick one sat in the easy chair, and through the lattice the soft south wind tried hard to blow a rose-leaf into the faded cheek, and we were all glad, and each of the children brought a violet or a clover-top from the lawn to the lap of the convalescent, and little Bertha stood on a high chair with the brush smoothing her mother's hair, and it was decided that the restored one might soon ride out for a mile or two, our house was bright again. And as we helped our medical adviser into the gig, we saw not that the step was broken, or his horse sprung in the knees. For the first time in our lives we realized what doctors are worth. In some of our minds among the tenderest of our memories is that of the old family physician."

Good Advice to Travelers in Need of Medical Advice.

Dr. C. W. Chancellor, in a recent letter from Geneva to the *Baltimore Day*, gives the following excellent advice to European travelers: "I feel I would be but ill-acquitting myself of a duty were I to fail to administer an admonition to those of my compatriots who may one day journey into this land; and I hope they will take heed to what I say, for it is wholesome. I would strongly advise Americans who contemplate traveling upon the continent to be very chary of patronizing physicians recommended by *hotel or boarding-house keepers, concierges, porters*, etc., etc., without first having inquired of their consul or their banker, or some friend, as to the standing of the party recommended; for it not infrequently happens that these parties plot together exclusively as a matter of personal gain, and without any regard whatever for the well-being or interest of those whom they advise. It would be well for persons visiting Europe either to obtain addresses of competent medical men in the various cities they propose visiting before leaving home, or on their arrival to get advice from some reputable person *out of business and above taking a commission*, otherwise they may have a tenth-rate doctor introduced as 'the former physician to the emperor,' the 'chief of the hospitals,' the 'doctor of the American legation,' or some other high-sounding but fictitious title, and they may be left in his hands to be robbed, maltreated, and perhaps murdered. Travelers, in fact, should *make it a rule to take any other physician than the one proposed* by a landlord or concierge or courier, unless the medical man thus recommended *be a compatriot, or is endorsed by some disinterested person;* and they should *insist* upon having the doctor of their choice—if they have a choice—*really sent* for, taking no excuse for any delay or neglect in regard to the matter. There are reliable and *veritable* American physicians in nearly all the large cities of Europe, whose ad-

dresses can readily be found by consulting the *Directory*, which is in the office of every respectable hotel, or by inquiring at the nearest drug-store."

Another Prize.

The Società Italiana di Chirurgia, founded by the Senator Palasciano, offers a gold medal (value $100) for the best memoir on "Neutrality of the Wounded in War, and on the Extension of Those Means of Aiding Them Adopted During the Last Twenty-five Years, Embodying Rules and Suggestions for Turning the Same to the Best Account in Future."

Competitors are recommended to give an authentic history of the Geneva Convention (1864), and of its revision in 1868, showing the respective contributions of medical science, of philanthopists, and of governments, to this movement of modern civilization.

2. To enumerate the difficulties foreseen and encountered in the application of the new international compact, as well during the Franco-German as during the Russo-Turkish wars.

3. To estimate the quality and the effects of the increase in aids to the wounded during all the wars waged in Europe, Africa, and America, from 1859 to 1883, with a valuation of international assistance.

4. To propose amendments and measures indispensable to the adequate execution of the aims of the Convention.

5. To indicate the mode of securing the necessary augmentation of relief to the wounded, by utilizing to the best advantage the charity of communities.

The competitor may write in Latin, French or Italian, and his memoir must be distingnished by a motto, and accompanied by a sealed envelope containing his name and address. Competing memoirs must be sent in not later than January 31, 1884, to the Secretary-General of the Società Italiana di Chirurgia, Rome, who may be applied to for further information.

American Gynecological Society.

The eighth annual meeting of the American Gynecological Society will be held in Philadelphia, at the hall of the College of Physicians, on Tuesday, Wednesday, and Thursday, September 18, 19, and 20. Papers are expected to be read as follows: "Superinvolution of the Uterus," by Dr. Joseph Taber Johnson, of Washington; "The Importance of Cleanliness in Surgical Operations," by Dr. R. Stansbury Sutton, of Pittsburgh, Pa.; "Some Points connected with the subject of Dysmenorrhœa," by Dr. C. D. Palmer, of Cincinnati; "An Unusual Form of Abdominal Tumor—Three Cases," by Dr. Thaddeus A. Reamy, of Cincinnati; "Is Extirpation of the Cancerous Uterus a Justifiable Operation?" by Dr. A. Reeves Jackson, of Chicago; "A Biographical Sketch of Dr. Nathan Smith, Founder of the Dartmouth Medical College" (being the President's Address) by Dr. Gilman Kimball, of Lowell, Mass.; "The Management of Accidental Puncture and Other Injuries of the Gravid Uterus as a Complication of Laparotomy," by Dr. Charles Carroll Lee, of New York; "A New Method of Operating for Fistula in Ano," by Dr. Edward W. Jenks, of Chicago; "Ergot: The Use and Abuse of this Dangerous Remedy," by Dr. George J. Engelmann, of St. Louis; "Congenital Fissure of the Female Urethra with Extrophy of the Bladder," and "Menstruation after Extirpation of the Ovaries," by Dr. Henry F. Campbell, of Augusta, Ga.; "Remarks on Chronic Abscess of the Pelvis," by Dr. William H. Byford, of Chicago. A discussion on Death after Labor will be opened by Dr. Campbell.

The Lily of the Valley in Homœopathy.

The *Med. Record* says that some Western homœopaths have got hold of convallaria, and having read all that scientific medicine has to say about it, are quietly appropriating the drug themselves. Dr. Hall recently read a paper on the subject before the Western Academy of Homœopathy (the feebler the association the more high-sounding the name), at Madison, Wis. Without giving credit to any one but Dr. d'Ary, he tells us all about the drug, recommending it in small and large doses. In palpitations and irritable heart he gives one-thousandth to one-tenth of a drop with great success.

Jewish Hospital.

There will soon be vacancies in the offices of Chief Resident and Assistant Resident Physician at the Jewish Hospital, Philadelphia.

Applicants must be unmarried, and speak the German language. Applicants may apply to

DR. R. J. LEVIS,
N. W. Cor. 16th and Walnut Sts.

Errata.

In article published September 1, "Medical Practice in Virginia," by Fred. Horner, for "the diagnostic *factor*, read *factor*;" characteristic of scarlatina maligna, under the head of "Diphtheria," read the peculiar *factor*, and not "*factor* of a diphtheritic patient is as pathognomonic as that of small-pox."

Personals.

—Dr. John C. Dalton, the eminent physiologist, has resigned his chair in the College of Physicians and Surgeons of New York. His successor is Dr. John G. Curtis, who for a number of years has been the assistant professor.

—The Queen has conferred the honor of knighthood upon Mr. Edwin Saunders, F. R. C. S. Eng., who has held the office of Surgeon-Dentist to Her Majesty for thirty-seven years.

—Dr. Edgar A. Dean, of Brockton, has been made a member of the Massachusetts State Board of Health, Lunacy and Charity.

—It is announced that Dr. Calvin Ellis has resigned the Deanship of the Harvard Medical School, and that Dr. H. P. Bowditch has been elected his successor.

—M. Verneuil will represent the Society of Surgery at Paris at the next International Medical Congress. M. Depres has been invited to accept a commission, but he replied that he made it a rule never to attend "scientific fairs."

Items.

—Dr. Banks, the eminent Dublin physician, has refused the honor of knighthood.

—The sum of $50,000 has been voted for the erection of a physiological laboratory for Dr. Burdon-Sanderson at Oxford.

—In the *Glasgow Medical Journal*, July, 1883, Dr. Lauril reports a case of tetanus unsuccessfully treated with calabar bean.

—In phthisis and bronchitis, Renzi and Rimuno report good results from the inhalation by spray of iodoform dissolved in turpentine.

—In the *Lancet*, June 30, 1883, Dr. James Oliver reports a case of fracture of the larynx by direct violence. Death occurred by suffocation.

—The Third International Otological Congress, says the *Medical Times and Gazette*, will be held at Basle during the first week of September, 1884.

—"You are a nusiance; I'll commit you," said an offended judge to a noisy person in court. "You have no right to commit a nuisance," said the wit.

—Professor Ferd. Petersen, of Kiel, claims that zinc oxide is just as good as iodoform in the treatment of wounds, that it is not so poisonous, and is cheaper.

—In the *British Medical Journal*, June 30, 1883, Dr. Arthur E. Baker reports a case of popliteal aneurism cured by digital compression in less than nine hours.

QUERIES AND REPLIES.

A Question in Medico-Legal Jurisprudence and in Ethics.

EDS. MED. AND SURG. REP.:—

Mr. D—— resided at Fleetwood, Pa. His son, a graduate of the University of Pennsylvania, Medical Department, was practicing medicine and had a drug-store in the same town.

On the morning of the 11th of April, A. D. 1882, the father, while eating his breakfast, complained of having no appetite, feeling nauseous and weak; but took the seven o'clock a. m. train for Reading, eleven miles distant from Fleetwood, to attend to some urgent business.

The son, the doctor, having occasion to go to the city on some important business, took the ten o'clock a. m. train for Reading. Upon alighting from the train at the Reading railroad depot, he was informed of his father being very ill in the city. He at once proceeded to the office where his father was lying on a lounge; found him *very weak, cold extremities, nauseous, rather pale countenance;* and upon assisting him to sit up, he complained of *giddiness*, etc. The son encouraged and assisted him to a hotel, secured a warm room and bed, and with the assistance of the porter, placed the father therein, leaving the porter in charge while he went and summoned Dr. C., who responded and prescribed for the father at about 11.30 a. m. Paid a second visit about three o'clock p. m., and found him improved so much that he sanctioned his being taken home in the four o'clock p. m. train. After his arrival home at Fleetwood, with the assistance of his son, he reached home in a fair condition, only still complaining of extreme weakness, etc. Upon the father's request, his wife made him some soup, of which he ate twice abundantly, and it was retained by his stomach. At about 8.30 o'clock p. m., of his own accord, he handed the bottle containing the medicine from Dr. C., at Reading, to his wife, who gave him another dose, when shortly thereafter the wife retired in the same bed with him.

The following morning, the wife awoke at about six o'clock; arose, and finding the husband still sleeping, thinking not to arouse him, left the room quietly, and followed her usual household morning duties, until about eight o'clock, when a day laborer called for an order for work, and the wife went to awaken the husband for the same. Finding herself unable to arouse him, she became alarmed, called in the neighbors, and finally the son, who lived across the street. The son refused to prescribe, but called in Drs. F. and S., who prescribed. Dr. F. arriving several hours prior to Dr. S. prescribed, and handed to and requested the son to fill the same. The son being the only druggist in the town did fill the prescription and delivered it to his mother, but requested that none of the medicine should be given to the father until the arrival of Dr. S., who, when he arrived, agreed with Dr. F. in the diagnosis of *cerebral hemorrhage* or *apoplexy*, but dispensed his own medicine, which was administered to the father, and none of Dr. F.'s medicine was given him. These physicians say they found the patient with a pulse of about 120; respiration about 19 to 20; hot surface of body and head; pupils probably a little dilated; upon raising the limbs, they would immediately drop on the bed. No signs of sensation could be elicited, they being entirely unable by all means to arouse him from this comatose condition, from which he sank until seven o'clock p. m., when he died.

Deglutition persisted, *i. e.*, the medicine prescribed by Dr. S., when placed in his mouth, after remaining some time, would be swallowed, even shortly before death.

After the death and burial, some few bitter enemies, dissatisfaction of will, etc., caused a rumor that probably Mr. D., the father, had not died a natural death.

About one week after the burial, the body was disinterred. A coroner's inquest and a *post mortem* was held as ordered by the District Attorney of Berks county, Pa. The *post mortem* and coroner's inquest revealed the following *verdict:*

"That Mr. D—— came to his death by hemorrhage in the pleuritic cavities, caused by two small ulcers in the lungs, and we can find no other cause from the evidence."

Question 1. Will a person dying from hemorrhage in the pleuritic cavities, as above verdict, usually present all the symptoms as related in the foregoing case, viz.: *Nausea*, extreme weakness, cold perspiration on surface of body, pale countenance, giddiness, after returning home and eating twice abundantly of soup, etc. The following morning—*extreme comatose condition, anæsthesia*; pulse, 120; respiration, sonorous or sterterous, 19 or 20; hot surface of body and head; pupils a little dilated. Deglutition returned, and being the only motion capable of being produced or called into action.

If so, please to inform, of any and all similar cases reported in medical jurisprudence or literature, and where recorded.

Question 2. Is there any medicine known to the therapeutist or toxocologist which, when administered in poisonous doses, sufficient to threaten life or kill—that would produce the symptoms above described?

Question 3. Accordingly to the American Medical Association *Code of Ethics*, or to professional etiquette in the practice of medicine, or to moral principles, was the son's refusal to prescribe, or administer medicine to his father, etc., a proper and just action, or not?

Please refer to any reference, if you can.

A SUBSCRIBER.

Myerstown, Pa.

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ORIGINAL DEPARTMENT.

LECTURE.

THE RATIONAL TREATMENT OF TYPHOID FEVER.

A DIDACTIC LECTURE DELIVERED AT THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

BY FRANK O. NAGLE, M. D.,

Professor of Materia Medica, Therapeutics, and Clinical Medicine.

Reported by BERNARD M. GOLDBERG, M. D.

GENTLEMEN: To-day I propose to speak to you somewhat at length upon the rational treatment of typhoid fever.

You will constantly hear from your patients and friends that Doctor So and So, generally naming a homœopath, prevented Mr. Jones or Smith from getting the typhoid fever; or, in other words, cut the attack of the so-called fever short. Now, this is an error, showing ignorance on the part of the physician of the pathology and nature of the disease.

Typhoid fever is a blood disease, due to a specific poison introduced into the system, from either the dejections of typhoid fever patients or decaying animal or vegetable matter, which poisons the blood, and the disease must run a certain course in the person so infected, and the attack cannot, at present, by any known remedial agents be aborted.

Your position in treating this disease should be that of the skilfull physician, whose duty it is to guide his patients through the attack until the fever runs its course, treating symptoms and complications which from their severity endanger the life of the patient.

In order to simplify the study of the treatment of this important and common disease, I shall discuss it under four divisions, as follows:

1. General management of the patient.
2. The use of medicines.
3. Stimulants.
4. Baths.

1. *General Management of Patients.*—If you wish to treat this disease intelligently and successfully, your success will largely depend upon the importance you attach to the general management of the case. Indeed, many cases recover by giving careful attention to the management of the patient, with scarcely any medication.

Just as soon as you are satisfied that your patient has the disease, you order him to bed. This he must keep until convalescence is fully established. Under no circumstances should he be allowed to rise, as fatal syncope may occur from sudden cardiac failure. The room in which the patient is to remain should be large, well-lighted, airy, and away from the noise of the street. Plenty of fresh air should at all times be freely admitted, but an equal temperature of the room should be maintained. The attendant should be reliable, intelligent, cheerful, and agreeable to both patient and attending physician. The diet, for fear of increasing the already inflamed mucous membrane of the alimentary canal, should be restricted to plain, easily digested and assimilated, unirritating food. Milk is by far the best food for this disease. This may be given almost *ad libitum*. I usually order two quarts in twenty-four hours. If curds appear in the stools, lime water should be added to the milk with a view of preventing this. From one to four tablespoonfuls

may be added to every tumblerful of milk. Beef, chicken, and mutton broths are agreeable and highly nutritious. These must not be given exclusively nor too freely, as troublesome diarrhœa may ensue. Beef tea should be so made that one pint represents one pound of lean beef, and should be made without boiling, as heat coagulates the albumen, and the resulting liquid is only a gelatinous solution of the salts, and contains no nutriment. Soft-boiled or raw eggs, gelatine and custards are to be recommended. Water should be freely given to allay the thirst, and to assist in the elimination of the poison from the system.

2. *On the Use of Medicines.*—As far as the treatment of this disease by the use of medicines is concerned, there are no so-called specifics. The basis of the rational treatment is founded on general principles. The indications that call for the use of drugs, are certain special symptoms, which from their severity call for active medication. The more important of these are fever, diarrhœa, hemorrhage from the bowels, and nervous symptoms.

Fever.—In the first place, the poisoned state of the blood must be looked after. Quinine, salicylates, and the mineral acids are supposed to exert some good influence over this fluid. Quinine is the drug "par excellence," and may be used from the beginning of the disease to its termination. A two-grain pill every four hours will act as a tonic to the blood and system in general, thereby increasing the powers of digestion. This size dose of quinine is too small to have any decided controlling action over the high temperature. If this is to be influenced much, larger doses are required.

Now, a word in regard to the use of heroic doses of quinine in this disease. That large doses of quinine, say from twenty to sixty grains, do diminish high temperature, there is no doubt, but that it is also liable to increase the typhoid condition, *i. e.*, dry tongue, tympanitis, diarrhœa, and stupor, there is also no question. If, of course, there is a decided malarial element complicating the fever, then these large doses are indicated and the specific action of the drug over the malaria will soon be made apparent. In my opinion, these large doses for the relief of high temperature should only be used after all other measures have failed. Salicylic acid, or the salicylates in large doses, twenty to sixty grains are used to relieve high temperature. Their employment requires care on account of their possible irritating action on the already weakened heart. The mineral acids are considered as highly curative by many eminent physicians. Statistics have shown that there is a less percentage of deaths when the acids are employed than when they are omitted from the treatment. The favorite acid employed is the officinal dilute hydrochloric, in doses from ten to thirty drops every three or four hours. Properly diluted and sweetened with lemon syrup, it makes a very palatable beverage for allaying the thirst and aiding digestion.

The typical lesion of typhoid fever is, as you know, the ulceration of the solitary and Peyer's glands in the small intestines. Now there is no doubt that this ulceration, if severe, has a tendency to elevate the temperature, adding to the essential a secondary fever; and further, by giving special attention to the treatment of these ulcers, you can, in a measure, control the fever. This is to be accomplished by the use of those drugs which have a decided curative local action upon them. These are nitrate of silver, subnitrate of bismuth, acetate of lead, carbolic acid, and spirits of turpentine.

I have been using almost exclusively nitrate of silver in $\frac{1}{4}$ grain doses, in pill form, four times a day. This treatment is advocated and urged upon the profession by Prof. Pepper. He combines with the silver $\frac{1}{4}$ grain opium if the bowels are loose, and ext. belladonna when constipation exists. The following is a good combination, and one which I frequently employ:

℞. Quiniæ sulph.,		℈ij.
Pulv. opii.		
Argenti nitratis,	āā	gr. v.
M. ft. pil. No. xx.		
S.—One pill four times a day.		

Extract of belladona or powdered digitalis may be substituted for the opium as the case may demand. If the nitrate of sliver treatment be persevered in, you will be astonished at the good results in the way of fewer complications and a diminished mortality. Bismuth, S. nit., and plumbi acetas, are not as efficacious as the nitrate of silver. They are more useful for the control of the diarrhœa. Turpentine is to be used when convalescence is protracted beyond the usual period, which condition is generally due to slowness on the part of the ulcers to heal. It is also a very valuable remedy for the relief of tympanites, dry tongue, with sordes on the teeth and gums. Carbolic acid is indicated when any putrid element exists. One-quarter grain of the crystallized acid may be used in pill form four times a day.

Diarrhœa.—When the bowels are moved but once or twice in the day, no notice need be taken of them. If, however, the stools exceed that number, and are watery, they then tend to in-

crease the exhaustion of the patient, and must be controlled as they may seriously retard the patient's recovery. In the first place, look to the diet. If your patient has been taking beef tea, stop it. Milk and lime-water is the best food under these circumstances. Bismuth S. nitrat. in ℈j.-doses, either alone or combined with one-fourth grain of opium, every two hours, makes a very efficient remedy. If this fails, (it rarely does), then a pill composed of plumbi acetas gr. ij. with ext. opii gr. ¼ every three or four hours should be tried.

Tympanites.—This is a very constant and one of the earlier symptoms of typhoid fever, and varies very much in severity in different cases. At times it becomes so enormous as to greatly interfere with the movements of the diaphragm and the comfort of the patient. Spirits of turpentine, in from ten to twenty drop doses, in emulsion, every two or three hours, is your principal remedy for the control of this symptom. Turpentine stupes applied to the abdomen, and also in the form of enema may be tried in addition to the internal exhibition of the drug. Opium is also of value.

Hemorrhage from the Bowels.—This is more of a complication than a symptom, and is, more or less, significant of danger. Absolute quiet of mind and body should, if possible, be obtained. Ice and iced water should be freely given. The vegetable and mineral astringents, especially tannic acid and the acetate of lead, are strongly indicated. From five to ten grains of the former, or a three-grain pill of the latter, may be given every two hours. These act locally upon the bleeding ulcers and control the hemorrhage by their styptic action. Opium for this condition is capable of doing much good; first, by allaying nervous excitement, which tends to keep up the hemorrhage; second, arresting peristalsis. Fluid ext. ergot in one-half drachm doses acts through the blood upon the circular fibres of the arterioles, causing them to contract and thereby stopping the hemorrhage. Spirits of turpentine sometimes arrests the hemorrhage when all other remedies have failed.

Nervous Symptoms.—Most of the nervous symptoms are an evidence of adynamia, and require the use of stimulants. The principal symptoms are headache, sleeplessness, delirium. For the headache and sleeplessness, the bromides, either alone or combined with chloral hydrat, are strongly indicated. The action of the chloral upon the circulation (heart) should not be overlooked. From 10 to 20 grs. of bromide, with 5 grs. of chloral, with syr. zingiberis, and aq. camphora, may be given every two hours until the desired effect is produced. A five grain Dover's powder three or four times a day is a very efficient remedy to produce a good night's rest. Ice water applied to the head, together with frequent washing of the face with cologne, orange flower or bay water, is very grateful and refreshing, and tends to diminish cerebral vascular excitement.

For delirium, the above measures may be tried and generally with advantage.

3. *Stimulants*, when properly and judiciously employed, afford a valuable and important weapon in the hands of the physician. Considerable nicety and tact are required in their employment. If given at the right time and in the proper quantities, they are capable of doing much good. If, however, they be injudiciously employed without regard to the indications that call for their employment, and merely used because the patient has typhoid fever, they then may do harm. Many cases of typhoid fever get well without the use of any stimulants. This is especially so of this disease, when mild in form or when it affects children. On the other hand, life has been saved by the prompt resort to stimulants when danger was imminent. When stimulants are indicated in the beginning of the fever, the milder ones, as wine whey, mulled wine, should be employed. Later, as the symptoms become more urgent, the stronger preparations, such as whisky or brandy may be required. These, mixed with milk and eggs, in the form of milk punch or egg nogg, form a highly nutritious but somewhat heavy food, which is adapted to supply the waste consequent upon the rapid tissue changes which take place in this disease, and especially during the acme of the fever.

The indications for the employment of stimulants are:

1. As a rule, in all old persons.

2. All cases characterized by adynamic or ataxic symptoms.

3. Marked typhoid condition; *i. e.*, dry brown tongue, with sordes on teeth and gums, with excessive tympanites.

4. Persistent headache, tremulousness, and constant delirium.

5. Feeble or absent first sound of the heart, frequent feeble pulse.

6. Complications.

The kind and amount of stimulants to be used are determined by each individual case and the effect to be produced. When there is an improvement in the symptoms for which you gave the stimulus, then it is doing good. When, however, the symptoms are increased, it is then doing harm, and should be diminished or stopped entirely.

4. *Baths.*—It has been demonstrated, experimentally upon the lower animals, that excessive bodily temperature causes certain disturbances of the nervous and circulatory system, and the withdrawal of the heat by the application of cold, causes almost immediately their disappearance. If this is true in man, then it follows, *a priori*, that many symptoms of typhoid fever are consequent upon the elevated temperature. Hyperpyrexia is the cause of grave consequences, and always the source of anxiety to the physician. When the evening temperature reaches 104° F., the case assumes a somewhat serious aspect, and calls for the use of remedies for the control of high temperature. Baths for the relief of hyperpyrexia is an old custom which is being revived and introduced as an improvement in modern therapeutics. This plan of treatment is extensively employed in Europe, particularly in Germany. In America it is not as popular, probably due to the fact that there are fewer cases that demand it on account of their mildness, and probably on account of the prejudice against its use.

By a bath is understood the taking of a patient whose temperature is over 104° F., and placing him in a bath-tub containing enough water for covering the entire body. The temperature of the water to commence with should be at about 100° F., and afterwards gradually reduced by the addition of cold water or ice if necessary, until you produce a reduction in the patient's temperature. The duration of the bath is determined by each case and the effect produced. The patient is then taken out, rubbed dry, and placed in bed. If the temperature should again run high the bath may be renewed. In some cases it may be necessary to renew them as often as every two hours in order to keep the temperature down. To give the bath requires trouble, assistants, and certain appliances. For this reason the bath treatment is not very popular in private practice, and is generally resorted to in hospitals, where they have all the necessary conveniences.

There is no doubt but what baths are highly useful in cases where the high temperature threatens the life of the patient, and where you want a prompt and efficient remedy for its reduction. In thermic fever, tetanus, typhoid and typhus fevers, while the temperature sometimes reaches as high as 106° F. to even 110°F., then baths are strongly indicated. But in the majority of cases you can accomplish the same object by the modified antipyretic treatment; *i. e.*, sponging, wet pack, etc. Indeed it is always well to first begin by sponging the body or using the wet pack before you resort to the bath. When the morning and evening temperature is 104° F., then it is time to begin by sponging the body. This may be repeated as often as every two hours during the day and night. The temperature of the water for this purpose should be about the temperature of the normal body, and gradually reduced to 60° or even 40° F. If this does not keep the fever in check, then the baths or large doses of quinine may be used as a "dernier" resort.

Communications.

SHALL I LOCATE? AND WHERE?

BY GEORGE B. H. SWAYZE, M. D.,
Of Philadelphia, Pa.

(*Continued from page* 287.)

Why do not physicians collect their bills? The self-confident tyro promises himself that he will not be chiseled out of his earnings, like these poor doctors do who are always short. Let me hint to young men who think of making medicine their professionsl business, that the *business* elements of other occupations (that of the undertaker excepted) generally come to people when they are relatively well, in health and strength, when they are upon their feet, earning money, prospering, in position (if ever) to pay for what they get. But the business of the physician reaches people when they are sick, disabled, under the hand of misfortune, down on their backs, losing time and wages, hampered by extra expenses, sometimes crippled for life, and sometimes under the blight of death. Now, how are doctors to successfully collect bills under these untoward circumstances? Who solves that problem will prove a benefactor to the profession. Perhaps one says that the husband (if there be one), the bread-winner and money-earner, may not be the one who needs the medical attendance. Very well, let us take the other horn of the dilemma. Say it is the wife who is sick. She is the home-keeper, the natural family nurse; others must be procured to take her place as housekeeper and mother; expenses are increased; husband loses time; wet days prevent him from working; medicines must be bought; accounts expand; rent falls in arrears; a child or several may fall sick and double the expenses, or one may die and triple them; and with a large proportion of people in large towns, and especially in cities, this condition of affairs goes on from year to year with unforseen variations. Pray what chance has the physician to collect

fees? What is there available to collect from? Does it not rather painfully wrench his heart to be obliged to ask for money at all? Will he not rather unavoidably despise himself for adding to the burden of the unfortunate, who are no better off in worldly possessions than himself? Will he not often murmur, and justly, against the choice or the luck by which he was placed in such a painful, unfavorable position for making his way in the world? True, the doctor is almost harrassed for money; must he also harrass those who have it not to spare?

Does one say, "Collect it from the rich?" Ah, many a hard-working, proficient, sensitive physician does not have the rich for patrons! There is fashion in doctoring, as well as in dress and upholstery. And again, the rich do not propose to pay for the poor, except in their own way. The prerogatives of the prosperous are as inviolable as are the rights of any other class, and the honest physician will ever shrink from playing the freebooter because he falls in with a friend who possesses a purse; and it is the experience of some practitioners that the well-to-do, being more independent, are slower to make settlements than the less fortunate.

And yet, furthermore, before entering on the second topic of this paper, it is not until young physicians have been striving for remunerative practice for years, that they become practically conscious of the extent of the injuries they sustain through the competition of patent and other classes of proprietary medicine makers. Both in town and country the physician finds the nostrum advertiser boastfully usurping the field against him, and either covertly or openly entrenched in almost every house for the treatment of ailments in general, while the regular practitioner is too often left for a "Jack-in-a-pinch," or the last resort. Even then, he is sometimes not unlikely to have the felicity of hearing it sounded abroad that some nostrum completed the cure, if cure there was, and did more good than the doctor; while if his attendances were without avail, criticisms and reproaches season his reward.

Having decided to locate somewhere, the beginner (and often the practitioner who proposes a change for the better), earnestly seeks the best light he can obtain to aid his choice.

Although the drift of this paper is designed to throw out beacon lights from the reefs and shoals of medical practice, for the benefit of inexperienced young men setting out on their untraversed line of work, or who may have in contemplation the pursuit of medical practice for a business, its hints may be especially available by reflective practitioners who have occasion to make suggestions or give advice to others in relation to the choice of profession and location. If a young man with a penchant for the work would make a more successful *doctor* than anything *else*, he should be encouraged to devote time and means to that end; but if I believe he would succeed in life equally well, or better, in some other pursuit, common fairness prompts me to earnestly advise him to *not miss* his better chance to attain prosperity and success, by involving himself in the cumbersome cares and hindrances of medical practice—and I frankly state the reasons. Locating for practice graphically resembles locating for fishing; any sort of fisherman may get a few minnow nibbles at his hook; but to make a haul, even the most expert rod-and-reel's man must throw out line where there is enough game for supper. In many locations a man of fair attainments and natural fitness will make a living and something over from the start; in other locations the same man would be compelled "to labor and to wait" for five, ten, or fifteen years before he could consider himself successfully established, and his necessary annual income secure. This fact applies to both country and town, but the latter contingency is especially true of large cities, where, above all other places, physicians crowd in to an extent two or threefold in excess of the ratio of obtainable patients and incomes by which physicians are fairly enabled to live.

"Doctor, would you advise me to locate in Philadelphia?" a young man from the country recently asked. I believe he was a medical graduate of about a year, and had served some apprenticeship in practice in one of the large hospitals here.

"How much money have you?" was my question.

"Very little—you might call it none," was his reply.

"Then," said I, "knowing what the disadvantages are to a beginner in a city like this, the chances would be heavily against you in Philadelphia for five or ten years at least, unless you could marshal to your service the prestige of an extensive partisan acquaintanceship, or unless you possess the benefits of exceptional family influence, or unless to your moral qualities you can add a brilliancy of professional talent that readily eclipses the unusually vigilant and able competition that already overcrowds the field. But, if yours is the class of genius that will enable you to keep up appearances, make display, rent a

permanent pew, live on an expensive street, keep out of debt, and attract attention by the lustre of such work as you can get to do, and keep this up for a few years without reliance on collections, then you stand a change of getting substantial foothold."

If a man can live without money, he should be able to live anywhere; but large cities, where the highest prices prevail, where the hand must be constantly opening the purse, where people must all make their livings off of each other, and can gather nothing from the products of nature, where the exactions of fashion and custom swallow the income with insatiable grasp, where the army of the impoverished daily grows larger and the demands of charity relatively expand into a monopoly, where the disabled are immediately distanced by the forced rush of the masses, and personal identity is lost under the waves of the crowd, surely such a city would not prove a paradise to a physician without liberal resources. It is the illusive *appearances* of city prosperity that so often attract practitioners from the country, a step almost invariably attended by depreciated incomes, loss of profit-margins for years or perhaps for life, and not unfrequently indeed a partial or total freezing out from professional pursuits for a livelihood. Students attending lectures, and visiting practitioners accustomed to borough simplicity or pastoral quiet may be temporarily dazed by the sheen and glamor that large cities present, but these bead-spark les of the restless spirit of city life are but dissatisfying intoxicants of the mind, that excite expensive desires, arouse envious longings, incite improvident outlay of earnings, and sap thrift of her substantial vitality. The physician soon finds that fine clothes and fine houses are not often indicative of full purses and prompt payments; and while, to keep up corresponding appearances and exist, his expenses have been trebled above what they were in the country, his perplexing disabilities are the more prone to goad him into unhappy regrets at his unwise change of base.

Physicians and others in country places do not usually understand the high pressure principles on which affairs are worked in large cities—an exciting, disintegrating, consuming system that rushes, exacts, strains, and harasses the masses to the death. *Appearances* is the tyrant that crushes all. Necessities are made the lever of continuous oppression. Hundreds of thousands literally work their eyes out to keep a roof over head and get bread enough for the stomach to enable them to hold on. Investors in ground and builders of city houses set the high keys of monthly demands. To preserve the attractions, houses must be more or less imposing in appearance. But white marble steps and front trimmings mean for the tenant bigger rent, multiplied expenses to keep up corresponding style in furnishing, additional toil, hiring, and feeding.

This item seems inconsequent at first glance. It would be relatively so if it cut the income of the physician only; but it is the universal condition, and thereby curtails the people's means from which the doctor must expect pay. Anent to this, the anarchy of expensive, fashion-changing dress, a *sine qua non* of city modes, must be faced. If the embarrassed doctor with his wishful family expect that conscientious debtors will curtail dress expenses to pay his bill against them, he will soon find his theology in need of revision: the moral code of dress recognizes no right but to get it—knows no claim but to show it. Outside of large cities physicians would consider themselves mere cobblers in practice, if their business did not afford horse, carriage, robes, and sleigh from the start. These favored brethren of the healing craft smile at grim facts when told that, in consequence of the surfeit of doctors in cities, it takes many a plodding practitioner ten to fifteen years to reach a plane of business that comfortably enables him to keep a horse. Let items demonstrate. In Philadelphia a horse means an expense of $20 to $30 per month for stable keep; shoeing bills four times as large as are made by country roads; frequent lameness and short use caused by shock and wrench of cobble-stone driving, constant breakage, the hire and board of a lad or man to sit in the carriage and hold the beast from door to door. "Doctors do not need a horse in the city," says more than one. Quite true; if it were not also true that such is the tyranny of human caprice, that the public gauge a doctor's abilities by his horse and wagon, and he feels constrained to strive to keep up this demonstrative evidence of his competency to prescribe, even though he must be crippled with thorny debts or rigorously stint at home.

(*To be continued.*)

Infected Dispatches.

From a foreign exchange that we learn the official at the Ministry for Foreign Affairs, Paris, was stricken down by a violent attack of yellow fever. It was discovered that the disease was contracted by opening dispatches from Brazil, where the fever was raging.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM PEPPER, M. D., LL. D.,

Professor of Clinical Medicine in the University of Pennsylvania.

Reported by William H. Morrison, M. D.

Autopsy of a Case of Chronic Cardiac Disease, with Double Murmurs at Mitral and Aortic Valves—Lymphatic Pseudo-Leucæmia—Splenic and Lymphatic Leucæmia.

Gentlemen: I shall ask your attention to-day to the lesions of an interesting case of chronic cardiac disease, which had been in the hospital on several occasions, and where, after prolonged suffering, death occurred a few days ago.

From the notes taken of his condition on October 25, 1881—one year ago—I find that he was twenty-five years old, Irish by birth, but had been in this country for several years. His habits of life were moderately good. The heart disease was distinctly traceable to an attack of rheumatism, from which he suffered in 1875. In the spring of 1876, he had marked evidences of obstructive disease of the heart, spitting of blood, dyspnœa, palpitation, and the like. He gradually grew worse.

In the spring of 1880, he had an attack of measles, complicated by bronchitis. With this, there was bloody expectoration.

In the winter of 1880–81, he had repeated attacks of bronchitis, with spitting of blood and dyspnœa, to such an extent that he could not lie down.

When admitted to the hospital (October, 1881) there was congestion of the lungs, general dropsy, marked enlargement of the heart and organic disease of the mitral and aortic valves. He improved greatly under treatment, and left the hospital to do light work.

He returned to the institution June 8, 1882, and remained until his death, which occurred on the 28th of this month. On his return the physical signs were much the same; the evidences of enlargement more marked and the pulmonary stasis constant and extreme. He was cyanotic; the extremities were bluish, but not dropsical. The apex beat of the heart was felt in the sixth interspace, one inch outside of the nipple. The impulse was strong and heaving, and the area of pulsation greatly extended. The whole præcordia was distinctly prominent. There was a slight impulse felt in the fourth interspace, at the right border of the sternum. This was due to dilatation of the right ventricle. The impulse of the heart was also felt in the epigastrium. The cardiac dullness extended to the left of the sternum, in the second interspace, one and a half inches; in the third interspace, three inches, and in the fifth and sixth interspaces, to the nipple line. The dullness also extended to the right of the sternum in the third interspace.

The mitral valve was the seat of a double murmur, of which the systolic or regurgitant was loud, coarse, and of low pitch, and was transmitted to the angle of the left scapula. The other, apparently due to mitral roughening, was presystolic in time, and was heard best over the body of the heart and inside of the apex beat. At the aortic valve also were heard two murmurs, a systolic and a diastolic. The former, dependent upon obstruction, was loud, coarse, of low pitch, and was carried well into the vessels of the neck.

The diastolic murmur, due to regurgitation, was heard best at the aortic cartilage, and was transmitted, as such murmurs constantly are, along the border of the sternum.

The heart's action was irregular both as regards its rhythm and its force. The lungs were much congested, and crackling rales were heard over all parts of them.

He was again relieved by treatment, but the relief proved but temporary. The heart failure became more marked, and at last caused his death.

We had here evidences of grave organic disease of the heart; dilated hypertropy of both ventricles and auricles, disease of the mitral and aortic valves, along with intense pulmonary congestion and repeated attacks of hemorrhage. The hemorrhages in this case were unusually severe. We should, therefore, expect to find intense congestion of the lungs, and I should not be surprised to find that there was apoplexy of the lung—that there were thrombi in that organ.

Let me now refer to the notes of the post mortem, which was made on the 28th of this month. There was no special emaciation. There were old pleuritic adhesions, and a little effusion was found both in the pleural and pericardial sacs. The lungs were intensely congested, and in the lower lobe of the right lung there were several hemorrhagic infarctions. On section, the alveoli were found to be thoroughly infiltrated with coagulated blood. These infarctions are partly the result of rupture of the vessels, and coagulation of the blood in the alveoli of the lung, and partly of coagulation in the minute vessels of the part. These hemorrhagic infarctions are quite common in obstructive diseases of the heart, being most common where the mitral valve is the seat of obstruction; at the same time, I have found them in cases of mitral regurgitation and in diseases of the aortic valve.

The heart was greatly enlarged, weighing 900 grams (30 ounces). The normal weight of the heart is eight ounces. The average weight of enlarged hearts may be said to be about fifteen ounces. A heart of twenty-five ounces is very large, and one of thirty is enormous; but I have seen hearts weighing over forty-five ounces.

Here is the heart. It is a bovine heart. There is dilatation of all the cavities and walls. This is most marked in the left ventricle. The walls are thicker than normal. The fact that the walls have maintained their thickness in spite of the great dilatation of the cavity, shows that there must have been great hypertrophy. The auricles are much enlarged; the left being almost as large as the normal heart. We also note that there are a great many ante-mortem clots. These are firm, white, adherent; wound around the irregularities of the lining of the ventricle. The clots in the right ventricle pass around the fleshy columns, but have not to any great extent obstructed the tricuspid valve. The tricuspid valve is not ma-

terially thickened. You must, however, remember that the right ventricle is so much dilated that when it was filled with blood, the valve could not close the enlarged orifice, so that, while there was no especial disease of the tricuspid valve, it had become, in consequence of the great dilatation of the ventricle, practically insufficient. During life we recognized the dilatation of the right ventricle by the extension of dullness over the sternum and the appearance of pulsation at the right edge of the sternum in the fourth interspace. The time when the tricuspid valve became insufficient to close the dilated auriculo-ventricular orifice, was marked by the sudden appearance of distension and pulsation of the jugular veins at the root of the neck. The pulsation was due to the impulse transmitted through the tricuspid valve and the auricle to the blood in the descending vena cava.

The pulmonary artery is decidedly thickened and dilated. Its walls are as thick as those of a normal aorta. This has resulted from the long standing congestion of the lung, throwing increased work upon this vessel.

On the left side there are a few white clots, but they do not pass into the aorta. Though attached to the leaflets of the mitral valve, they are not large enough nor are they located so as to greatly interfere with the functions of the valve.

As I have said, there was double disease of the aortic valve. Here we have the evidence. The leaflets have, as a result of chronic inflammation, become shrunken and contracted, and are no longer able to close the aortic orifice; consequently there was regurgitation. These valves are as stiff and hard as though they were made of wood. They are situated directly across the channel of the blood, and hence, when the ventricle contracted, the blood came in contact with these stiff, rough valves, giving rise to marked obstruction, there was produced a strong systolic murmur. The orifice of the mitral valve is so contracted that I cannot pass my index finger through it. This has been caused by inflammation of the valves with adhesion between the leaflets. There is left only a button-hole-like orifice. On the auricular side of this valve there is a layer of calcareous matter. There has been here a mass of granulation, the organic matters have been absorbed, and this calcareous plate has been left. You can easily understand how this condition would cause the hoarse, presystolic murmur heard during life. Although the mitral opening was so small, the valves could not close it perfctly, hence we had mitral regurgitation.

The original lesion in this case was the double valvular lesion with two murmurs at each valve. This was followed by dilatation and hypertrophy of the left ventricle, and this led to the same condition in the left auricle. This caused enormous pulmonary engorgement. The great obstruction to the passage of the blood through the lungs led to dilatation and hypertrophy of the right ventricle. Eventually, this became so marked and the stretching of the auriculo-ventricular orifice so great that the tricuspid valve was no longer able to close it, and we then had great distension and pulsation in the jugular veins.

The abdominal cavity contained a straw-colored fluid. There were evidences of an old peritonitis, thickening of the peritoneal membrane, and adhesions. These were particularly marked about the region of the liver.

The liver was diminished in size, weighing three and a half pounds, and exhibiting the changes of red atrophy, that is, chronic congestion with some thickening of the interstitial tissue.

The spleen weighs nine ounces, and is the seat of a hemorrhagic infarction, which is hard, resistant, and yellow in color. On section it is wedge-shaped. Originally this was of a purplish color, but gradually the hæmatin of the blood corpuscles was absorbed and the organic parts passed into a state of fatty degeneration. the altered hæmatin and the oil globules giving this yellow color, which is characteristic of old hemorrhagic infarctions.

I wish you to note particularly the differences between these hemorrhagic infarctions of the spleen and the little yellowish-gray bodies studded through the spleen in splenic leucæmia. On microscopical examination, the infarctions present simply the evidences of altered blood clot with degeneration of the elements of the spleen, while the other little bodies are shown to be the result of hypertrophy of the lymphatic elements of the spleen. These become enormously overgrown, sometimes appearing as little bodies of the size of a split pea, studded through the organ, and sometimes running together, forming masses as large as a marble. They are of a grayish color, but may from fatty degeneration become of a yellowish-gray.

The kidneys were enlarged, each one weighing eight and one-half ounces, and presented the changes which are met with in chronic heart disease, *i. e.*, evidences of long-standing congestion, enlargement of the vessels and thickening of the interstitial tissue. I think that the microscope will also show the presence of catarrhal nephritis.

The description of these anatomical changes will be of interest and value when we come to study the clinical relations of cardiac lesions.

Lymphatic Pseudo Leucæmia.

(*See* REPORTER, *Vol. XLVII., p.* 708.)

You will remember that a week ago I brought before you the specimens from a case with the following history. A young man twenty-two years old, a resident of Mauch Chunk. He had had for nine years a slight enlargement of the glands under the right ear. Gradually other glands became involved. All the swellings were painless, except one under the left ear, which was slightly tender. Six months ago urination increased in frequency until he had to pass his urine every five minutes day and night. After this, he began to have pricking pains in the legs, extending from the crest of the ilium to the ends of the toes. The pains growing worse obliged him to quit work. He then had angeioleucitis of the left leg, due, probably, to the pressure of a large mass of glands in the left groin. There had been some loss of flesh and occasional bleeding from the nose and once from the bowels. There was great enlargement of the liver and spleen, and a soft murmur was heard over the heart. Later, entire paralysis of both extremities occurred. An examination of the blood showed that the red corpuscles were decreased in number, but that the white were not increased. The exact number of red corpuscles to

the cubic millimetre was not determined, but the reduction was considerable. The patient continued to fail and died in a state of intense anæmia.

The *post mortem* examination showed numerous masses of enlarged glands in the neck, axilla and groin. The abdominal glands were also greatly enlarged, and it was by their pressure upon the nerves emerging from the spinal column that the pain, the alteration of sensation, and finally the paralysis of the lower extremities, had been produced. None of the enlarged glands appeared to enter the spinal cord, although we had not the opportunity of positively determining this. The liver and spleen were both greatly enlarged. There were none of the little bodies which I have described as occurring in splenic leucæmia.

I told you that I should return to that case and consider with you the results of the microscopical examination of the enlarged glands. In studying the case last week, it was clear that these enlargements were not cancerous, they certainly were not scrofulous, and the evidence was totally against their being syphilitic. There was then every reason to conclude that this was an instance of that curious group of diseases where we find affection of the lymphatic tissue with dyscrasia of the blood, and which are grouped under the general name of leucæmia (a very bad name). Leucæmia means white blood, an excess of the white corpuscles. We meet with cases of this disease in which there are organic lesions of the lymphatic glands. This constitutes lymphatic leucæmia. In other cases the lymphatic glands are not much involved, while the spleen is greatly enlarged; this is splenic leucæmia. With either of these the liver may be greatly enlarged. There is a third form of the disease in which neither of these organs are enlarged, but in which the lymphatic elements in the marrow of the bones have undergone hypertrophy; this is medullary leucæmia. We have then lymphatic, splenic and medullary leucæmia.

In some of these cases, neither at the beginning nor towards the close, do we find any increase in the number of the white corpuscles, but a progressive reduction in the number of the red. This you cannot call leucæmia, because the condition which gives to the disease that name is absent. This class of cases is therefore called pseudo-leucæmia. Of these we have three varieties according to the seat of lesion, lymphatic, splenic, and medullary pseudo-leucæmia. We have then a group of cases in which the general characteristics are the same. They all have the same downward course, uninfluenced by treatment, the same progressive anæmia; the blood in all shows a great reduction of the red corpuscles, sometimes with and sometimes without increase in the number of white, and they all show changes either in the lymphatic glands, the lymphatic follicles of the spleen, or in the marrow of the bones. This whole group of diseases must be regarded as a pathological unit, and should be brought under one general term. This would render their recognition much easier. They might be named after some one who has described them. Hodgkin describes one form, which is known by his name. I have no objection to the whole group being called Hodgkin's disease. Some years ago, I proposed a term which is perhaps being slowly adopted. In all these cases, there is a defective crasis of the blood, there is defective elaboration of the blood, or æmotosis. I therefore called this group of cases by the name of anæmotosis, meaning simply defective elaboration of the blood. This term embraces all cases, and is the only one yet suggested which does embrace all.

In the case of which I have spoken, the microscopical examination showed it to be one of lymphatic pseudo-leucæmia or Hodgkin's disease. This is perhaps the rarest, excepting medullary pseudo-leucæmia, of the six forms of anæmotosis.

I am induced to return to this subject by the fact that I have to-day the opportunity of showing to you a case of splenic leucæmia.

Splenic and Lymphatic Leucæmia.

I shall first call attention to the main points in the history of the present case. This gentleman, 41 years old, noticed some eight or nine years ago enlargement of the glands at the angles of the jaws, armpits, and groins. They came without obvious cause, and being in perfect health he paid no attention to them. One of the most curious things about all these cases is the want of a definite cause. Frequently this disease comes on in people who appear to be entirely healthy, who are in comfortable circumstances, who are not living in an unhealthy district, and who are not the subjects of any inherited or acquired disease. If I were to be governed by my own experience, I should suggest two thoughts in connection with the causation of anæmatosis:

1. I have seen these cases arise after nervous shock or strain; for instance, a man is working hard to hold up a business during bad times, and finally fails: he goes through a terrible mental strain, and soon the symptoms of this disease appear. I have seen such cases. The same thing happens with other great dyscrasiæ. Time after time have I seen cancer make its appearance in persons predisposed to it, after nervous shock or strain.

2. I have seen anæmotosis develop in cases where for a long time there had been going on some local irritative process; for instance, a minute abscess lasting for many years. It is not impossible that some infectious matter may be absorbed from such a centre and so taint the system and influence the general nutrition as to act as a cause of this obscure disease. I have seen the disease occur in those who for years have had defective teeth and caries of the maxilla, also in patients with ulcerated hemorrhoids, chronic diarrhœa, and enlargement of the follicles of the intestinal mucous membrane.

In the present case, after this enlargement of the glands had continued for some time, he noticed the gradual development of muscular weakness. This increased and was associated with marked pallor and all the appearances of anæmia. His heart began to be easily excited. There has not been much loss of flesh; the appetite remains good, and the digestion continues fair. There is no apparent reason why the nutrition should all the time be suffering and the crasis of the blood to be continually growing worse.

This is the history: a gradually increasing muscular debility and an irritable state of the circulation, without much loss of flesh, no commensurate loss of appetite or failure of digestion,

and no morbid discharge to account for the symptoms.

The lymphatic glands are not much enlarged, but there is a great increase in the size of the spleen. It extends from four inches above the margin of the ribs downward to a little below the crest of the ilium, and from the line of the kidney behind to a line midway between the median line of the body and the side in front.

Of course, under such circumstances, an examination of the blood is necessary. It is only by this that we can make a positive diagnosis. I wish not only to make a microscopical examination of the blood, but shall reserve some of it in order to have the number of corpuscles counted. The blood that flows from the prick in the finger is exceedingly thin, scarcely making a stain. Under the microscope, I find a great number of white corpuscles. I have never seen a greater excess of white globules. The red corpuscles do not form rouleaux. From this cursory examination, I should say that there were as many, if not more, white than red corpuscles. I shall have an accurate enumeration made of these cells.

This, then, is a case of splenic leucæmia, *i. e.*, anæmotosis, in which the spleen is chiefly involved with great increase in the number of white cells.

The treatment of this condition requires some attention at our hands. As a general rule, treatment is unsatisfactory. For reasons which I shall mention at another time, I propose to treat this patient by a prolonged course of mercurials in alterative doses.

As the hour has expired, I shall have to return to this subject on some future occasion.

Note.—The result of the enumeration of the blood corpuscles made by Dr. Wm. E. Hughes was as follows:

Normal number of red globules per cu. m. m.	5,000,000
Normal number of white globules per cu. m. m.	20,000
In the above case, number of red globules per cu. m. m.	1,300,000
In the above case, number of white globules per cu. m. m.	1,245,000

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

Valvular Disease.

The next patient was admitted to the hospital on October 20. Name, M. V. Age, 30 years. Is married. Occupation, a bar-tender. His father died of Bright's disease at the age of sixty-two, and had never had rheumatism so far as the patient knows. His mother died of a cancer. The patient has always been a hard drinker, and he drank every day, with no seasons of intermission; but he never became intoxicated. He left off drinking a year ago. Twenty years ago he had an attack of rheumatism in the large joints, and was confined to his bed for one year. Since then he has had frequent attacks in all the large joints, and two years ago he had one which lasted two weeks. He has had the clap several times, and a chancre on the penis, followed by constitutional syphilis, but with no important results. He was generally healthy until fourteen months ago, when he first began to notice that he became short of breath, and had a distressing cardiac palpitation on going up stairs or whenever he exerted himself. On this account he gave up work last June and went to Saratoga to recuperate. He stayed there one month, and then returned home again and he went back to his work, where he had to stand up a good deal. He soon had swelling of the feet and ankles and legs up to the knees, and this got steadily worse, so that two months ago he again had to give up work. He has since been troubled with dyspnœa, even when lying in bed, and he sometimes sees spots floating before his eyes, and has attacks of vertigo. One week ago his abdomen became swollen, and he has been troubled with flatulence and some indigestion. His appetite is fair. Has no ringing in the ears, and no headache, and no urinary symptoms. During the past year his heart has sometimes stopped beating for a moment, and he has frequently been annoyed by a peculiar painful sensation over the nipple, which comes on and stops suddenly He has had no angina pectoris.

Gentlemen, there are some points in the subjective history here to attract our attention. In considering the hereditary history, it is always important to bear in mind the correlation of diseases, of which I have before spoken. You may not always find a direct inheritance of the same disease, as of rheumatism from rheumatism, or of gout from gout. But this fact should not lead you to suppose that there may not be an indirect inheritance of one disease from another of kindred nature. This patient has had rheumatism, but his father died of Bright's disease, and is not known to have ever had rheumatism. Yet it is possible that the Bright's disease was the sequence of a cardiac disease which had a rheumatic origin. There are many diseases which correlate each other, and it is as important to recognize this relation as to see the direct connection between certain diseases. This is especially true of nervous diseases. One variety of the affection may appear in the parent and another in the child, or one variety may appear in one child and another in another child. So always bear in mind the fact that the neurotic taint may manifest itself in the different members of a family, and in their posterity, in different ways.

In this man's personal history we see that he has been a hard drinker always, but that he did not get intoxicated. This is generally considered an accomplishment among drinkers; but it is not so. For because they do not easily get intoxicated, they therefore think that they can drink a good deal without doing themselves any harm, and so they are constantly poisoning themselves with alcohol without knowing it. The man who does not get drunk drinks all the time, but the man who gets intoxicated easily is not so continually irritating his viscera with poison.

Twenty years ago he was confined to bed for one year with rheumatism in all his large joints. He was then ten years old. As a rule, young persons who have been confined for months with rheumatism, will find that at some future time they will be troubled with cardiac disease.

He has had clap several times. Some men can

never be exposed to the contagion of clap without taking it, and in my experience this has been the rule in men with a gouty history. I find that persistant and obstinate catarrh of the urethra are very commonly associated with a gouty or rheumatic habit of constitution. He has also had constitutional syphilis, which did not amount to much. And this leads me to remark that syphilis is often an exceedingly innocent disease, and passes away without doing any permanent injury. In some people there seems to be no susceptibility to its poison.

He was quite well until fourteen months ago, when he noticed that he had dyspnœa and a distressing cardiac palpitation on exertion. These are the symptoms which usually first call the attention of the patient to a heart disease which has existed for many years before. The explanation of this is a capital fact in the pathology of cardiac disease. A valvular disease, for instance, occurs in a child ten years old, and it produces considerable obstruction to the current of blood, yet for a long period nature will compensate for this obstruction, and so no special attention will be attracted to the heart. But after many years there comes a time when this compensation ceases to be effective, and then troublesome symptoms begin to be noticed. The muscular tissue of the heart begins to degenerate, and so it has not power enough to overcome the obstacle, and then we get pulmonary congestion, and hence shortness of breath on exertion, and we find the heart enlarged, and all the other associated symptoms of valvular disease. This is the usual history of the patients who come to this hospital.

We now come to the objective examination.

Inspection.—You notice that his legs are bandaged below the knees, and his thighs are swollen and œdematous, and feel doughy, and pit on pressure. There is no swelling of the scrotum, as is frequent in these cases, for it has subsided because he keeps in the recumbent posture.

There is a slight accumulation of fluid in the abdomen, which gives a distinct sense of fluctuation. A pulsation can be plainly seen in the precordial region, lower and farther to the left than is normal. The apex, which should be in the fifth intercostal space, is here in the sixth, and as much as two inches to the left of the nipple. This, with the diffused precordial pulsation, is an evidence of hypertrophy of the heart.

Percussion.—The upper limit of precordial dullness is a little lower than normal here, and it begins in the second intercostal space at the upper margin of the third rib. To the left of the sternum the line of dullness begins on a line with the nipple, and extends one and a half inches farther to the left; and downwards the dulness extends below the sixth rib. The area of precordial dullness is therefore increased one-third to one-half. The weight of the heart drags it downward lower than usual, and the hypertrophy extends to the left, because the left ventricle is mainly involved.

Auscultation.—In listening for a heart murmur, the first thing to be determined is the relation of the murmur to the rhythm of the heart-sounds. This is often difficult to tell, even for experts. Sometimes this relation can be determined by first placing the finger on the radial artery and counting the beats until the rhythm is firmly fixed in the mind, and by then listening to the heart determine the relation of the rhythm to the two heart-sounds.

The next thing is to ascertain the point at which the murmur is heard with the greatest intensity. In this patient a murmur is heard with the first sound of the heart, and is a systolic bruit, and occurs while the ventricles are contracting and the auricles filling. This is sometimes called a direct murmur, and one occurring with the second sound, an indirect. This murmur is heard with the greatest distinctness not at the apex nor directly over the mitral valve, but at a point midway between the two, in the fifth intercostal space. We have here now determined the relation of this murmur to the rhythm of the heart, and its point of maximum intensity. It is therefore due either to an obstruction to the blood in passing through the semilunar valves, or to an insufficiency of the mitral valves allowing a regurgitation. The latter is the case here. Because of this regurgitation of the blood into the left auricle, it becomes overfilled and distended, and by thus interfering with the emptying of the pulmonary veins, causes an engorgement of the lungs. The right lung is most engorged here, for it expands less in respiration, and is somewhat duller on percussion than the left. The respiratory murmur on the left side is slightly exaggerated. On the right there is some retraction of the chest, and there is decided feebleness of the respiratory murmur. And over the lower half of the lung bronchial respiration and some moist crepitant rales are heard. The specific gravity of the two lungs is different. The right one is heavier, denser, and contains more blood; in other words, it is somewhat congested.

This pulmonary congestion is the first step in the process of the backing up of the circulation, due to the cardiac failure. And dyspnœa results now from the interference with the interchange of carbonic acid gas and oxygen between the blood and the lungs. The next step is dilation of the right ventricle from over-distension, and the insufficiency of the tricuspid valves, and so overfilling of the right auricle, and hence obstruction to the return systemic circulation.

In this man the area of hepatic dulness is increased downwards almost to a level with the umbilicus. This and the abdominal dropsy are evidence of obstructed portal circulation, and the general dropsy shows that the systemic veins are obstructed. Another evidence of the mechanical obstruction to the circulation in this case is the presence of albumen in the urine. Here we have seen the mechanics and the ordinary history of heart disease.

The extent and frequency of these secondary lesions are variable. There is usually congestion in the lungs, but the systemic and portal congestion are not so constant. Sometimes there is systemic congestion shown by the presence of albumen in the urine, but there is no portal congestion; in other cases, no albumen will be found, but there are evidences of obstruction to the portal circulation. Why there is this variation, I cannot explain.

One other point should attract our attention, and that is the character of the pulse in mitral regurgitation. Its peculiarity might be inferred from the action of the heart. Its weakness and

feebleness are the special points. So in this patient we find it a small, thin, and thready pulse.

A consideration of the subjective and objective phenomena of this case, renders a correct diagnosis easy. Our attention was especially arrested by the presence of a valvular murmur. And I speak of this again, in order to call your attention to a very important point. The murmur is not the most important symptom here, and by itself is not to be especially considered. A very common error is to exaggerate the significance of a murmur without inquiring into its cause or considering the condition of the patient. There may be heard a very loud murmur, and yet be no organic disease of the heart, as is the case in anæmic patients often, where a loud systolic murmur is heard. There are other murmurs the cause of which is not explained, called functional murmurs, which may be present for long periods; but they are not followed by either lung or systemic congestion, and are of no significance. By and of itself a murmur may mean little or nothing, and is only to be considered in connection with the accompanying phenomena. Patients are often severely frightened and made miserable by the hasty verdict of heart disease from the doctor; and though he afterwards finds that he has made a blunder, yet it is hard to make the patient believe that his first diagnosis was not correct. There is no organ about which patients are so sensitive, as the heart. Bear in mind the sensible remark made by Fothergill, of London, on this point, who says that "you should never speak to a patient about the presence of a murmur unless you are thoroughly satisfied as to its significance." Again, a murmur may exist for many years before it has any significance, and the patient should have the benefit of these years and not be troubled with anticipations of evil. He should merely be cautioned against over-exertion. And so he may live very comfortably until the period of compensation has passed.

There is, then, no question as to the diagnosis and prognosis in this man's case. There is so much to be said on the subject of treatment that I will defer that to another time.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Infant Foods.

BY PROF. ALBERT R. LEEDS, PH. D.,

Of the Stevens Institute of Technology, Hoboken, N. J.

[Read by invitation, May 2, 1883.]

(*Continued from page* 294.)

An examination of the great variety of infant foods, the analyses of which are given in the following pages, shows that they can be classified most conveniently under the three heads of Farinaceous, Liebig's Foods, and Milk Foods (including condensed and preserved milk).

I. *Farinaceous.*

A. Wheat previously prepared by baking, including:

1. Blair's Prepared Wheat Food; 2. Hubbell's Prepared Wheat Food; 3. Imperial Granum; 4. Ridge's Food.

B. Mixtures of various cereals.

5. "A B C." Cereal Cream; 6. "A B C." Cereal Milk; 7. Robinson's Patent Barley.

II. *Liebig's Foods.*

8. Mellin's; 9. Hawleys; 10. Horlicks; 11. Keasbey and Mattison's; 12. Savory and Moore's; 13. Baby Sup No. 1; 14. Baby Sup No. 2.

III. *Milk Foods.*

15. Nestle's; 16. Anglo-Swiss; 17. American Swiss; 18. Gerber's.

CLASS I.—A.

	1. *Blair's wheat food.*	2. *Hubbell's wheat food.*	3. *Imperial granum.*	4. *Ridge's food.*
Water.....	9.85	7.78	5.49	9.28
Fat.....	1.56	0.41	1.01	0.63
Grape-sugar..	1.75	7.56	trace	2.40
Cane-sugar...	1.71	4.87	trace	2.20
Starch.....	64.80	67.60	78.93	77.96
Soluble carbohydrates...	13.69	14.29	3.56	5.19
Albuminoids.	7.16	10.13	10.51	9.24
Gum, cellulose, etc....	2.94	undeterm'd	0.50	
Ash.....	1.06	1.00	1.16	0.60

1. *Blair's Wheat Food.*—It is claimed that this is prepared from choice wheat in such a manner as to retain all the nutritive constituents and reject those which are irritating or otherwise objectionable. Moreover, that by cooking such physical and chemical changes have been brought about as to facilitate mastication and the subsequent action of the fluids of the stomach, thereby rendering the food more easily digested. It is stated to be especially beneficial in intestinal diseases like dysentery, cholera infantum, etc.

Uncooked, this flour has a sweet pleasant taste. When cooked according to directions it forms a very smooth paste with a faint tinge of color, resembling arrowroot in its flavor and quite palatable without the addition of salt, sugar, milk, or other accompaniments.

2. *Hubbell's Wheat Flour.*—Claimed to be made from wheat alone, floured and carefully baked from eight to ten hours, at about the temperature of boiling water. "It includes all the flesh-forming constituents, earthy and saline elements of the grain, with only a portion of the starch, and none of the silicated coating. It keeps without change."

This flour is quite sweet and palatable even in its uncooked form, and when moistened with the saliva is more pasty than the Blair's wheat flour. When cooked it forms a perfectly white smooth paste, with a very delicate flavor. It is more starch-like in consistency than Blair's, a difference due in part to the larger percentage of starch, and less pronounced in flavor, this being probably due in some degree to the smaller percentage of fat. In both Blair's and Hubbell's the per cent. of gum, cellulose, etc., is extremely small, in the latter so small that it was not determined. In nitrogen Hubbell's is much richer than either of the other two preparations, and its value for purposes of nutrition correspondingly greater. The reaction of Blair's food and of Hubbell's is in each neutral.

The excess in the amount of saccharine matter in Hubbell's food above that contained in ordinary wheat flour induced me to write for particulars of

the change which it had undergone. The process I was informed is as follows: A large baker's oven is heated to about 340° to 360° F. The flour contained in shallow Russia iron pans is then put in, the fire having meantime been withdrawn, the oven closed, and the flour left there about twenty-four hours. When the oven is reopened, the temperature will have fallen to 100°, and after sieving, the prepared flour will be ready for use. The flour used is the best grade as made by the roller process, the second grade containing more starch, less gluten, being that bought and used by bakers.

The two following analyses, the first of Hubbells' prepared wheat flour, the second of the flour from which the first was obtained by the process of baking as conducted in the manner above described, are interesting and important as elucidating the nature of the changes thus induced.

	Wheat flour.	*Same baked.*
Water	9.62	7.78
Fat	1.01	0.41
Grape-sugar	2.34	7.56
Cane-sugar	2.46	4.87*
Starch	76.07	67.60
Soluble carbo-hydrates	5.66	14 29
Albuminoids	7.47	10.13

It will be seen that the flour has lost moisture in baking, and also a portion of its fat. These changes, however, are of little moment compared with the considerable decrease of starch and its conversion into saccharine bodies. The soluble carbo-hydrates are considerably more than doubled, and this change is one of the greatest value and importance, so far as the dietetic value of the prepared food is concerned. The considerable increase in the percentage of albuminoids I am unable to account for.

3. *Imperial Granum.*—It is stated to be "in composition principally the gluten derived by chemical process from very superior growths of wheat—a solid extract." Dr. Fowler states (*Amer. Jour. Obstetrics*, April, 1882), as the result of his microscopical examination, that if the material from which this preparation is derived contains any gluten at all, the "chemical process" resorted to in order to extract it has at the same time either destroyed it, or so altered its character as to render it no longer recognizable by the usual tests. This is an excellent illustration of the difficulty which is encountered in deciding with the microscope upon the constitution of a cereal after treatment; for whilst Dr. Fowler's statement of the microscopic appearance is in accordance with my own observations, yet as a matter of fact the Imperial Granum contains 10.51 per cent. of albuminoids. On the other hand, this is not sufficient by any means to bear out the statement that the Imperial Granum consists principally of gluten. According to Dr. Fowler, it is simply coarse barley flour. My own observations make it a wheaten preparation.

4. *Ridge's Food.*—It is advertised as "prepared from carefully-selected winter wheat," reduced to an almost uniform fineness. The product is then thoroughly cooked by a steam-baking process, which gradually changes a large proportion of the starch into dextrine, excluding only the woody fibre. It is afterwards rendered a little sweet and slightly alkaline.

Dr. Fowler states (*loc. cit.*) that the Ridge's food is apparently barley flour finely ground, and that the odor, dough, and microscopic appearance indicate no other ingredients. I have placed it, in accordance with my own observations among the wheat preparations. Both Imperial Granum and Ridge's food when cooked are very palatable. Both have a neutral reaction. Both have a considerable percentage of albuminoids, that of Imperial Granum in the two samples analyzed being the higher, and both have a very high percentage of starch.

It should be very carefully borne in mind that wheat flour after carefully baking is extensively altered, and that the albuminous bodies become considerably more soluble in water. A wheat flour, which in its original condition would yield after baking a very considerable amount of crude gluten on washing, after baking will leave a much smaller quantity, and for this reason the percentage of crude gluten in baked flours cannot be roughly estimated by washing and drying. For the same reason a baked wheat flour may be mistaken for barley flour, which gives a non-glutinous dough.

Class I.—B. Mixture of Various Cereals.

	6. "*A B C*" *Cereal Milk.*	7. *Robinson's Patent Barley.*
Moisture	9.33	10.10
Fat	1.01	0.97
Grape-sugar	4.60	3.08
Cane-sugar	15.40	0.90
Starch	58.42	77.76
Soluble carbohydrates	20.00	4.11
Albuminoids	11.08	5.13
Cellulose, gum, etc.	1.16	1.93
Ash	—	1.93

5. "*A B C.*" *Cereal Cream.*—Stated to be "prepared from the most nutritious and digestible parts of the choicest wheat and barley, with all impurities removed." It appears to be a coarse meal of wheat and barley, but I did not analyze it, the box which I purchased being probably old and its contents spoiled.

6. "*A B C.*" *Cereal Milk.*—"Prepared by a scientific admixture of the nitrates and phosphates of wheat with the whole barley; and after adding the required sugar, we have secured an analysis almost identical with human milk. The wheat is first cleansed, then hulled, coarsely ground, and the surplus starch removed, leaving the nitrates and phosphates. The barley is hulled, crushed, and mixed with a proper proportion of the wheat nitrates and phosphates. The mixture is cooked by steam, desiccated, ground into fine flour, specks bolted out, and the requisite amount of sugar added."

The statement that "this food corresponds nearly with human milk in its nutritive ingredients" is untrue. The proportion between its various constituents is entirely unlike that in human milk, and more than half consists of starch, a body entirely foreign to milk.

7. *Robinson's Patent Barley.*—"Patent barley, technically, is ground pearl barley. Yet this preparation, while possessing most of the characters of what it purports to be, is somewhat unlike pure barley flour. Its dough is more adhesive, and the white color, together with the

* With some dextrine.

mild barley odor, suggests the admixture of wheat flour. No gluten cells are seen, but there are numerous granules unaffected by iodine, and turned red by carmine (albuminous matter). The microscopic examination shows starch granules free and in bundles, held together by the cellulose. The larger corpuscles are probably those of wheat." I have adopted this description of Dr. Fowler, although I am inclined from my own observations to regard the preparation as merely barley flour.

CLASS II. LIEBIG'S FOODS.

	8. Mellin's.	9. Hawley's.	10. Horlick's.	11. Keasbey and Mattison's.	12. Savory and Moore's.	13. Baby Sup, No. 1.	14. Baby Sup, No. 2.
Water.....	5.00	6.60	3.39	27.95	8.34	5.54	11.48
Fat	0.15	0.61	0.08	None	0.40	1.28	0.62
Grape-sugar...	44.69	40.57	34.99	36.75	20.41	2.20	2.44
Cane-sugar* ..	3.51	3.44	12.45	7.58	9.08	11.70	2.48
Starch	None	10.97	None	None	36.36	61.99	51.95
Soluble carbohydrates....	85.44	76.54	87.20	71.50	44.83	14.35	22.79
Albuminoids. .	5.95	5.38	6.71	None	9.63	9.75	7.92
Cellulose, gum, etc.....	.....	.....	.....	.....	0.44	7.09	5.24
Ash	1.89	1.50	1.28	0.93	0.89	Undet.	1.59

The first three are dried foods, in brown or granular masses, and very sweet; the Mellin's food looking and tasting very much like pulverized candy. Their aqueous solutions, besides this sweet, had an after taste of alkaline salt. Under the microscope Horlick's food exhibited very few starch granules, some cellulose, hairs of wheat, but mostly dark bundles of entirely unrecognizable granular matters, probably converted starch. Mellin's food goes almost entirely into solution, and I failed to recognize under the microscope the minute irregular granular matter left behind. The materials sent to me by the manufacturers of Horlick's food, as representing their regular consumption, consisted of fine white wheat flour not baked, good barley malt, and pure bicarbonates of soda and potash. Singularly enough, the reaction of the Horlick food analyzed was acid; that of the Hawley's food was alkaline likewise, while the Mellin's food was alkaline.

The analyses reveal certain striking points in connection with these Liebig's foods. The percentage of fat is extremely low, that of grape-sugar very high. In Horlick's and Mellin's there is no unconverted starch, in Hawley's 11 per cent. In Mellin's there were 5.95 per cent. albuminoids, and in both the others the percentage was very low; that in Horlick's, the larger, being but 6.71 per cent. Hawley's is very light colored, less sweet than the other two, is more finely powdered, and has a smell resembling that of a cereal which has been submitted to torrefaction. The 10.97 per cent. of starch indicates either that the wheat and barley malt have undergone very partial conversion into grape-sugar, or that this percentage of starch has been added in some form after the liquid products of the conversion have been evaporated to dryness.

*These determinations are probably higher than they should be, owing to the influence of dextrine upon the sugar determinations, but if there is an error it is of the same amount in every case.

In my first paper upon this subject (*Sixth Annual Report of the New Jersey State Board of Health*) I fell inadvertently into an error in speaking of Mellin's food. The original table (p. 206 of that article) stated that this food contained 5.95 per cent. of albuminoids, which was correct. Subsequently, in writing out the report, a second table was prepared for convenience in writing out my work, and into this table the clerical blunder was introduced of including the albuminoids, 5.95 per cent., along with the insoluble residue, 3.46 per cent., and putting down the sum, 9.41 per cent. under the latter head, and thus leaving zero for the percentage of albuminoids. This error I am very glad to correct in this place, as well as the misapprehension into which it led me, that the supposed absence of albuminoids indicated the failure to use wheat and barley malt in the preparation of this food. On the contrary, the constitution of the food shows that both these articles were used, together with bicarbonate of potash, and the Mellin's is a genuine Liebig's food.

In fact, the percentage of albuminoids in a Liebig's food has not the same relative significance as it has in the case of Class I., or Farinaceous Foods. This point may be best explained by an examination of the analyses of Savory & Moore's Infant Food and the Baby Sups. These are composed of the materials out of which, by a long and tedious process of conversion, a food like Nos. 8, 9, and 10 is made. This process is as follows: Equal parts of wheat flour and barley malt, together with a certain amount of wheat bran, added, it is said, for the sake of the adherent phosphates and nitrogenous matter, together with one per cent. of bicarbonate of potash, are mixed with sufficient water to make a thin paste. The mixture is allowed to stand at ordinary temperatures for several hours, and then heated to 150° until the conversion of the starch is completed. It is then strained, and the residue pressed and exhausted with warm water. The extract is evaporated *in vacuo* at as low a temperature as consistent with rapidity of working, dried at a higher temperature, and finally, by very skillful manipulation, brought to a finely pulverulent mass, which does not contain sufficient moisture to cake together, and is a most commendable product of technical skill.

By careful selection of highly albuminous wheat and excellent barley, the best results possible can be obtained. What they are, and whether or no the addition of bran increases the percentages of phosphates and other valuable constituents in the extract, I am not prepared to say. I should have very gladly complied with the wishes of manufacturers of Liebig's foods to investigate these matters for them as a matter of ordinary professional labor, but felt that my candid expressions with regard to this subject would not permit me to do so without laying myself open to the imputation of bias. But these explanations suffice to show that the percentages of albuminoids in Liebig's foods have not the same significance as in other classes of infants' foods. The starch has undergone conversion into dextrine and grape-sugar, which, being soluble, pass into the liquid extract, and are evaporated down and pass into the final product. But only that portion of the albuminous paper which is contained in particles so fine

as to pass through the strainers, together with the soluble albuminous matter (and this is especially valuable in the nutrition of infants), is found in the final product. The deficiency in total albuminoids therefore is inevitable, and is an evidence of the genuineness of a Liebig's food. To determine how large a proportion of these albuminoids passes into *solution* would be of great value. To this end, a mode of analysis should be used for these foods, specially designed for them, and this analysis should give not only the varieties of sugar, the dextrine, and soluble and insoluble albuminoids, but the peculiar kinds of extractive. If the virtue of Liebig's foods reside only in their not containing starch, but its products of transformation, gum, and dextrine, together with sufficient bicarbonate of potash to make the reaction of the infant food, of milk, always alkaline, then so tedious and expensive a process would not have to be resorted to in order to obtain a mixture which can be made directly very cheaply. If, on the other hand, the other substances extracted from the grain have an important dietetic value of their own, then the analysis should be directed to ascertain their nature and amount. This has hitherto not been done, nor do we possess the records of physiological experiments bearing expressly upon these points of inquiry.

In Savory and Moore's food this process of conversion has not been effected. Neither can it be when the food is prepared according to directions. These are to put one or two tablespoonfuls of the food into a suitable vessel, mix gradually with two or three tablespoonfuls of boiling water or milk, and cool to the temperature of new milk. The conversion of the 36.36 per cent. of starch cannot be effected so readily. If it be (and it is stated that there is no objection (!) to so doing) heated until it thickens, afterwards removed from the fire and stirred until it become fluid, then a greater amount of starch will be converted than when mixed with boiling water only; but there is no certainty nor probability that, in any case, all the starch will undergo conversion, Neither its composition nor its method of preparation explain, why, when this food is prepared with water, the food is equivalent to mother's food in nourishing power, and why, as the advertisement likewise claims, when prepared with milk only, it has twice the strength. It is certainly not to the 36.36 per cent. of starch that it owes this power, nor to the 9.63 per cent. of the albuminoids of wheat and barley. In fact, this large proportion of albuminoids shows how much less of wheat and barley has actually been employed in the preparation of Savory and Moore's food, than should have been employed in order to obtain a genuine Liebig's food. For, in the latter, the fluid extract of the wheat and barley is used, and the residual matter, which is not beneficial but injurious in the nutrition of children, is strained off, so that the solid matter remaining after evaporation represents an amount of wheat and barley originally taken greatly in excess of its own weight. In Savory and Moore's food, the percentage of albuminoids is that corresponding to the sum of the weights of the ground barley malt and wheat originally taken. These are added together, along with the alkaline bicarbonate, and, when prepared for use, the insoluble albuminoids and the useless and irritating particles, which Liebig directed should be strained off, are allowed to remain in the food.

(*To be Continued.*)

Editorial Department.

Periscope.

The Treatment of Nævi.

The treatment of these troublesome and disfiguring little deformities constituted the subject of a practical address before the late meeting of the British Medical Association (*Brit. Med. Jour.*, August 18, 1883), by Dr. Wm. Martin Coates. He said:

"The treatment of superficial venous nævi, found by me to be painles, safe, scarless, and certain, but little known, or, to speak more correctly, almost forgotten, was worked out by the late Dr. Marshall Hall. His object was to excite just so much increased action in the growth as to cause deposition of lymph and occlusion of its vessels. He, for this purpose, introduced a cataract-needle at about a line from the circumference of the nævus, and passed it from the point of its entrance to the opposite extreme edge of the growth, keeping it in all its course as near as possible to the surface. The needle was then withdrawn almost to its point of entrance, and pushed again through the nævus at about the sixteenth of an inch from the line of the first puncture, and so on until the line of puncture took a fan-like shape. It is desirable to keep the needle as close as possible to the surface, though, should it penetrate the thin covering of the growth, a piece of adhesive plaster arrests the bleeding immediately.

"There is no need of breaking up the structure of the nævus, as has been recommended. The way in which Nature perfects the cure is very beautiful. A small white spot soon makes its appearance in the centre of the growth; this gradually spreads, and there is left in a few months a spot perfectly smooth, and whiter than the surrounding skin. A few months should be allowed to pass before following Dr. Marshall Hall's advice to puncture again, as I have never found it necessary. One operation has invariably succeeded in the superficial venous nævus. My first case was a boy aged two years, an out-patient at the Salisbury Infirmary. He had a superficial blue nævus, of the size of half a crown, on the left side of his

chest. I operated as above described. He did not come again. A year afterwards, I got his address, and paid him a visit. The nævus had entirely disappeared, leaving in its stead a spot smooth and whiter than the surrounding skin.

"Now that we have safe anæsthesia, there need be no pain in the treatment of such cases.

"When a nævus, venous or arterial, exceeds a thickness of one-sixteenth part of an inch, the needle operation is not applicable. Having failed with it in one or two cases, I looked out for a more effective treatment for what I shall call thick nævus.

"During my investigation of the treatment of bronchocele, cold abscess, and hypertrophied glands, I was struck by the power of hardening, contraction, and subsequent absorption possessed by hypodermic injections of undiluted tincture of iodine, and made up my mind to try it in the first case of thick nævus that presented itself. The following case gave me the opportunity:

"A. E., aged one year, became an in-patient at the Salisbury Infirmary in the year 1861. This little girl had a venous nævus, of the size of a large walnut, situated on the left eyebrow, from which it hung down, completely obstructing vision in the corresponding eye. When admitted, there was a thread seton which had been passed through the centre of the tumor. The patient's mother stated that there had been no improvement. I was induced to try a treatment recommended at that time by some surgeons. It consisted in making several punctures by a small hot iron. These produced little pits in the skin, but no improvement followed. I then threw into the midst of the nævus, hypodermically, half a drachm of undiluted tincture of iodine. Hardening was the immediate result. This was repeated every month. The nævus soon began to lose its color and to slowly shrink. In twelve months it no longer obstructed vision. I then lost sight of the patient. As she lived only seven miles from Salisbury, I visited her in 1869, and found that the nævus had entirely disappeared; but the seton and hot iron had left pits which will, of course, last during her life.

"Since 1861 I have treated all nævi projecting more than a sixteenth part of an inch from the surface in this manner.

"The little operation is very simple. Wood's syringe, with a very fine needle, is the only instrument required. Sufficient tincture of iodine having been drawn into the syringe to fill the nævus, the needle is introduced through the skin at about a line from the circumference of the nævus, and passed to its centre. The piston is propelled slowly home, so as to force the tincture into every part of the growth. This is facilitated by moving the point of the needle into every part of the nævus. On withdrawing the instrument, pressure is made on the small puncture for a few seconds, and the proceeding is complete.

"I have practiced this treatment many times since the year 1861, with complete success. One injection generally succeeds, sometimes several are required. Usually a slight vesication occurs on the surface of the nævus, then a white spot or spots appear, which spread in all directions until the vessels are obliterated; a slight depression of the surface alone remains."

When a nævus is large and growing, Dr. Edmund Owen thinks nothing equal to Paquelin's thermo-cautery. Having been heated to a dull redness, the blade is thrust through the skin in as many places as may be considered necessary, and the point directed to all the regions of the vascular mass—central, deep, and peripheral; each district must be searched out and invaded. The skin-punctures should be made well within the limits of the tumor, as the effects of the cautery necessarily extend beyond the limit of the tissues actually traversed. By the slow and cautious withdrawal of the blade, the small eschars are permitted to remain, sealing the wounded vessels, and thus not a drop of blood need be lost. A few black sinuses surrounded by a ring of skin which has been reddened by the scorching, remain after the operation, and the tumor is found smaller and firm from coagulation having taken place throughout the entire mass. Oil lint may be used as a dressing.

For the next few days the part looks angry and swollen, and is evidently painful. Then a slight amount of sloughing takes place, and, in a few days more, some small clean ulcers mark the dwindling mass. The ulcers heal, and cicatricial contraction taking place throughout the entire mass, determines the process of shriveling. The integument does not perish, except where wounded; but it loses its old purple staining from the obliteration of the vessels which formerly brought to it the unsightly injection.

Some Interesting Cases of Aphasia.

Before the late meeting of the British Medical Association (*Brit. Med. Jour.*, August 18, 1883), the following interesting cases were reported by Dr. Gairdner:

"No case of this kind on record is more striking than that of the first Lord Denman, one of the ablest of the judges and statesmen of his time, the facts of which, though not medically recorded, may be read in an apparently trustworthy narrative of details in the second volume of his published life. Lord Denman had a stroke of paralysis some time before his death, which left him perfectly aphasic as regards utterance; but so far from his power of recognizing and using words being correspondingly impaired, it is said that he was in the habit of reading a great deal in several languages, and indicating most pointedly his approval and disapproval of what he read. He was as unable to write as he was to speak, and thus could not express himself in any way whatever except by gestures; but he lighted upon the plan (apparently spontaneously) of causing his daughters to copy out passages which, in reading, he had strongly approved, in the newspapers and elsewhere, and sending them in a letter to his friends to show that he was still conversant with affairs, and able to take decided views of them."

Another by Dr. G.:

"This case originated in an attack, probably of right hemiplegia, in 1870; and there is a profusion of these automatic or quasi-automatic utterances to which I have already referred, with a great difficulty, not to say always impossibility, of referring to things and persons by name. It is difficult, for want of time, to give many details;

but the point that is of greatest interest at present is that, when he is utterly at a loss about a name, and can neither speak it spontaneously, nor apprehend it when spoken in his hearing, he is able almost invariably from the written symbol to reproduce something like the word in speaking, and then loses it again as completely as ever when the written word is withdrawn from view. Thus, when shown a pen, and when the word was repeated to him again and again, he could not get nearer it than 'petste,' but when shown the word *written*, he at once called it 'pin.' So he called a purse 'poke' and 'foke,' and when pronounced to him, attempted something like 'pats,' but when the written symbol was shown him, said at once and forcibly 'purse.'"

By the same:

"This man has been aphasic, with right hemiplegia, for some years; and he is so far intelligent as to have no disposition to misuse words, or to indulge in unmeaning phrases. He has been partially re-educated, although now and for some time in a stationary condition. He is perfectly good-humored, and a very fit subject for experiment in every way. We are sure that he knows the meaning and use of objects even when he cannot name them; and, in particular, we are sure from his playing at dominoes, working with coins, etc., that he perfectly understands the real significance of numbers. This being so, it is to be observed that he is utterly helpless when asked to name the numbers on a domino, and equally so when a number is named to him, and he is asked to single it out from a lot of dominoes spread out before him. But he has no difficulty at all in counting on his fingers the number of any domino, or of showing a domino corresponding to any number so displayed to him. In this respect, he resembles perhaps the majority of aphasics; but the peculiarity in his case is that, while he cannot realize the number for the spoken word, nor yet from the written symbol, so long as the symbol is a word, he can easily, and apparently with perfect accuracy and intelligence, translate the Arabic symbol into the corresponding number on the domino, and *vice versa*. The word, and the word only representing a number, is a nearly absolute barrier to him in both directions; he is equally word-blind, word-deaf, and aphasic. But he is not in the least in a difficulty about reading or writing a number, provided only the Arabic symbol, and not the word, is made the medium of communication."

By Dr. Broadbent:

"This was that of a man who could converse fluently and intelligently without mistakes of any kind; but, if an object were held up, and he were asked to name it, he failed absolutely. He could not name such familiar objects as a coat and hat; but if it were said of a hat 'That is a coat, is it not?" he would answer at once, 'No, but that is,' pointing out the hat. He could write either out of his own head or from dictation, but when he had written it he could not read it. It was clear that the word-blindness was only a part of the general loss of the power of naming objects at sight. The explanation of such a case was, that the part from the visual perception-centre to the naming centre was destroyed; and it was interesting to remark that the lesion found after death implicated the left angular gyrus, insulating it from all other parts."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"A Contribution to the Study of Neglected Lacerations of the Cervix Uteri and Perineum," is the title of an address read before the Clinical Society of Maryland by Dr. Thomas A. Ashby. The author concludes with the following sound advice; "Prompt attention to such lesions by an early operation, far outweighs the Fabian policy of delay, strategy, and experiment, with washes, pessaries, *et id genus omne*."

——"Myelitis Following Acute Arsenical Poisoning (by Paris or Schweinfurth Green)." This is the title of an article by Dr. E. C. Seguin, which we receive as a reprint from the *Journal of Mental and Nervous Diseases*, October, 1882. The author concludes that—

1. Arsenical paralysis is the expression of a myelitis.

2. This myelitis approximates the type known as polio-myelitis in so far as the symptoms are chiefly motor; that the paralyzed muscles undergo some atrophy, and exhibit the degeneration reactions to electrical currents; that the bladder is never palsied; and that in animals the ganglion cells of the anterior horns are extensively diseased.

3. There is usually more than polio-myelitis, as shown by Popow's *post mortem* findings, and by the presence in living human subjects of pains in the nerves and muscles of the affected limbs, and by the occurrence of actual anæsthesia.

4. Consequently it might be better to speak of arsenical paralysis as due to diffused central myelitis, with special involvement of the anterior gray matter.

5. Whether this myelitis is strictly arsenical, *i. e.*, caused by the direct effect of the arsenic on the tissue of the spinal cord, or whether it is produced (as are many forms of myelitis) by the irritation of peripheral nerves (cutaneous, intestinal and gastric nerve-endings), is a question which cannot at present be definitely solved, but which presents an interesting field for future research and speculation.

——"Notes in Ophthalmic Practice" is a small illustrated pamphlet by J. B. R. Purnell, M. D., of Snow Hill, Md.

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DRUGLESS THERAPEUTICS.

As an evidence of the fact that hygiene is receiving some share of the attention which its great importance demands, may be noted an article in a late issue of the *British Quarterly Review* by Baptist Croft, B. A., entitled "The Relation of Drugs to Medicine."

While the excellent article is slightly marred, as so many good ones often are, by its author taking extreme views of his subject, yet we cannot but agree with the view that day by day the profession is more and more realizing the fact that it is but the handmaid of nature, and that the most successful physician is usually he who, recognizing the prerogative of nature in the curing of disease, hesitates about the use of drugs until nature plainly and in unequivocal terms asks him for the assistance that she requires to enable her to restore the disordered system to its normal condition.

It is a comparatively rare occurrence for a physician to prescribe anything more than a mere placebo on his first visit to a patient, unless he finds some very decided symptoms, and it is rapidly becoming usual to hear our greatest teachers advise their students to use as little medicine (drugs) as possible.

We have to-day in our materia medica even more drugs than we had fifty years ago; therefore it is not because we have them not that we use them not, but it is because, having more knowledge and appreciation of nature's laws, we realize that it is her constant endeavor to rectify disordered conditions; we know that, unaided, she will succeed in many cases; in many others but little assistance is required; in a few she must be powerfully aided; while in a certain number, she is so overwhelmed by her antagonist (disease) that no human power can aid her, and she must give way before the fierce onslaught of her enemy.

Hygiene has a wider application than merely the prevention of disease, for it must necessarily include all remedial measures, save the application of *drugs;* it tells of the regulation of diet, of person, and of surroundings calculated to aid nature in her beneficent ministrations.

When we thoughtfully realize the importance of thus *curing* disease by aiding nature, then will we commence to understand how to *avoid* disease by rendering more timely aid, for nature is constantly endeavoring to destroy the causes of disease, and it is only when she is overwhelmed by these causes that she allows them to afflict her children (we here speak, of course, of zymotic diseases).

Thus will a gradually growing system of drug*less* therapeutics lead upwards insensibly by degrees, until it finally lands us on the broad platform of *prevention*, and then will we recognize in all its brilliant effulgence the glorious science of "*Hygiene*."

THE MEDICAL CAPACITY OF APHASICS.

From a medico-legal standpoint, this question is an important one.

It may happen at any time for any one of us to be called into court and to be asked to testify as to the testamentary capacity of some poor victim of aphasia.

At the best, our knowledge of the pathology of this mysterious condition is very unsatisfactory; it is pretty generally conceded that it is the result of lesion of the third inferior left frontal convolution and of the brain tissue in the vicinity of the island of Reil, but when we have said this, we have told nearly all we know.

Aphasia formed the topic of an interesting discussion in the Section of Medicine, at the late meeting of the British Medical Association. The discussion was opened by Dr. W. T. Gairdner, and was participated in by Drs. Broadbent, Hughlings Jackson, Clifford Allbutt, and others.

Notwithstanding the pre-eminent position which these gentlemen hold in this special branch of our profession, their discussion was barren of any practical results, save in so far as it affords us some sign-posts that may serve to aid us in medico-legal investigations into the mental soundness or unsoundness of aphasics.

A very safe doctrine for our guidance was thus formulated by Dr. Gairdner:

"On the whole, the position he would be inclined to take in a court of law, with reference to aphasics, would be to avoid, as much as possible, being drawn into general discussions, but to entertain the question as one of evidence, whether in the particular case there were available facts, amounting to a presumption of so much mental capacity as to carry the legal inference required. There could be no doubt, for instance, that aphasics would for the most part be responsible in cases of crime. Whether they would be able, in law, to assent to or emit a deed, would depend altogether on the amount of proof that could be obtained as to their being capable of understanding its contents; and this would be difficult, though perhaps not altogether impossible, to obtain in most cases."

CREMATION AS A PROPHYLACTIC.

Whatever may be said about cremation as a means of disposing of the dead under ordinary circumstances, and we must admit that there are two sides to the question, there can be or ought to be but one opinion concerning its great utility in deaths from contagious or infectious diseases.

That bodies dead from such diseases are capable of communicating the disease to the living is universally admitted, and that this property of contagion lasts for some time after death is abundantly proven by some recent observations of Dr. Domingos Friere, of Rio de Janeiro, who has recently reported some experiments in which he has communicated yellow fever to fowls and guinea-pigs primarily by injection of blood from the heart of a deceased patient, afterwards by transmission from one animal to another, and also by confinement of a guinea-pig for five days over earth from the grave of a yellow-fever patient buried a year before. In consequence of his representations of the great peril created to public health by the inhumation of persons dead of yellow fever, the Minister of the Empire has, according to the *Anglo-Brazilian Times*, ordered the Director of Public Works to proceed to the erection of a furnace at Jurujuba, for the purpose of cremating the bodies of those who die there of yellow fever in the hos-

pital, in whose neighborhood, in fact, yellow fever has now appeared among the local population.

If we have the right to prohibit public funerals for persons dead of infectious diseases, (and we do so prohibit, whether we have the right or not), certainly we have also the power to prescribe cremation, when we are taught how exceedingly dangerous to the welfare of the living, the ordinary disposal of such corpses may become.

Let us see to it that we do not neglect this plain warning.

STRANGULATED HERNIA.

At a recent séance of the Soc. de Chirurgie (August 1), M. Trélat reported an interesting and instructive case. A young man, twenty-five years of age, who had been ruptured from infancy, had the bowel descend during an attack of coughing. Taxis was done with and without chloroform, and thirty-two hours after its descent, when herniotomy was decided on, all the signs of strangulation were present.

Mr. Trélat operated without any apparent difficulty; the prolapsed gut was of an ashy color, but when the constriction was removed it soon resumed a red tint, showing that it had been merely congested.

After the operation the patient was better, but the same evening he was taken with an attack of intense dyspnœa with agitation, and succumbed twenty-four hours after the operation. At the autopsy no trace of peritonitis was found; the portion of intestine returned was hardly distinguishable from other portions of the bowel.

The cause of death was pulmonary congestion which had probably existed before the descent of the hernia, and had probably provoked the accident during the efforts of coughing.

M. Berger found in this case an argument for early operation when there is tight strangulation, without prolonged efforts of taxis; it showed also the frequency of death in such cases from pulmonary complications.

AN INTERNATIONAL SANITARY COMMISSION.

A very wise suggestion was that made by Count Andrassy to the Governments represented at the Vienna Conference in 1874, that there should be an International Sanitary Commission charged with the discussion and investigation of diseases of common European danger, but like many other very valuable suggestions, it has been allowed to die of inanition.

When we recognize how easily disease may be carried, and how utterly regardless it is of the real or imaginary international dividing lines, we must perforce realize how comparatively insignificant will be the wisest *national* sanitation when compared with the labors of an intelligent *international* sanitary commission, and we cannot help but believe that were such a body in active existence, we would have it in our power to control most effectually the origin, growth, and transportation of epidemic diseases.

Since our country is the *refuge* of the world, such a suggestion, *pushed* to a reality, would come from us with singular appropriateness. Let us trust that this suggestion will not fall on barren soil.

THE NATIONAL LONGEVITY UNION.

An association has been formed in Erie (Penna.), bearing the title of our editorial, whose ostensible purpose is to promote a knowledge of hygiene.

Our information concerning it is gained from the public press, and we cannot, therefore, say accurately whether it really is what it seems to be or a clever insurance scheme.

But this much we can and do say: If it is not what it purports to be, such organizations are just what we need.

Organized effort is always more productive of results than individual exertion, and while a few good and noble men are endeavoring to enlighten their fellow-creatures in the grand science of *prevention*, their efforts have not met with very marked success among the public, owing to the apathy of the masses on this all important subject.

Such organizations among the people are well calculated to promote an interest in the science of hygiene and should receive warm encouragement.

TRAUMATISM AND TUBERCULOSIS.

In a recent communication read before the Soc. de Chirurgie, M. Verneuil produced a record of a number of cases where traumatic lesion or a surgical operation induced the development of tuberculosis or aggravated the malady when already present.

He considers that the general perturbation, induced in the system by a traumatism, awakens a predisposition to the disease, which, up to that time, had remained hidden. In this way, in certain cases, it would seem that the traumatic lesion was the great factor in the production of the disease.

This view of the subject was contested by M. Trelat, who admits that an operation of any gravity is not of course justifiable in any case of tuberculosis where the viscera are affected, but in cases where the disease was entirely external or where the operation was a minor one, even with the internal organs affected, surgical interference could be resorted to without danger.

CHRONIC GONORRHŒAL URETHRITIS.

M. Robert Jamin, a distinguished pupil of M. Gosselin, recently published an important memoir on this subject. The author, following the opinions of the learned professor, confirmed by personal researches, establishes the duality of the urethra, a sphincter situated at the membranous portion dividing it into an anterior and posterior tract. This fact is of great importance, as gonorrhœa in many cases affects only the anterior tract, and may reach the posterior portion through injudicious treatment.

It is for this reason that MM. Jamin and Gosselin so strongly combat the treatment by urethral injections, for, by their use, the sphincter is sometimes forced and the disease communicated to the posterior section of the urethra.

NOTES AND COMMENTS.

The Birthplaces of Yellow Fever.

Dr. Domingo Friere, of Rio de Janeiro, who was commissioned by the Brazilian Government to inquire into the subject of yellow fever, has made a report, from which we extract the following valuable information as we find it in the *Canada Medical Record*, July, 1883:

"During a visit that I paid to the cemetery of Jurujaba, where all are buried who die in the Marine Hospital of Saint Isabel, I gathered a handful of earth at a depth of one foot from the surface, over the grave of a person who had died, about a year previously, of yellow fever. This earth did not differ in color or odor or any external feature from the surrounding earth; but by examining a small quantity with a microscope magnifying 740 diameters, taking the usual precautions to avoid error, I found myriads of microbes, exactly resembling those met in the vomited matters, urine and blood, and other organic liquids from the bodies of those attacked by yellow fever, viz., the cells of *cryptococcus zanthogenicus* in various stages of growth, from the size of a black speck, difficult to recognize in the field, up to round corpuscles, more or less large, strongly reflecting light, some being grey, while others were black, and surrounded by a fringe or areola of that color. Many of the organisms moved spontaneously. There were yellowish masses marked by granulations that came out clearly in the field, likewise masses made up of the coloring matter of the cells; we also saw specks that were entirely black, being the remains of the *cryptococci*.

"I also observed vibrioles. They moved with rapidity. These observations were verified in all their details by my assistants, Messrs. Chapot, Augustus Cesar, and Carminhva, showing clearly that the germs of yellow fever perpetuate themselves in cemeteries, and that cemeteries are birthplaces for the evolution of new germs, destined to devastate our city (Rio de Janeiro)."

Diarrhœa from Milk.

Dr. Basil G. Morison, in an address before the British Medical Association (*Brit. Med. Jour.*, August 25, 1883), related seven cases. The stools were green and rather loose or watery, sometimes pale, with white pieces of curd in them. The history of the cases was briefly as follows:

Case 1. O., aged 3 months; Swiss milk, one drachm in half a pint of water, given irregularly; bread food. July; weather close.

Case 2. H., aged 6 months; Swiss milk, one drachm in half a pint of water; fine oatmeal. July; weather close.

Case 3. H., aged 5 weeks, strumous; vomiting from birth; cow's milk tried in vain; Swiss milk,

one drachm in half a pint of water. July; weather close.

Case 4. M., aged 8 months; boiled milk and water, equal parts. May; weather hot, thundery.

Case 5. W., aged 7 weeks; cow's milk and water, equal parts; breast. July; hot weather.

Case 6. B., aged 3 weeks; cow's milk and water, one to three; Swiss milk, two drachms in half a pint of water. July; weather hot.

Case 7. C., aged 7 months; cow's milk and arrowroot, and Ridge's Food. September, 1880; a hot month.

The treatment was as follows:

1. No food but milk was allowed (but weak beef-tea in one case).

2. If the mother's milk were at fault, cow's milk was used.

3. Cow's milk, one part in two, three, or four of water, or soda water, was given, according to the age of the child.

4. When Swiss was used, half a drachm to one drachm was given in a half pint of water.

5. The milk was ordered to be fresh, and the bottles clean, and a change of bottles to be provided. For medicine, a cholagogue was given in small repeated doses:

℞.—Pulv. rhei,	gr. ½–j.
Euonymin,	gr. $\frac{1}{6}$.
Sodæ bicarb,	gr. j–ij.

The result of this treatment was steady improvement; the stools becoming normal in color, frequency, and consistency. Recovery occurred in all cases but one (Case 3), in which the stools became normal; but the child died of persistent vomiting, which had gone on from birth.

Pop-Corn for the Vomiting of Pregnancy.

Apropos of an article which originally appeared in our pages, Dr. H. v. Sweringen thus writes to the *Obstetric Gazette*, August, 1883:

"Six or eight months ago or more, I noticed in one of my journals, I cannot now remember which one, and I have not the time at present to look it up, a short article by some physician whose name I also fail to recall, recommending ordinary popcorn as an efficient remedy in the vomiting of pregnancy. If I had not seen it under the circumstances I will presently relate, I would undoubtedly have given it but a passing notice, inasmuch as it did not strike me favorably at first sight.

"If its worthy advocate had fixed it up in some kind of 'scientific' shape, or infused into it a little Latin, as, for instance, 'cornum explosivum' or 'cornum poppum' or 'poppum cornum,' it might have attracted my attention under *any* circumstances, but bare 'pop-corn,' simple, harmless, innocent '*pop-corn*' as a high-toned therapeutical remedy among high-toned, scientific physicians was too much, 'too utterly too too' for a physician of my cloth and attainments.

"But seriously, it proved to be a God-send to me and my patient (more particularly the latter), having had at the very moment one of the most intractable cases probably that ever occurred. I had exhausted the usual remedies employed in this distressing ailment, and was about to cauterize or do something to the os uteri when my eyes accidentally fell upon the above named remedy. To make a long story short, it acted *marvelously*, not only in the case referred to, but in three subsequent cases; in fact, in *every* case in which I have prescribed it."

Depilatories.

Having been asked by several correspondents for a safe and efficient depilatory, we reproduce the following from the *Druggist*, September 1, 1883:

The strongest and most reliable preparation of this kind is, perhaps, the hydrated calcium sulphide obtained by supersaturating a thin paste of freshly-slaked lime and water with sulphureted hydrogen gas. For this purpose sprinkle over 100 parts of good quicklime about 50 parts of hot water, and when slaked triturate with 200 parts of cold water. Now place into a suitable flask and pass into it the hydrogen sulphide generated from 300 parts of sulphide of iron and 200 parts of dilute sulphuric acid gradually introduced into the generator. This preparation must be immediately placed in small vials and securely sealed; but even then it will lose its virtues after a few weeks. This preparation, the composition of which is theoretically H_2CaS_2+aq., was originally recommended by Bœttger, but is sometimes known as Martin's depilatory. The paste is to be spread over the hairy skin to the thickness of a sixteenth of an inch and allowed to remain for ten minutes, when it is removed with a wet sponge. If allowed to remain too long, ugly sores are apt to follow.

Another depilatory, known by the Turkish name Rhusma (being employed by the voluptuous beauties in the harems, where etiquette demands *complete* nudeness of the body with the exception of the head, from which the hair is not removed), is composed of,

Quicklime	50 parts.
Starch	30 parts.
Orpiment	5 parts.

This is converted into a paste with water, and employed like the former preparation.

Habitual Constipation.

In the *Brit. Med. Jour.*, June 2, 1883, Dr. T. Rowing Fendick says:

Looking at it that, as a rule, constipation is due to want of tone in the muscular coat of the bowel, and to diminished glandular secretion, I usually prescribe a pill composed as follows:

℞. Ext. aloes soc. aquos., gr. ij.
Ext. nucis vomicæ, gr. ss.
Ipecac. pulv., gr. ss.
M. Ft. pil. To be taken each day with dinner.

Strict orders must be given to the patient never to neglect going to stool at a fixed hour daily. This prescription usually answers within a month. Another remedy, not so nice, but nearly as efficacious, is a drachm of castor oil, the first thing each morning, persisted in for some weeks. Should these remedies fail, a small enema, of about half a pint of thin gruel, used every morning, will often overcome the difficulty; but there must be the attempt at defæcation made at the same hour each day. By this practice, the bowel at last, so to speak, recognizes the necessity of waking up from its torpor, and, aided by the medicines, regains its lost tone.

Cellulose as a Surgical Dressing.

Many as are now our articles for surgical dressings, Dr. Fischer, of Trieste, proposes in the *Zeitsch. f. Therap.*, that we should add cellulose to the list. He claims for it the following advantages:

1. It is absolutely free from substances capable of exciting putrefaction.
2. It has a very low specific gravity.
3. It produces neither eczema nor erythema upon the epidermis.
4. It retains moisture and heat perfectly for more than twenty-four hours.
5. It never adheres to granulating wounds on the surface of the skin.
6. It adapts itself perfectly to the outline of the place of application.
7. It is much cheaper than other materials heretofore used for similar purposes.

Iodoform in Chronic Pulmonary Diseases.

M. Semmola, in a memoir in the *Gazetta Internaz. delle Scienze Med.*, makes the following observations:

It is known that iodoform taken internally is eliminated by the respiratory organs, whence originated the hope that it might have a topic action in such diseases as cheesy pneumonia, bronchial catarrhs, and bronchiectasis.

Under its influence, expectoration rapidly diminishes, cough is less troublesome, and the products of bronchial secretion, including pulmonary détritus, are disinfected.

The fall in temperature may be in great part due to the local antiseptic action on the absorbed putrid products. The daily dose to be administered should be determined by the tolerance of the individual for the medicament. Where it is not well supported by the stomach, inhalations of spirit of turpentine with iodoform in solution may be used.

How Do Parasites Produce Disease?

Dr. George Sutton thus answers this question in a paper read before the Indiana State Medical Society (*Cinn. Lan. and Clinic*, July 21, 1883):

1. By producing poisonous compounds, as septicæmia, from the decomposition of tissue.
2. By changing the composition of the blood, as seen in typhus fever, yellow fever, plague, etc.
3. By the destruction of tissues in syphilis, cancer, etc.
4. By irritation of the nervous system, as convulsions arising from worms, etc.
5. By consumption of nutriment, consequently draining the vital forces from the system, as when 20,000,000 trichina invade the human body.
6. By thrombus of small arteries, as seen in anthrax, etc., etc.
7. By local irritation, producing local inflammation, as we see in scabies and ring-worm, etc.

The Removal and Reproduction of the Spleen.

Prof. Pio Fora read a paper on this subject before the Italian Medical Association in 1882, and the *London Med. Record*, July 15, 1883, gives us his conclusions as follows:

1. Re-formation of the spleen after removal is not proved by experiments.
2. Many pathological facts in the spleen may be explained without assuming its new formation.
3. The production of nodules is independent of the state of the spleen and of the osseous marrow.
4. The spleen may be re-formed when it is partially removed.
5. The spleen is virtually only hæmatopoietic.
6. Even in the physiological state, nodules are found in the omentum, while no pathological alteration of the spleen and hæmatopoietic organs exists at the same time.

Milk and Eggs in Insanity.

The *Practitioner* for August, 1883, tells us that Dr. Clouston, in the Annual Report of the Edin-

burgh Royal Asylum for 1882, draws attention to the good effects produced by the liberal use of milk and eggs in the case of nervous patients. He gives to such patients as many as a dozen of eggs, and as much as six or seven pints of milk a day. When this form of treatment is associated with plenty of walking exercise in the open air, a great increase of weight often takes place. "A gain," he says, "of two or three stone is quite common, and usually there is an immense advance along with this in nervous stability, in contentment and in self-control, even if a complete recovery does not take place."

Marriage in Neurotic Subjects.

In a paper, by Dr. G. H. Savage, in the *Journal of Mental Science* for April, 1883, the following is found:

"To sum up the whole matter, one would say that marriage would relieve a certain number of hysterical cases, and that is justifiable in a certain number of cases who have suffered from insanity. I should never advise marriage as a cure for hysteria, without warning the friends that it might or might not be beneficial, and that the good depends not only on the marriage, but on so many other circumstances. I should not oppose every marriage of those who had been insane, provided only one of the contracting parties had been so, and the other was of good physical health and not of nervous disposition."

The Elastic Bandage in Elephantiasis Arabum.

Before the Imperial and Royal Medical Society of Vienna, Professor Albert showed a case of elephantiasis Arabum of the leg, which had been treated since January 5 with elastic bandages, and where the circumference had fallen to the following extent: Under the knee, from 71 centimetres (28 inches) to 20 centimetres (nearly 8 inches); the greatest circumference of the calf, from 85 centimetres (33½ inches) to 32 centimetres (nearly 13 inches); round the ankle, from 83 centimetres (32½ inches) to 29 centimetres (11½ inches). Walking had been rendered much easier, and for the last few days there had been no further diminution in size.

An Experimental Study on the Identity of Callus and True Bone.

Dr. George E. Shoemaker wrote his graduation thesis on this subject (*Univ. of Pa.*, 1882). The *Med. Times*, July 28, 1883, contains an abstract of the paper, which concludes as follows:

Finally, then, as a result of the present study, we arrive at the conclusion (1) that in the repair of fractures true bone may be reproduced; (2) that under unfavorable conditions the process may be seriously modified or arrested in various stages; but (3) that there is a tendency to true bone-formation in every case.

Correspondence.

Ergot as an Assistant in Parturition.

Eds. Med. and Surg. Reporter:—

The author of the paper in your issue of Aug. 18, on "The Use of Ergot," recognizing the legitimate function of criticism, promulgates some views which challenge the correctness of the opinions concerning the action of this drug, which have received the sanction of the most eminent medical writers, and the assent, as I believe, of the great body of medical practitioners.

Passing, for the present, the extraordinary construction of the language in which these views are set forth, I proceed to notice some of the principles involved in these utterances.

The following particulars are affirmed:

1. "The action of ergot in any reasonable dose is not, as often stated, *persistent*, seldom longer than any strong pain, nor do the fibres contract more than in natural labor."

2. "The effect of carefully-watched doses, say thirty drops each, every half hour, is not *continuous* or *persistent contraction*, but can be made to imitate strong and regular labor. I have seen the best effects, not as a rule, however, in the first stage, and continued with care gradually through and with steady pains and perfect rest very often in the third stage."

3. "The pains *prepare* the parts for the passage of the child, not the *intermission*, as I see stated. The dilation, the secretion, the adaptation, are secured by the *pressure* of the *fœtal head*, which itself is moulded more or less by the same process."

4. "Delay, not ergot, is the cause of death to the fœtus."

Noticing the propositions in their natural order as they refer to the course of parturition, there is, so far as I know, no adequate motive for intervention in the first stage of natural uncomplicated labor. Should the pains be infrequent and weak, and the touch reveal an os but little dilated, and there be no motion of the amniotic membrane, the case may safely abide the occurrence of true labor pains. The exhibition of morphia, to weaken the sense of pain, will not delay the course of the labor. It is certainly not well at this stage that the patient should be considered to be in labor; but rather in the preparatory period.

As to the proposition that "the pains *prepare* the parts for the passage of the child, not the intermission, as I see stated;" and that "the dilatation, the secretion, the adaptation, are secured by the *pressure* of the *fœtal head*," I am led to wonder at the entire absence of any reference to "the bag of waters," which is the efficient instrument in forcing dilation—a safe and most gentle one; as, between it and the os, there is interposed

a layer of amniotic fluid. Here it may be proper to say that should the "bag of waters" burst prematurely, and the "pressure of the fœtal head," with its covering of crisp hair, be constantly forced against an unyielding os, it may become extremely hot, and as tense as whipcord. That the "pains" at this crisis "prepare the parts for the passage of the child," is untrue; on the contrary, freedom of contact, for a certain interval, of the fretted os with the irritating scalp, does permit the irritation and spasmodic contraction to pass away, and dilation and progress in the labor results.

Proposition 1 affirms that "The action of ergot in any reasonable dose is not, as often stated, *persistent*, seldom longer than any strong pain." As it is directed to be taken "every half hour," we are led to consider the length of a parturient effort. One, a half hour long, including the period of rest, would be considered to be a very long one. Should they be less in duration, the remedy, if its action affect one contraction only, should be given correspondingly often. As the whole period is often comprised within a space of ten minutes, the patient would be left two-thirds of the time without its help. Should its action influence all the pains experienced during the half-hourly intervals of its exhibition, then is its effect "persistent;" and the "*steady* pains" are not followed by "perfect rest."

As this result was described as occurring "very often in the *third* stage," it would seem that the several stages of labor are not entirely clear and definite in the author's mind.

Reverting to proposition 3: "The pains *prepare* the parts for the passage of the child, not the *intermission*." I may remark, in a general way, that rest from labor is as essential to its continuance as the effort itself. This is a principle of the widest application. The plowman relaxes his labor and that of his team amid-field; the mower pauses at the end of his swath; the laborer rests upon the implements of his toil; all find recuperation in sleep. To the parturient, the momentary freedom from pain, brings "tired nature's sweet restorer." As compared with the intense struggle of the throes of labor, it is "ease." No one, who has seen the parturient expend, for the time being, the last available effort; and has witnessed the renewal of energy, after a brief interval of repose, can doubt that the "intermission" is as necessary and useful in forwarding "the passage of the child," as the effort which preceded it. The final sentence declares: "It is the delay that causes sphacelus, perineal rupture, or fistula. While I believe that, in the whole course of my obstetric practice I have given nature the fullest chance, assisting her by ergot when she needed it, substituting the forceps when they were deemed preferable, it has not been my fortune to have either evil as an accompaniment or sequel.

Proposition 4: "Delay, not ergot, is the cause of death to the fœtus." This may be the result in either case.

E. T. Blackwell, M. D.

Paterson, N. J.

A Peculiar Case.

Eds. Med. and Surg. Reporter:—

On the 21st of February, 1849, visited Joshua Chandler, aged 69 years, a strong healthy man, but almost an idiot, in consultation with Dr. Benjamin J. Pennock.

History.—Twelve days previous (the 9th inst.), while hauling wood, had fallen over the brush, but did not notice any hurt. On the evening of the next day, the family observed that the outside of his left leg was swelled and of a dark color, extending from the knee to the ankle. It felt hard, but was neither sore nor painful.

Under family treatment the general swelling and discoloration soon disappeared, leaving a well-defined, prominent tumor, some four inches in diameter near the middle of the leg.

On the 17th, Dr. Harvy saw it in this condition: It was soft and fluctuating. He advised it should be opened. The next day Dr. Pennock advised the same course, but neither of them appeared willing to risk it. It was opened by a *bleeder*, with a spring lancet. A jet of dark blood followed, and continued without much reduction of the tumor. After bleeding half a pint, it was stopped with a compress and roller without difficulty.

On the 19th, Dr. Pennock made a more free punctnre, and was a good deal disconcerted by the large stream of pure venous blood that followed. It required the horizontal position and a more careful dressing to stay the bleeding.

Present Condition.—On removing the dressing the puncture was healed; the tumor was little changed in size, and still tense and elastic; the limb and the whole man appeared otherwise healthy.

Diagnosis.—Was it *aneurismal?* It had succeeded a supposed *injury;* it was seated over the anterior tibial *artery;* it contained *blood*, and it had continued full and tense for *ten days;* but the blood was *venous;* there was entire *want* of pulsation or aneurismal *sound;* it was exterior to the *fascia*, and there had been no *adequate* injury to reach an artery so well protected; the circulation in the legs, arterial and venous, was otherwise *uninterrupted:* the tumor was obviously *venous*, having formed a persistent *cellular* sac, a sort of VENOUS FALSE ANEURISM?? The compress and bandage were re-applied, to await indications.

On the 5th of March, met Drs. Pennock, Seal, and Townsend. There has been little change, except the tumor is a little flattened and more firm, indicating coagula, and the covering is obviously becoming thinner by absorption. It was decided to make a test incision, and then to meet results. A free puncture was followed by a gush of dark grumous blood. A probe passed readily through the coagulum, which was broken up by the instrument, and much of it pressed out. A band round the thigh increased the bleeding.

Two procedures presented: To lay the sac freely open, or to continue the compression. We adopted the latter.

The orifice was closed, a hard narrow roll was laid cross-wise just below the tumor, the whole covered with a graduated compress and a firm roller applied from the toes to the knee. This dressing was continued for two or three weeks, during which time the sac appeared to be emptied by absorption, and obliterated by adhesion. The cure was complete.

If such complete and persistent sacs do often occur in the cellular tissue from venous infiltra-

tion, they have not come to my notice. Should they occur in some other localities, the diagnosis might be more difficult. Prompt ablation of the coagulum would have been more speedy. It might have been more hazardous.

Toughkenamon, Pa. E. Michener, M. D.

Paralysis of the Pneumogastric.

Eds. Med. and Surg. Reporter:—

On Friday, July 13, I was called to see my brother, a farmer, thirty-three years of age. History of case as follows: On Tuesday preceding he felt as if he had a "cold," with a little swelling in the throat; but not enough to stop work. Wednesday, not feeling any better, "took a sweat," which brought about much improvement in the symptoms of a cold. Went out in the afternoon and raked hay. Upon attempting to swallow the first mouthful at breakfast on Thursday morning, found it impossible to get anything but liquids down, and these produced much choking. No soreness about the throat at this time. Nausea and vomiting occurred Thursday night, and continued at intervals until I arrived, at nine o'clock p. m. Friday. Then I found him with pulse and temperature normal. Respiration labored. Appearance of pharyngeal mucous membrane normal. To stop nausea and vomiting, gave hg. sub. mur. gr. iij., sodæ bicarb. gr. v., which accomplished the desired result and produced mild catharsis in six hours. Also gave belladonna to improve respiration.

Saturday morning the power to swallow fluids was entirely abolished. Breathing somewhat better. Called Drs. Huntington and Haviland, of Rochester, and O. D. Greene, of Warren, in consultation. Treatment continued, with nutrient enemeta.

Sunday found patient suffering extremely from thirst, which was very much mitigated by injections of one-half pint of water and milk every hour. Being very hungry, patient was fed totally with stomach-tube.

On Monday, the respiration became irregular.

When I arrived at six p. m. on Saturday, pulse was 110, temperature 101° F., breathing irregular, and sighing, with intervals between inspiratory acts, in which the patient seemed to forget to breathe, but would resume upon being told to do so. Pupils, which until now had been normal, were contracted, but responsive to light; mind wandering at times, but seemed perfectly clear, if patient recalled to himself; very restless, with constant moving from one side of bed to the other. At eleven o'clock p. m. restlessness and jactitation so extreme, gave one-tenth gr. morphia and one-forty-eighth gr. atropia subcutaneously. Rested for about one hour, but no sleep. Respiration soon became more and more irregular, until at 2.30 a. m. Tuesday, decided asphyxia took place; the face suddenly becoming cyanosed. Patient died at four o'clock a. m. from failure of the respiration, the heart's action remaining strong and steady until the last.

If any reader of the Reporter has seen a similar case, and I have no doubt but that some of them have, I should like to hear from them through these columns, giving such light upon the subject, both theoretical and practical, as they may possess. My version of this case is as follows: At first the pharyngeal branch of the pneumogastric nerve, which is the outer nerve of the pharynx, was paralyzed from congestion of the nerve-sheath. This congestion, extending its influence to the main trunk, *i. e.*, the pneumogastric, paralyzed it, and death resulted from such paralysis of its respiratory function, which gives to the air-cells of the lungs the perception of the necessity of breathing. The cause of the congestion of the nerve I believe to be the cold air striking the neck while the patient was raking hay with the shirt collar open and turned back after taking the sweat.

[Blisters were applied over the pneumogastrics.] L. M. Greene, M. D.

Bethel, Vt., August 15, 1883.

News and Miscellany.

Decrease of the Population of the Hawaian Islands.

The Honolulu correspondent of the *Boston M. and S. Jour.* thus comments on this subject:

The remarkable decrease in the native population of the Hawaiian Islands since the visit of Captain Cook in 1779 affords food for thoughtful study. Cook asserted that there were 400,000 people in the entire group, but it seems probable that this estimate was too high, and that really there were not more than 200,000. In a century, this dense population has dwindled to 40,000, an annual decrease of nearly two per cent.; and as the same exterminating causes continue to act, the probabilities are that the Kanaka will become extinct in twenty or thirty years more, or at least be as much of a curiosity in his own islands as the red man is upon our own Atlantic shores.

This slow but sure extinction of the Hawaiians has been the result of numerous causes, many of which are and have been easily remediable. It is more than probable that the diminution had begun before the time of Cook's first visit; at all events it has been in active operation ever since.

When the Boston missionaries first settled among the natives they found infanticide practiced to an alarming extent, mothers deliberately smothering, strangling, or burying alive their newly born. Mrs. Judd, the wife of that Dr. Judd to whom the Hawaiians owe their present form of government, mentions the frightful extent to which infanticide was carried in 1828, and records a case under her own observation where a mother was known to have buried alive eight out of ten children born to her. Civilization, however, has somewhat refined the native taste, so that abortion has superseded the more barbarous method, and the manner in which they induce it is well worth relating. The unfortunate woman is placed upon her back on the floor, and the officiating *Kahuna*, or medicine woman, taking a stone in either hand, proceeds to knead and squeèze the abdomen, endeavoring to get the uterus between the stones. Next she gets upon her victim's abdomen with her knees, and walks all over it so to speak. This violence generally brings on flooding, and in a short time abortion, but, alas, frequently at the expense of the patient's life, though in one case which was cited to

me dumb-bells replaced the stones in the operation, great violence being done, and yet the woman went on to term, and gave birth to a healthy child.

Syphilis spread rapidly among the natives after the visits of the early navigators, and is said to have impregnated the entire race, destroying many, and rendering hosts sterile. Immorality, the curse of this ethnic stock, has, of course, greatly promoted the extension and perpetuation of syphilis, and materially increased the number of barren women.

Leprosy, introduced by the Chinese about thirty years ago, has destroyed many of the Kanakas, and is steadily extending its loathsome and deadly hold.

The Medical Aspects of the Russo-Turkish War of 1877-78.

The *Lancet* tells us that it has been reserved for a German staff officer, Major Knorr, to delineate the features of the above campaign as regards the provision made by the Russian military officials for the care and medical treatment of the sick and wounded. In his recently published work on the subject, he attacks the narrow-minded bureaucratism of the Russian officials, and brings forward certain important facts in support of his assertions. Out of a combined force of 933,000 men, the Russian army lost 81,166 by disease, and 36,455 by wounds received in battle, etc. In the war of 1870–71 against France the German army lost by external injuries 28,628 men, while only 12,115 succumbed to various forms of disease. This result (taking into consideration the facts that the total Russian forces numbered 1,113,254 men, and that the two campaigns were of similar duration) is considered to indicate that many lives were saved during the earlier campaign which would have been lost had the medical system been as inefficient as was that of the Russian army during the war against Turkey. Apart from the mortality, the very high rate of illness is commented upon. According to the figures quoted by the *Cologne Gazette*, each soldier in the entire Russian army must, on an average, have been twice in hospital during the continuance of the war. If the benevolence of the Russian public and the action of the Red Cross Association had not assisted the medical organization, the results would have been still more deplorable.

Is it any Wonder they have Cholera?

The *Med. Times and Gaz.*, July 14, 1883, says:

The *Times* correspondent in Egypt brings serious charges of neglect of sanitary precautions against the Government there. Travelers, he says, reported some weeks ago that the stench of Damietta was observable ten miles away; whilst the English residents at Mansourah months ago stated that the passage of dead animals down the river, five or six at a time, was evident to both eyes and nose. Until a few days ago Damietta was without doctors, medicine, or disinfectants. Prior to putting a cordon around the place, 10,000 people attending the fair there were allowed to disperse through the interior. Dr. Mackie is stated to have applied, through the Consulate, to the Principal Medical Officer for information of the simplest description, and received a reply to the effect that that officer had no information. The same correspondent suggests that England should insist upon an efficient supply of doctors and medicines being sent to Damietta; the inhabitants should be removed and camped out in the desert, and kept within a strict cordon until the town has been purified—if necessary, by burning the infected houses.

Extraordinary Feat.

We take the following from the *Brit. Med. Jour.*, September 1, 1883:

An extraordinary incident, in which an athlete showed great presence of mind and unusual muscular strength, happened at Cranachan farm, near Dundee, the other day, and is reported in the *Dundee Advertiser*. Mr. Archibald Macdonald, one of five brothers who occupy the farm, was going over his land accompanied by the shepherd; and, when they were passing through a field in which cattle were grazing, a bull gave them chase. The shepherd ran and left his master to his fate. Mr. Macdonald could not run, he having suffered much from rheumatism, and being now obliged to use crutches. The bull approached and began to attack him, he doing his best to keep him at bay with the aid of his crutches. As good luck would have it, Mr. John Macdonald, an elder brother, hearing cries, ran to the rescue. In his hurry, he forgot to bring any instrument with him with which to fell the brute; but it occurred to him that if he caught the bull by the horns, he might keep him from doing more mischief till help arrived. Seizing the enraged animal by the horns, and using them as levers, with one supreme effort he gave a sudden twist to the head, dislocating the neck by his jerk, and, in a moment, the bull fell helpless at his feet. Mr. John Macdonald was, at one time, champion athlete of Scotland.

Pasteur's Egyptian Cholera Commission.

A Paris correspondent of the London *Daily Telegraph* states that M. Pasteur, the eminent physician and scientist, who was largely instrumental in procuring the despatch of a French medical expedition to Egypt to examine into the causes of cholera and the nature of the disease, has received reports from the commission which are highly satisfactory to him. The mission believes that the result of examinations it is now pursuing will establish that old accepted theories as to the origin and nature of the disease are greatly at fault. It is hoped the commission will make a report embodying practical suggestions for prevention of the epidemic.

The Autopsy of the Count de Chambord.

The autopsy on the Count de Chambord revealed the following morbid conditions:

Extensive carcinoma of the œsophageal end of the stomach, with stricture of the œsophageal entrance and atrophy of the coats of the stomach. There was also evidence of old-standing Bright's disease of the kidneys, and extensive degeneration of the coats of the arteries, which commonly accompanies that disease, and which has been especially described by Sir William Gull and Dr. Sutton.

American Academy of Medicine.

The annual meeting of the Academy will be held at the New York Academy of Medicine, 12 W. 31st street, New York, on Tuesday, October 9 (three o'clock p. m.), and Wednesday, October 10, 1883.

RICHARD J. DUNGLISON,
Secretary.

Items.

—Vignal (*Le Prog. Méd.*, No. 18, 1883,) finds that the bacillus tuberculosis resists putrefaction for eighteen days.

—Dr. James W. Allan, physician to the City of Glasgow Fever Hospital says that there *may* be a more suitable diet than milk for fever patients, but it has not been discovered as yet.

—The first ovariotomy in Smyrna was performed in May by Dr. Viltore Belleli, at the Rothschild Hospital, on a woman 45 years of age. In spite of very unfavorable symptoms the woman recovered.

—The sweeping of the Paris streets, according to the last official return, costs $1,048,600. The number of persons employed in the work is 3,016, including 820 sweepers, 2,010 auxiliary sweepers, and 186 foremen.

—At a medical examination at Glasgow candidates were asked to write in full Latin a prescription for a good anti-bilious pill, with full directions. One candidate wrote—"Recipe, pilulæ calomelanos compositæ, unam, statim."

—"There is nothing very brilliant about our Bremen dentists," said a lady to a member of the profession in Berlin, "but they are very obliging. If you wish a tooth extracted with gas, they forthwith light the chandelier."

—Mosquito-bites are prevented (according to a correspondent of the *Pharm. Zeit.*) by painting all the exposed parts of the body, at night, face, neck, and hands, with a tincture made of pulv. pyrethri 20, ether acetic 10, spirit 70. Another correspondent recommends oil of pennyroyal 1, and spirit 15. Lavender or rosemary oils, or petroleum, are also spoken of favorably.

—In distributing the prizes awarded to the successful students at the Macclesfield Grammar School, England, the Bishop of Manchester condemned the system of "cramming," which he said was too common in our schools. The Americans had found it to be a false educational basis, and had had to retrace their steps.

—A new building, intended for the cremation of the dead, has been erected in the Campo Verano, in the neighborhood of Rome. It is divided into three parts—the hall reserved for the relatives of the deceased, the furnace, and the catacombs. The increasing dread of infectious disease is expected to lead to a considerable increase in the practice of cremation in Rome.

—Mr. Sandwith, British Consul in Crete, reporting on the production of wine in the island last year, refers to the Greek wines, which are shipped to France notoriously for the purpose of being "manipulated" and re-exported, under the name of claret, at prices which average only seventeen cents a gallon, free aboard ship.

OBITUARY NOTICES.

DR. CHARLES WRIGHT.

Dr. Charles Wright, Senior Medical Examiner of the New York Life Insurance Company, died in London, England, September 2, 1883, of congestion of the lungs resulting from Bright's disease. Dr. Wright was graduated from the Medical Department of the University of the city of New York in 1853. After a few years spent in general practice, he was, in 1862, appointed Assistant Medical Examiner of the New York Life Insurance Company. Upon the death of Dr. Wilks, in 1876, he was made one of the Medical Directors of the company. Since 1877 he has also been one of its Trustees. Dr. Wright was a member of the New York Academy of Medicine and Treasurer of the Board of Trustees. He was also a member of the New York County Medical Society and of the Manhattan Club, and a member and Trustee of the New York Society for the Relief of the Widows and Orphans of Medical Men. Dr. Wright had suffered from Bright's disease about six months. He sailed for Europe on August 22, in the hope of finding relief.

DR. JAMES DOWLING TRASK.

Dr. Trask, who died September 2, was born in Beverly, Mass., in 1821. He graduated in Arts at Amherst College in 1839, and received the degree of M. D. from the University of the City of New York in 1844. Subsequently the honorary degree of M. D. was conferred upon him by the Medical College of Buffalo, N. Y. He settled as a practitioner of medicine in Brooklyn, removed from there to White Plains, Westchester county, some years afterward, and in 1859 he took up his residence in Astoria, Long Island, where he practiced his profession up to the time of his death. For some time past his health was poor, but he continued to attend to his professional duties until within a few days of his death.

MARRIAGES.

GOTWALD—KURTZ.—At York, Pa., on Thursday, September 6, 1883, Dr. D. King Gotwald and Miss Julia B. Kurtz.

HEWSON—CLABAUGH.—At St. Mark's Church, September 4, 1883, by the Rev. I. L. Nicholson, D. D., assisted by the Rev. J. Bloomfield Wetherill, Dr. Addinell Hewson, Jr., of this city, and Miss Lucy Clabaugh, daughter of the late George W. Clabaugh, of Baltimore.

JORDAN—CALDWELL.—At St. Mary's Church, this city, September 4, 1883, by the Rev. Robert Innes, Dr. J. Murray Jordan and Mary W., daughter of J. K. Caldwell.

KERSHAW—WEBSTER.—In Bethel, Vt., August 14, 1883, by the Rev. E. Gerry, Dr. Charles A. Kershaw and Sarah I. Webster, both of Lawrence, Mass.

POLAND—COOKE.—At St. Mark's Episcopal Church, on Thursday evening, August 16, 1883, by the Rev. H. M. G. Huff, Dr. S. C. Poland, of Xenia, Ohio, and Miss Lottie Cooke, of Philadelphia.

DEATHS.

BARNES.—In Claremont, Vt., August 17, 1883, Edward F. Barnes, M. D., aged thirty-three years.

EMERY.—Near Loveland, O., Sunday, September 2, 1883, Dr. John P. Emery, aged seventy-two years.

GUSTIN.—In Chelsea, Vt., September 7, 1883, Dr. S. Gustin aged seventy-five years.

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Communications.

SHALL I LOCATE? AND WHERE?

BY GEORGE B. H. SWAYZE, M. D.,
Of Philadelphia, Pa.

(*Concluded from page* 314.)

There are other items of vital consequence that should be understood by physicians, young and old, who think of locating in a large city. Fuel and provisions are indispensable necessities of life, at least in Philadelphia, and hence the mercifulness of railroad monopoly makes of these daily necessities of the people a source of inexorable extortion, and there is no redress. It matters not how abundant fruit, vegetables, meat and grain are in the country, or how cheap, the exorbitant freight rates force up their cost. To-day I have been told that potatoes sell for forty cents per bushel in a smart country town about 120 miles distant; to-day I had to pay $1.30 for a bushel of potatoes in market. A clothing merchant informs me that a certain railroad charges country merchants eighteen cents per hundred pounds for shipping goods to the country, but charges forty cents per hundred for transporting articles used for food to the city. Anthracite is the only available fuel in cities, and it therefore is also a subject of oppressive rate discrimination, for reasons apparent. Although nearer the coal fields, the higher freight charged compels the people of Philadelphia to pay nearly one dollar more per ton than the same fuel is sold for in some country towns nearly a hundred miles further from the mines. City houses are hard to keep warm in winter. The fallacious system of cellar furnaces scatters money to the winds faster than it diffuses comfort to the dwelling. A moderately cold winter devours from eight to fifty tons of coal per house, according to size and pretensions. By the ton, good coal is $7, but thousands of families must buy by the bucket, which runs the price up to near $14 per ton. This anomaly of city life keeps a very large proportion of city population positively shifting from hand to mouth the whole year through, especially if they do not know how to lay the foundation of thrift by rigid self-denial. And I am not now speaking of the impoverished class who live in courts and attics, but of people who somehow keep up the passport card of about as much display as the doctor himself can afford. A neighborhood baker recently told me of a family living handsomely in a handsome house on an up-town street, and owing him fifty dollars for bread. The money was not collectible; they only changed their baker. A milkman of my acquaintance recently told me of a similar case, in which he lost thirty dollars in milk he had furnished from day to day for their table. The folks always offered him the excuse that they had sickness, and had to pay everything to doctors: an investigation showed that they paid the doctors with similar excuses only. In large cities the floating masses solve annoying pecuniary conundrums by a change of location to other neighborhoods, wherein they are lost from sight of old pursuers. The contingencies of fashion, taste and expedients, whet the wits of a large class who adopt for their moral code—"The world owes us a living whether we pay for it or not." This is usually the class in cities who seem to welcome the new physician, to his earlier

joy, but his later sorrow. A "new physician" who had been trying city practice for something more than a year, was at last housed in nearly three months by illness. On meeting him one day afterwards, I asked what had been the matter. His answer was a volume compressed into an utterance of outraged feeling: "*Nothing but bad bills! It was nothing but general exhaustion from running after bad bills—and mental worry—they wore me out with faithless promises!*"

Physicians in the country are sometimes prone to think that city doctors do not have to work hard for their money, and the former conclude to remove to the city for an easier field. Unfortunately these often find the field so easy that it becomes necessary to move back again. The writer has lived in his present location eleven years. During that time at least a score of doctors have located in the same neighborhood, tried it a few months or years, then moved away. Several of these were from the country, men of good practice there, but almost clientless here. In the course of a year or two several wisely returned to their old neighborhoods, where they were known, and doubtless where they were welcomed by appreciating friends—for nowhere does a man feel so lonely and helpless as in the wilderness of a great city of strangers. Because ten physicians succeed in making a living, with their offices near each other on a certain street, it is a grave mistake to expect that the prospect promises as much to twenty more because they put out their shingles. A few months ago I counted the signs of more than thirty doctors in the space of seven squares on this street and the immediate cross-streets. One has been removed by disease, one removed himself by suicide, six have sought fatter pastures elsewhere.

Physicians themselves are not always to blame for these mistakes of judgment, especially if they come from the country. Too often they are easy game in the agile hands of adroit real estate agents, who so well know how to praise up the prospects of any neighborhood where they may have a house to let or to sell. To illustrate: Some years ago a well-to-do physician from a large interior town thought he would like to move to this city; found a desirable up-town neighborhood where considerable building was in progress, and consulted a local real estate agent that had houses to rent. The astute agent soon furnished most satisfactory assurances of the wisdom of the doctor's project, and clinched his faith by citing the case of another doctor who had lately located in the same neighborhood, and "succeeded so well that in a year's time he was able to buy a $7,000 house!" Of course, the willing doctor rented a house, moved to the city; in six months discovered he had made an unprofitable venture; tried another part of the city for six months more, then moved back to his old home—a year and two thousand dollars out, besides business missed.

But *does* the city doctor have the easier life? No. One hundred dollars in the country will reach as far as three hundred to six hundred in large cities, according to location. With fees nearly the same among the general rank and file of the profession, it is self-evident that the city doctor must do extra work, must sustain extra wear and tear of body and mind to come out even. The perplexing uncertainties of a city establishment harrass the lives of city physicians by day and by night. Hence, also, that so many city practitioners feel impelled to round out limited receipts by engaging every spare hour, needed for rest and recuperation, in the severe toils of authorship in some form. It is the pressure of current expenses rather than the pleasure of overwork, that keeps so many pens busy turning out reports, reviews, essays, and books; and hence the publication of so much that is speculative, artificial, unreliable, and unsatisfying to the mass of practitioners. To practitioners in general in cities, professional experience is not so rich and varied as in country locations. The hospitals, infirmaries and dispensaries in cities, run by a select few to foster reputation in a *specialty*, or to open paths of introduction to general practice, monopolize the great harvest of cases by which beginners are usually enabled to gain prompt foothold and win distinguished success. In cities not the poor only, but many in entirely comfortable circumstances, become inmates of hospitals for treatment in cases of accidents, or special diseases, or they receive "out-door" treatment at their homes through dispensary ministrations; while in country locations all the surgery, obstetrics, eye and ear cases, skin and venereal complaints, and the general scope of medical observation and treatment come fully under the study of the local practitioners, thus immensely expanding their opportunities for securing broad and rich experience and early recognition of professional skill.

A physician's prosperity must be gauged at last not by what he is compelled to spend from year to year, but by what he is enabled to save above the current out-go. Ostentation is not wealth. The necessity for display is an exacting task-master. As compared with large cities, the advantages of country locations afford the great

mass of physicians much better and safer fields for experience and practice, for professional and social appreciation, for mental and moral expansion, for lucrative reward and substantial prosperity. Among his unpretentious, honorable peers, the honors of his attainments and office make the worthy physician in the country a head above men—a light to look up to in the community: in the rabble of great cities the physician is too often a head below men—a glimmering luminary lost in the jostle and confusion of lights.

"I don't see how all these doctors *live!*" remarked a moneyed business man to another, within my hearing, on a down-town street. During a few minutes' conference on the side-walk between these lords of ample means, two physicians had jogged past in their peculiar calash-top vehicles, that here announce the professional calling.

"The half of them go with less than half a living," remarked the one addressed, as they moved down street together.

Such derisive fling is not made against the respectable physician in country places, where the public know that he has an ample exchequer, and besides the income of a good practice, owns a good farm or grist mill, or several town properties, acquired by his frugal management of modest yearly profits. In the country such is the general possibility; in the city, the rarest of exceptions.

It was the testimony of a successful, prominent Philadelphia physician, on withdrawing from practice some years ago, that in an experience of a quarter of a century, as his income from practice gradually crept up from six hundred a year to three thousand dollars, the expenses of his advancement and social exactions kept even pace with his earnings, and left him nothing to lay by for future dependence.

And it need not be imagined by physicians in the country that eminent college professors acquire fortunes by practice; many of the greatest and the best have died insolvent. In the accessible calm and relaxation, that physicians find in country locations without detriment to pocket and prospects, there is a luxury of comfort unknown to the profession amid the almost pauseless din and hurry of city life. *There* may he always find equivalent substitutes for money, when money there is none; but such is not the case in cities—*there* he may be greeted by refreshing landscape, expansion of scene, quiet for weariness, reflection and sociality; but not so in cities where all is contracted, walled-in, hustle and tussle, with no rest to eye or ear, or nervous system, or head or heart from year to year. Is it any wonder so many long to get away for even a little while to enjoy the restful peace of nature's quiet in God's country?

1828 Columbia Avenue.

PURPURA VARIOLOSA.

BY T. N. RAFFERTY, M. D.,
Of Robinson, Ill.

The fact that several eminent physicians have recently failed to differentiate between purpura hemorrhagica and that most fatal form of smallpox known as purpura variolosa, together with the fact that I have lately had some experience in that line myself, is my excuse for calling the attention of the medical profession to this disease. Most of those who have felt called upon to write our text-books on the practice of medicine seem to have failed to recognize purpura variolosa as one of the forms occasionally assumed by smallpox.

In the article on variola by Curschmann, in Ziemssen's Encyclopedia, a little more than two pages are devoted to a description of this type of the disease; but unfortunately the index to that volume fails to indicate its consideration, although it is contained in the general index to the Cyclopedia. Bartholow, in his Practice, gives a synopsis of that by Curschmann in his article Variola, but the term purpura variolosa is not found in the index. It is also mentioned, as I understand, in Quain's New Medical Dictionary, but I have not had the opportunity to consult that great work. Watson, Flint, Niemeyer, Bristow, Dunglison, and Reynolds, ignore it altogether. At least, a diligent search on my part has so decided.

It is perhaps hardly necessary to say that a failure to recognize purpura variolosa, and especially to distinguish it from other and non-contagious diseases will, in most instances, result disastrously to both physician and friends.

To illustrate this, I report the case of Susan Young, who died recently in a conservatory of music in Cincinnati. Miss Y. was seen by Drs. Miller and Walker and Prof. Comegys, and her disease supposed to be purpura hemorrhagica. After her death the body was sent to her friends here. The permit of the health officer of Cincinnati to send the body was based on Dr. Miller's certificate that she died of purpura hemorrhagica. After arriving here, the corpse was conveyed to the house of her mother, and there exposed to the view of family and friends. As a result, we have had in this community ten cases of smallpox, to which may be added at least three in Cincinnati.

As one of our cases here was precisely similar to that of Miss Young, and was a typical case of purpura variolosa, I desire to report it somewhat in detail. On May 15, I was called to see Mrs. Caroline Young, æt. 62 years, and found her suffering from severe headache and pain in the epigastrium, attended by extreme nausea and constant retching and occasional vomiting of bilious-looking matter. Her bowels were obstinately constipated, and her breath exceedingly offensive. No pain in the back was complained of at that time. There was no rise in temperature; pulse normal, or nearly so, as to frequency, but quite weak, and patient seemed very much prostrated. What seemed appropriate treatment was given, and patient was seen again late in the evening, when her condition was unchanged, except that the morphia given had relieved somewhat the pain in epigastrium. It was also noticed that her face was somewhat red, though there was no fever, also that the conjunctivæ had a blood-shot appearance, and there was puffiness of the eyelids.

The second day there was little change except that the redness had invaded trunk and extremities, and some small petechial spots were noticed on abdomen and chest; was still greatly prostrated and very restless, retching and vomiting constantly. On the morning of the third day, I found my patient's condition unchanged, except that innumerable hemorrhages under the skin had occurred, both on trunk and extremities, and varying in size from a silver half dollar up to several inches in diameter. In the epigastric region, where a large sinapism had been applied the day before, a hemorrhage had occurred of the exact size and shape of the plaster. The woman seemed in a state of impending collapse, but was entirely conscious. Has slight cough, and is expectorating large quantities of blood; has also passed considerable blood from the bowels. She continued growing worse, and died on the fifth day of her illness, after a severe hemorrhage from the bowels. In this case it was evident from the beginning that it was extremely serious, and that from some cause there was a rapid and complete dissolution of the blood going on; but a diagnosis of smallpox would not, and I think could not, have been made at all had it not been for the fact that two other members of the family took sick the next day after this patient, and on the third day began to exhibit characteristic variola eruption.

Since the occurrence of these cases, Profs. Whittaker and Conner, of Cincinnati, have reported that they, with the late Prof. James Graham, treated a case some years ago, which they reported as having died of anomalous typhoid fever, but which the autopsy showed to have been purpura variolosa.

I am also informed that Prof. McKenzie, of Cincinnati, recently treated a case in one of the hospitals in that city which he regarded as bloody measles, but the autopsy showed it to be variola.

In another instance, I am informed by Prof. Comegys, the coroner, at the instance of the health officer, recently disinterred the body of a girl reported as having died of purpura hemorrhagica, which the post mortem said was purpura variolosa. This patient had been attended by three able physicians, and this during the newspaper excitement over Miss Young's case. Yet in this instance there is excellent evidence to prove that the pathologist was in error, and the physicians right; for this patient's unvaccinated sister had slept with her during her sickness, and twenty or more of her young lady friends had kissed her at the funeral, and a "wake" had been held over the body for two nights, and no other cases were developed from the exposure.

So Prof. Eichberg had a fatal case of purpura, which only a *post mortem* enabled him to say was variola. As an early diagnosis of this disease is of so much importance, and, if possible, is so confessedly difficult, it is well that physicians should be ever on the alert, even if only for the sake of saving their own reputations; for the laity, believing that medicine is an exact science, will always be ready to attribute mistakes of this character to carelessness or worse. The definition and history of purpura variolosa are very lucidly given by Curschmann in the article before alluded to, and I venture to quote him somewhat in extenso, and as follows:

"Under this title we understand those cases in which the process designated 'hemorrhagic diathesis,' the nature of which is yet unknown, and which, as we shall see, may also appear during the exanthematic stage, imprints its frightful stamp upon the disease, even in its initial stage, or at the end of it, *even before* the first rudiment of small-pox pustule can be detected. It leads steadily and rapidly towards death. If this view is firmly held, that purpura variolosa is the initial stage of variola that has become hemorrhagic, the manifold objections disappear which have been made concerning its relation to hemorrhagic and non-hemorrhagic forms of the small-pox process. It disposes particularly of the doubt, recently revived, whether this form should not be withdrawn from the chain of small-pox processes and assigned to a separate position, inasmuch as the

anatomical conditions, especially of internal organs, indicate results different from those observed in the remaining forms. The anatomical variations present are explained most readily upon the ground that the hemorrhagic diathesis causes death in another stage, in which a different condition of the organ occurs. The uninterrupted transition of purpura variolosa into the hemorrhagic pustular forms is exhibited in those cases in which, in addition to the purpura, there are a few actual (hemorrhagic) papules or pustules."

The most characteristic of the symptoms as stated by Curschmann, are, in the initial stage, rigors, headache, intense pain in the back, and great prostration. Soon a diffuse scarlatiniform redness invades the body and extremities, leaving the face at first almost always exempt. In this erythema, petechia and larger cutaneous hemorrhages rapidly appear, and vary in size up to that of a silver half-dollar. The face becomes red and puffy, conjunctivæ blood-shot; there are black rings around the eyes from hemorrhage in the cellular tissue of lids and contiguous parts.

There is usually intense pain in epigastric region, accompanied by violent retching and vomiting; generally slight cough with bloody sputa. The fœtor oris is usually horrible. It is stated by Curschmann that a frequent opportunity of determining accurately the period of incubation in smallpox is not presented. In his practice the opportunity for this only occurred ten times in 1,034 cases. The points necessary in these observations are that there should have been but one exposure, and that it should have been of short duration. This being true, I wish to put on record the period of incubation in five cases where the above conditions for accuracy existed. In two of these the period of incubation was ten days, in two cases eleven days, and in one fourteen days. It was also noted that in those in whom the incubative period was shortest, the disease was most violent.

SOME CLINICAL OBSERVATIONS IN THE TREATMENT OF MALARIA.

BY JAMES M. BROWN, M. D.,
Of McVeytown, Pa.

Read before the Mifflin County Medical Society and published by request of the Society.

The writer of this article has been frequently impressed with the abrupt and usually complete termination to obstinate and oft-recurring attacks of intermittent and remittent fevers brought about by treatment instituted by the patient or his friends, which treatment, while it cannot be said to be the result of any scientific investigation is usually based on practical experience and entails generally the best practical results.

They vary somewhat in form, yet I believe the desired object is attained through a common principle, viz., a positive and abrupt impression on the system, amounting to almost, if not absolute shock.

This is sometimes reached through the direct intervention of the digestive organs; at others, indirectly through the nervous centres. The rehearsal of some cases from memory, selected with a view to variety of types of treatment, will more clearly elucidate the points to which I desire to call your attention.

Mrs. P——, aged about sixty years, had suffered repeatedly from chills, and at three different times she came under my professional care, and after considerable trouble by the ordinary routine of treatment would be dismissed as well, the attacks recurring again at intervals of from two weeks to two months. She made a strong infusion, or perhaps it might be more properly called tr. of bitter apple (the fruit of the cucumis colocynthis), and after taking several large doses became very sick, intense pain in the head, depressing nausea, with violent retching, and watery dejections lasting some six or eight hours. On being called to see her in this condition I treated her distressing symptoms *only*—ordered quietude and abstemious diet for a few days. She did not take a particle of the remedies ordinarily used in malaria, but she has not had a chill since, now fifteen months ago. The patient being feeble and old, and of sparse build, her condition certainly could not be said to be produced by plethora, or resulting congestions, and the treatment effective from any depletory or depurative processes.

A son of the former case, aged about thirty years, after repeated attacks, made use of "hard cider," drinking about seven pints in four hours, from which he was prostrated for a couple of days with nausea, headache, and delirium, free diaphoresis adding greatly to his already weakened condition; but a cure was effected which eighteen months exposure has not dispelled.

His wife and daughter, after repeated attacks and routine treatment, with relapses, made heroic use of strong infusions of coffee. In the case of the former, a complete cure was effected, while the daughter, a delicate girl of some twelve years, who could only be persuaded to use a small amount of coffee, suffered a relapse in about two months.

In these two cases there was a less amount of gastric disturbance than the former two, but the nervous symptoms were very marked—vertigo, tremor, and extreme wakefulness.

David Y——, aged about thirty years, suffered almost continuously for over two years, using quinine with adjuvants, breaking the paroxysms only to return on the least indiscretion or exposure. During an attack he sat in the sun and ate four lemons in rapid succession, immediately afterwards drinking very freely of whisky. Strange to say, his stomach tolerated and retained it. Not being accustomed to the use of stimulants, drunken stupor rapidly supervened, followed in turn by severe headache, throbbing temples, and nervous prostration, lasting for twenty-four hours or more. Eighteen months have elapsed and there has been no return of the chills.

Daniel S——, a boatman, had suffered almost continuously with chills for two years. At the termination of an attack, a physician in Baltimore, whom he had consulted, gave him an emetic to be used in conjunction with large draughts of warm water at the first indications of the return of a chill.

After working in the water the greater part of a day, he had all the premonitory symptoms of a chill, and at once did as directed. Copious emesis followed, prostrating him for some twelve hours; but the chill was broken, and has never returned, though twenty years have elapsed, during all of which time he has lived in the Juniata Valley.

And so I might go on and multiply cases, but enough has been cited for my purpose. I do not believe that these are chance cases, which would have otherwise terminated as favorably; but embracing as they do cases from the mildest to the most severe, some of which had been treated after the most approved and scientific manner, with only partial success; others, in which no special treatment at all had been instituted, I am led to inquire, what is the necessary therapeutic effect in the proper treatment of this troublesome malady?

The class of symptoms, the result of the treatment, is very similar in many respects to that of cinchonism; the chief difference being perhaps a greater amount of gastric disturbance

Probably the *most generally* accepted theory today as to the action of quinine in the treatment of malaria is that the malarial poison consists of, or is conveyed by, low organisms, infusoria, or fungi, which enter the body and increase and multiply in the blood, and that quinine, acting as a protoplasm poison, destroys or entirely restrains the development and multiplication of these low organisms. Whether the fungoid theory of malaria be true or not, one thing is certain, that the same saturation necessary to produce a fatal effect in these low organisms, in fluids *without* the body is necessary also in the *blood*, to be most effectual in the treatment of malarial poisoning. It might also be mentioned that the saturation of the blood to this extent very greatly interferes also with the development and migration of the white blood corpuscles.

Now be this anti-malarial action of quinine what it may, is it too much to say, that the same results are possibly attained by the heroic methods I have cited? In either case, a most positive and definite impression is effected.

The physician in the treatment of this malady by quinine aims to produce that disturbed condition of the system known as cinchonism, while this self-instituted treatment to which I refer produces as great, if not still more violent disturbance, with results so far as observed as good as that of cinchonism. Its further and more minute study may perhaps add to our knowledge of and ability to cope with such a disease.

A NEW INSTRUMENT FOR THE INTRODUCTION OF GELATINE SUPPOSITORIES INTO THE UTERINE CAVITY.

BY F. H. BOUCHER, M. D.,

Of Brooklyn, Iowa.

As the use of gelatine suppositories or pencils has become an established mode of treatment in uterine affections, that method by which their introduction into the cavity of the uterus can be accomplished with ease and rapidity to the gynæcologist, and comfort to the patient, will be heartily appreciated by the profession. The want of such a method presented itself quite forcibly during the treatment of the lady, the history of whose case is not essentially different from that usually accompanying cases of this kind. I will not enter, therefore, into any detailed account of it, but will direct attention chiefly to the instrument which the requirements of the case led me to devise for the application of that treatment upon which I had decided.

The patient, 38 years of age, married, consulted me by proxy through her husband. I prescribed for her several times in this way for what other physicians had variously termed irritation and inflammation of the bladder; but giving her no relief, I suspected the presence of some uterine affection, and so insisted upon an ex-

amination per vaginam, which revealed an anteflexion of the uterus accompanied by endometritis.

Among other remedial agents, I determined to make use of the uterine gelatine suppositories. I used in this case those made by the Western Suppository Company of Chicago. I found, however, that I could not introduce them as high up into the uterine cavity as I desired by the usual method, viz., the uterine dressing forceps. When the bulb or olive point (which is the distinguishing characteristic of the suppositories made by this company) reached the internal os, or rather that part of the cavity temporarily occluded by the flexion, the suppository would bend or double on itself.

This difficulty I overcame by the invention of an instrument which I have since improved, and which now, I think, fulfils all indications, not only in this and similar cases, but also where there is no change whatever in the normal axis of the uterus.

It meets the requirements admirably for the introduction of gelatine suppositories and pencils of any and every shape and manufacture into the cavity of the cervix uteri, and also through the internal os into the cavity of the body. I also use it for a sponge-tent expeller, and an applicator.

The instrument, a cut of which is given above, is somewhat similar to the ordinary sponge-tent expeller, differing from it in this respect: instead of terminating in a large, rigid, and unpliable steel point, it has a flexible, elastic point of copper about two inches in length and about the size of a number 2 or 3 Bowman's lachrymal probe, the remainder of the shaft being made of steel, having attached to it a hard-rubber handle. Over this slides a spiral-wire canula, fitted at each end with hard-rubber buttons.

The advantages of the copper point will be quite apparent to those who have ever had occasion to introduce these suppositories. It should be inserted almost, but not quite, through the suppositories, and thus serves to stiffen them, thereby preventing the tendency that they always have to double on themselves. The wire being made of copper, enables the operator to bend the suppositories after they have been placed upon it into any shaped curve corresponding to the curve of the uterine cavity, when they can be introduced as readily as the uterine sound—the small size of the wire not materially increasing the size of the suppository. The instrument can be obtained through the trade, and of the Western Suppository Company of Chicago.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM GOODELL, M. D.,

Professor of Gynecology in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M. D.

Anteflexion of the Uterus with Stenosis of the Cervical Canal and Dysmenorrhœa, Treated by Rapid Dilatation. Flatulent Distention of the Stomach.

GENTLEMEN—While our first patient is being etherized, I shall make a few remarks in regard to her condition. She is 25 years old. Puberty began at the age of fourteen, and she has had ever since obstinate and severe dysmenorrhœa. She married two years ago, and has since gone from bad to worse. She comes to us now not so much for the pain during menstruation, but for pain in coition. We have a technical term for painful coition; it is dyspareunia. In other words, she has dysparennia.

Let us try to trace this matter up; but as I have not yet examined the woman, I may not be entirely correct in my conclusions. When an unmarried woman, or one who is married but has never borne children, complains of dysmenorrhœa, there will be found in the great majority of cases an anteflexion. This is the natural condition of the womb. Retroflexion and retroversion are not normal, but are usually produced by lack of involution after labor. The womb being too heavy topples over backward, and there is produced according to the plasticity of the womb, a retroflexion or a retroversion. If it is plastic and easily bent, there is a retroflexion, but if the uterine tissue is firm, and the ligaments somewhat relaxed, there is a retroversion. This girl, the history tells us, has had dysmenorrhœa since puberty; that she married at the age of 23, and has gone from bad to worse. As I have often told you, marriage without children is poison to the woman. The fact that she has painful menstruation shows that there are two conditions, or one of the two conditions present. There is either an exaggerated anteflexion or a stenosis of the cervical canal or both. If the bend in the womb is great, no fluid can escape. The blood collects in the cavity of the womb, gradually distending it and straightening the canal, when the menstrual fluid escapes with a gush. The stenosis may be due to the bent condition of the canal. I am in the habit of illustrating it in this way: if when you are watering flowers with a hose, a mischievous boy bends the pipe, a stenosis by angulation will be produced, and the water will stop flowing. In typical cases of dysmenorrhœa from this cause, the menstrual fluid that has collected escapes with a gush; but often when you question the patient you will find that this has not been recognized. They will, however, tell you that the pain is suddenly diminished; that it goes on increasing until it reaches an acme, when there is a lull. It is often difficult to decide whether a woman has stenosis by angulation. The sound

may readily pass through the cervical canal, but at the monthly periods the mucous membrane becomes congested and thickened, thus occluding the canal. In married women who do not bear children there is superadded to this monthly congestion, the engorgements from coition. Accumulation of the fluid within the uterus at the menstrual periods leads to hypertrophy of the organ, so that we have in such cases not only the monthly congestions but also the engorgements from coition acting upon this womb already hypertrophied and engorged. There is thus produced a sub-acute form of endometritis. The ovaries also become turgid and tender. When a woman tries to avoid having children by the use of preventive measures, I have seen produced the most exquisite sensitiveness of the cervix. Ordinarily, the cervix is not at all sensitive. A red hot iron can be applied, and the woman will notice only the smell of burnt flesh; caustic may be applied, or it may be stuck with a knife, and the woman not complain. Under certain circumstances, the cervix will become exceedingly tender; and I have found nothing produce it so frequently as the use of preventive measures, especially the one most commonly practiced, that of withdrawal. I have seen a number of such cases. In the first one, the cervix was so tender that I could not touch it, and the moment I attempted to introduce the sound, the woman shrieked. I could not understand it. In telling me her history, she told me that she was using preventive measures, and told me the plan. In this patient I subdued the sensitiveness by the use of vaginal suppositories containing

℞. Morphiæ sulph.,
Ex. Belladonnæ, āā gr. 1.

The next case was a physician's wife. I found the cervix exceedingly tender, but by the exercise of great care I was able to introduce the sound. I then told her directly that she was trying to avoid having children, and told her the plan adopted. She admitted that it was so. I told her that if she wanted to get rid of the trouble that she must avoid the practice. I have seen several other instances, in all of which the women were practicing measures to avoid conception. In withdrawal, the act is not completed on the part of the woman, and the womb is left in a state of terrible congestion. In the act of coition the parts are gorged with blood, but when the fruition of the act is accomplished there is great relaxation. Indeed, this is so great that there is an old Latin adage which says, "After coition, melancholy comes." But when the act is not completed, the womb is left in a state of turgidity for a long time.

This woman is anxious to have children, and it is evident that her condition does not result from any evil practice. She is also naturally desirous that coition should take place in a normal manner with full enjoyment on her part.

Anteflexion *per se* needs no treatment, but if it causes dysmenorrhœa, it calls for treatment unless the dysmenorrhœa be due to nervous causes or irritability of the womb. Irritability of the womb was first described and insisted upon by Dr. Hugh L. Hodge, formerly Professor of Obstetrics in this university. He was so in the habit of dwelling on it that it got to be a sort of a cant phrase among the students, and on the walls of the old university building on Ninth street could be seen many a pencil engraving of Hodge on an irritable uterus. There is a great deal of truth in his teachings in regard to irritable uterus.

I shall now examine the patient. I find that there is an anteflexion for I can readily get the womb between my two hands, by making pressure from above. I pass the sound by pressing it well back against the perineum. It gives a measurement of three inches.

In treating such a case, dilatation is the method, not the cutting, or, as it is called, the bloody operation. This latter consists in slitting up the posterior lip of the cervix to the vaginal junction and passing in a knife and cutting the little spur of tissue within the canal. This is not as successful as dilatation and far more dangerous. Many lives have been sacrificed by it. I have notes of 140 cases in which I employed dilatation, and I have performed the operation in a number of other cases of which I have no notes, and in only a few instances has there been any peritonitis, and in these, it has been rather a slight metritis, with a little implication of the peri-uterine peritoneum. I have never had any alarming symptoms.

I next pass the speculum and catching the cervix with a tenaculum, introduce Ellinger's dilator with the curve downwards. This readily enters the cavity. If it will not pass in the first time, pass it as far as it will go and then dilate. You can probably then pass it in to the womb. If not, push it a little further and again dilate. There should always be a shoulder on the instrument two inches from the tip, in order to prevent it from entering too far and hitting the fundus. There should be at least half an inch between the ends of the dilator and the fundus of the womb, for if they were in contact with the womb, they would, when opened, be very likely to tear the uterine tissue and lead to serious results. The body of the womb is very vulnerable, while the cervix is not, except to cutting injuries. The dilator passes in so readily that you would say that there is no stenosis, but the stenosis results from swelling of the mucous membrane at the menstrual period. In dilating, I open the blades gradually, as I do not wish to exert too much force at once. I have torn the cervix while dilating. One instance was in a married woman who had dysmenorrhœa. When a married woman who has borne children has painful menstruation, it is, as a rule, due to one of two things. The womb is either badly retroflexed, or else she has been treated with nitrate of silver. Twenty years ago, every woman, no matter what was the ailment of the womb, who received local treatment, had nitrate of silver applied to the cervix. Many of the older physicians are still using it, but it is an exceedingly bad practice. It is sometimes useful, but only in exceptional cases. It causes contraction and hardening of the tissue. In the lady alluded to, nitrate of silver had been applied to the cervix, until the parts had lost all elasticity. In dilating I tore the neck of the womb. The tear did not amount to much, but there was some hemorrhage. This I controlled by Monsel's solution, and the applica-

tion of a tampon. Once, in a virgin, I tore the cervix, but no bad results accrued. The only thing was that a physician who saw that tear, might insist that she had borne a child.

This is an operation which I can confidently recommend. I sometimes have to repeat the dilatation, but the woman is so much benefited by the first operation that she readily consents to its repetition. This method of dilating the cervix is not worth anything for the removal of growths within the cavity, for the stretching is not sufficiently great, and the parts come together too quickly.

Having opened the blades to their fullest extent, I have the ether removed and allow the instrument to remain until she begins to squirm. Before beginning the operation I introduce an opium suppository into the rectum. By the time that the effects of the ether have disappeared the opium will have been absorbed. She will be put to bed, and in two hours a second suppository may be required. Two are usually sufficient.

Flatulent Distention of the Abdomen.

Our next patient is thirty-eight years old. She has had one child, who is seven years old. She was married to her second husband three years ago. She thought that she had become pregnant. She had all the signs except the non-occurrence of the monthlies. She then had a fright which was followed by hemorrhage, lasting for two or three days, accompanied by bearing-down pain. Since then she has had metrorrhagia, has lost flesh, has suffered from pain low down in the back, especially when sitting, and the abdomen has continued large. She complains of something rolling in the stomach, and thinks that it is a baby.

Talking of babies being in the stomach, reminds me of a woman who came to the hospital off and on for four years, and I could never persuade her that she was not pregnant.

A physician is sometimes deceived in this way. He may have attended a lady in a number of confinements. The lady may be about forty-five, when suddenly the menses stop; she begins to enlarge, and she has certain symptoms which make her believe that she is pregnant. The physician is informed, and thinking that she ought to know, he takes it for granted. The woman feels very happy, tells all her friends, and soon the whole town knows that Mrs. Smith, after being sterile so long, is going to have a baby. The baby clothes are gotten out, and the stores are searched for pretty things for the little stranger. Time goes on; the physician, perhaps, cannot take his summer vacation. By and by, the nine months have passed and no baby comes. Thinking that a mistake in the calculation has been made, the doctor waits a few weeks longer. He then makes up his mind that there is something wrong, calls in another physician, and an examination reveals that it is nothing but fat with flatus behind it.

These cases often remind me of a little story in "Charles O'Malley," a book which I frequently read when a boy. Miss Judith Macan writes to her brother, stating that she is coming to London to consult one of the city physicians, because she thinks that the country doctor does not understand her complaint, as he says that "it is nothing but religion and wind." In these cases it is fat and wind.

Exposing the abdomen, we find the evidences of former pregnancies in the lineæ albicantiæ. These are evidences of some distension of the abdomen. They may be the result of dropsy, but if a woman is in good health, it is not likely that she ever had a dropsy sufficient to cause distension great enough to produce these lines. Grasping a fold of the abdominal wall in my hand, I find that there is not much fat. There is a tympanitic percussion note all over the abdomen. She says that it is smaller at times, and that fright and excitement cause it to increase in size. This distension is due to air in the intestines. This may result from family troubles, or because she has not a happy home. Defective circulation of the nerve-fluid may cause this distention or secretion of wind, if I may use the term, for I must say that I am not satisfied with the theory that this distension is owing to paralysis of the intestinal wall. I have seen enormous quantities of air passed and belched up—more than one would think possible that the body could contain. I have had patients in whom pressure on certain points of the spine would immediately cause the abdomen to enlarge, and the patient would belch forth incredible quantities of air. While her attention was distracted by listening to me, the abdomen became more flaccid. I am able to swear that there is no baby there.

She may have some pelvic trouble. I shall now examine *per vaginam*. I find that the womb is bound down by bands of lymph. This may have resulted from a pelvic hæmatocele. Around the ovaries is a large plexus of blood-vessels, the pampiniform plexus. One of these vessels may rupture, or an old adhesion may be torn, and a collection of blood form in Douglass' pouch. When such a thing happens, there is a history of pain and collapse. When in any case of abdominal pain with collapse you exclude intestinal trouble, you put your finger in the vagina and find Douglass' cul de sac filled, you have to deal with one of two things: either a tubal pregnancy which has burst, or a hæmatocele. Of course, a ruptured tubal pregnancy is in one sense a hæmatocele, but the term is used to indicate hemorrhages from other causes. The blood collects and acts as a foreign body, producing cellulitis. The history of primary cellulitis is different. In this, the first symptom is usually pain, but in puerperal cases, the first sign is often a chill. After a length of time has elapsed, it is impossible to say whether the disease began as a hæmatocele or as a primary inflammation. This pelvic trouble is one cause of distention of the abdomen. Feeling assured that she is not pregnant, I shall pass the sound. The womb measures two and a half inches, and is fixed.

The cellulitis is the condition requiring treatment. Injections of large quantities of water would be of advantage. They may be medicated by the addition of one ounce of ammonium chloride to the quart of water. I shall place a small blister over the abdomen. This will be repeated every two or three days. The frequent repetition of small blisters does more good than applying one and keeping it sore for some time.

What medicines shall we give by the mouth? Sometimes there are night-sweats. We then give quinia and aromatic sulphuric acid. As there are

no night-sweats in this case, I shall order ten grains of ammonium chloride with one-twenty-fourth grain of the bichloride of mercury (to be increased to one-twelfth grain) three times a day. The chloride of ammonium is not a pleasant medicine to take, and in order to disguise its taste I often give it in mistura glycyrrhizæ composita, which contains paregoric, spirits of nitrous ether, liquorice, and tartar emetic. I think that the small doses of antimony add to the alterative effects of the mercury.

As she has no facilities for taking the hot-water injections, I shall not order them in her case, for a small quantity of water would do more harm than good. When blisters cannot be used, the next best thing is painting the abdomen with iodine. If the bowels are costive, they will be regulated by the use of the compound liquorice powder of the German pharmacopœia, which, in addition to senna, contains sulphur.

This woman may never have children, for the ovaries may be covered with lymph, through which the ova cannot force their way, or the fimbriated extremities of the Fallopian tubes may be so attached to adjacent parts that they cannot grasp the ovum when discharged.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Cardiac Disease.

GENTLEMEN: You remember the case which I showed you last week, of the man who had cardiac disease and a certain amount of general dropsy, (see page 320). For the rest of that day he was tolerably comfortable, but that night he had an attack of extreme dyspnœa, and the action of the heart became very irregular and rapid. His anasarca steadily increased, and on Wednesday night he had a convulsion which affected mainly the left side of the body. He failed steadily, and died at 3.15 Thursday afternoon in great distress, gasping ineffectually for breath, and dying as these patients generally do, in a state of coma. He was unconscious during the preceding twenty-four hours.

You can readily understand the mechanism by which these results were caused. The dyspnœa was due to the increased congestion of the lungs, and the interference with the systemic circulation was made evident by dropsical accumulations in the connective tissues beneath the skin, and in the meninges of the brain, and this latter caused cerebral pressure, and hence coma and death. The *post mortem* examination revealed the presence of mitral stenosis and aortic regurgitation or insufficiency. The free edges of the valves were thickened and slightly contracted. The mitral lesion had been made out during life, but the insufficiency of the aortic valves had not, though its existence was suspected. There was no distinct murmur heard over the sternum and extending downwards towards the xyphoid cartilage and to the left, or upwards to the right. Nor was there the characteristic pulse of aortic regurgitation, but it was extremely feeble.

The heart was found to be extremely dilated, and was two or three times its normal size. There was in addition, as might be expected, considerable congestion of the lungs, and parenchymatous nephritis, and an enlarged and fatty liver. The brain was normal in appearance, and showed no cause for the convulsions.

MEDICAL SOCIETIES.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Infant Foods.

BY PROF. ALBERT R. LEEDS, PH. D.,

Of the Stevens Institute of Technology, Hoboken, N. J.

[Read, by invitation, May 2, 1883.]

(*Continued from page* 322.)

I have spoken thus severely of Savory and Moore's food, because, whilst claiming to be prepared in accordance with Liebig's principles, it actually contravenes them. The following much less ambitious preparations are worthy of more favorable comment:

Baby Sup No. 1 is advertised as an excellent substitute for mother's milk, in case of infants under four months of age. It is a very sweet partly crushed whole oat-meal, very palatable even before cooking, and dissolving readily in the juices of the mouth. It is prepared from malted oats, and, after the conversion of the starch has gone as far as it is thought it will proceed, the oats are carefully hulled, only a residue of the coat being left in the crack of the grain. The analysis shows the lowered percentage of starch, and the increase of saccharine bodies due to this treatment.

Baby Sup No. 2 consists of wheat flour, malted barley and bicarbonate of potash, in the proportions given in Liebig's formula. In its dry state the mixture has little taste, but becomes thin, sweet, and palatable on cooking. The analysis gives but a partial result of this change, because the food was cooked only five minutes before the analysis, whilst the directions call for a half hour's cooking. But already much of the starch has been converted into dextrine. These foods are commendable efforts to carry Liebig's views into practice, and it is to be regretted that a certain amount of care and time is required to properly cook them and, for this reason, they will probably have only a restricted use. In Mellin's, Horlick's, and Hawley's foods this care and time have already been expended by the manufacturer, and experience has shown that few mothers or nurses can or will take so much trouble.

Keasbey and Mattison's Food.—From the point of view above taken, it is possible to explain a peculiarity in its composition, which I failed at first to understand. This is, that the sample of this food which I examined contained no albuminoids whatsoever. Its advertisement states that it is an extract prepared from malted grain, dextrine, alkaline phosphates, etc., and that it is perfectly free from starch. It does not resemble the other preparations of Liebig's foods in the market, being, unlike them, a thick liquid, resembling, both in taste and appearance, some variety of mo-

lasses or syrup. My first explanation of the entire absence of albuminoids was, that no grain was used in its preparation. This is not the case. The food is not strictly a Liebig's food, but in reality a neutralized extract of malted barley. The ground malt is extracted with hot water, the liquid strained, evaporated *in vacuo*, and neutralized with bicarbonate of potash. There is no question that the albuminoids did not pass the sieve, for I could neither determine them by ordinary methods, nor get the reaction for nitrogen by the most severe tests. But, as before stated, there must be present certain extractives, and the analysis should be directed to finding them, and thus seek to explain the undoubted benefits frequently conferred by the use of this food.

Before concluding with regard to Liebig's foods, I desire to say a few words concerning the percentages of dextrine and cane-sugar reported for these foods. The former would be nearly that which would correspond to the difference between the amount of soluble carbohydrates and the sum total of grape-sugar and cane-sugar. But it is not put down in the analysis, because it was not directly determined, and I did not know how much soluble matter of other kinds, possibly soluble albuminoids and other extractive matter of great dietetic value, might possibly be thus erroneously set down as dextrine. The percentages of cane-sugar are not strictly correct, because the presence of dexterine somewhat raises the results obtained, and there is no method, so far as I am aware, of making a satisfactory determination of cane-sugar and grape-sugar and dextrine in a mixture of the three bodies. But the method applied was the same in every instance, so that, besides the cane-sugar proper which is derived from the cereal used, the added percentage due to the error arising from the presence of dexterine would be nearly the same in every sample analyzed. The investigation of this problem should also come into the complete analyses of these foods, as well as the other matters spoken of hitherto. Scheibler, indeed, has indicated a method of detecting dextrine when mingled with cane-sugar in an amount not exceeding 3 per cent., but in these cases we have, as in Mellin's food, no less than 37 per cent. of dextrine, and 44.69 per cent. of grape-sugar as well, the cane-sugar itself being comparatively insignificant. His method is of no value for such cases.

CLASS III. MILK FOODS.

	15. *Nestlé.*	16. *Anglo-Swiss.*	17. *Gerber's.*	18. *Amer. Swiss.*
Water	4.72	6.54	6.78	5.68
Fat	1.91	2.72	2.21	6.81
Grape-sugar and milk-sugar	6.02	23.29	6.06	5.78
Cane-sugar	32.93	21.40	30.50	36.43
Starch	40.10	34.55	38.48	30.85
Soluble carbohydrates	44.88	46.43	44.76	45.35
Albuminoids	8.23	10.26	9.56	10.54
Ash	1.59	1.20	1.21	1.21

These articles have been prepared in order to supply a food which should contain the constituents of milk to a certain extent, and yet should be free from the objections to which condensed milk is open. The attempt was first made by H. Nestlé, in Vevey, Switzerland, but at the present time many milk factories are in existence, including one in our own country, at Little Falls, New York, under the management of Dr. N. Gerber. All of these milk-foods consist of cereals specially prepared in combination with milk. The preparation of the Anglo-Swiss milk-food is stated to be as follows: Twenty parts of Russian wheat flour and twenty parts of oat-meal are made into a dough and baked. The biscuit is then ground fine, mixed with sixty per cent. of condensed milk, dried by a slow heat at 120° to 130°, ground, and sufficient wheat gluten added to bring up the percentage of albuminoids to the same amount as that present in human milk. It is evident that apart from giving a general idea of the method of manufacture, this statement cannot be regarded as correct, inasmuch as the percentage of fat in the Anglo-Swiss milk-food analyzed is much less than that which would be imparted by sixty per cent. of condensed milk. The percentage of albuminoids likewise makes it doubtful whether any albuminoids in addition to those present in the milk and flour, have been added in the form of specially prepared wheat gluten.

According to Dr. N. Gerber (*Milk analysis*, page 70), the various milk-foods in the market vary in composition as follows:

		Average.
Water	5.0 to 10 per cent.	7.50
Salts	1.5 " 3 "	2.25
Fat	4.0 " 7 "	5.50
Albumen	9.5 " 18 "	13.25
Soluble carbohydrates	35.0 " 55 "	45.00
Insoluble	15.0 " 35 "	25.00
Cellulose	0.5 " 1 "	0.75

It will be noted that Nestlé's food departs further from the average than any of the other preparations, and the American Swiss approaches most nearly. The percentage of fat in the latter is much larger than in the other preparations, and the percentage of albumoids is likewise the greatest. On preparing these various brands, the Nestlé, Anglo-Swiss, and Gerber's were very palatable and delicate in their flavor, more so than the American Swiss, which had a slight rancidity connected, no doubt, with the large percentage of fat and fatty acids. Under the microscope the various milk-foods had a similar appearance, exhibiting agglomerations of starch granules and globules of milk. They all gave the starch and dextrine reaction with iodine, the reaction for dextrine being stronger in the Gerber than in the Anglo-Swiss. All had a faintly acid reaction except Nestlé's, which was slightly alkaline.

All of them have the same points in their favor, a high percentage of albuminoids, fats, and salts, this being especially true of the American Swiss. The conversion of the starchy matters into dextrine by previous baking gives to this class of infant foods the advantages of that class of prepared cereal, which have been rendered easily assimilated by a process of previous torrefaction. The addition thereto of condensed milk has both advantages and disadvantages. The advantages are that the condensed milk is milk in a pure and safe form. Instead of being coagulated in large, cheesy masses in the child's stomach as would be liable to be the case if the condensed milk, after thinning with water, were given alone to the infant, the admixture of dextrine and torrefied milk keeps the caseine divided, and causes it to form in small flakes more nearly analogous to

those forming from woman's milk. The condensed milk likewise adds a noteworthy percentage of fat, which is conspicuously absent from the other infant foods. It also adds a certain amount of milk-sugar and increases the percentage of albuminoids and valuable saline matters, more especially the phosphates. The principal disadvantage is, that condensed milk is preserved with the aid of cane-sugar, its analysis being as follows:

Water	20.0	to 30.0	per cent.
Salt	1.5	" 3.0	"
Fat	8.8	" 12.0	"
Albuminoids	10.0	" 13.0	"
Milk-sugar	10.0	" 15.0	"
Cane-sugar	30.0	" 45.0	"

Cane-sugar, therefore, being relatively by far the largest constituent, there soon arrives a point in the manufacture of milk food when the addition of condensed milk must cease. Otherwise the percentage of cane-sugar, which like other carbohydrates is very objectionable when it takes the place of a proper amount of albuminoids, would become excessive, and indigestion thereby be induced in the infant using such food. The remedy, it appears to me, would be found by using a condensed milk preserved without the aid of cane-sugar, and since this can now be successfully affected by means of Appert's method, the preparation of a milk food not open to the above objection should be soon satisfactorily accomplished. In that case we should have an infant's food with a very high percentage of albuminoids, fats, and salts, and a low percentage of carbohydrates. The sugar would be present in the form of milk-sugar derived from the milk, and as grape-sugar derived by a process of torrefaction from the meal. The last in its turn would not have to be present in larger amounts than what are requisite to supply the starch and dextrine, which are of use to prevent coagulation of the caseine in large masses.

CONDENSED AND PRESERVED MILK.

	Condensed (mean of 41).	*Condensed (diluted).*	*Preserved Alpine.*	*Preserved Amer. Swiss.*	*Preserved Amer. Swiss (diluted).*
Water	30.34	88.39	58.57	59.21	87.78
Water	12.10	2.02	13.21	11.55	3.46
Milk-sugar	16.62	2.77	15.29	13.04	3.91
Cane-sugar	22.26	37.1			
Albuminoids	16.07	2.68	11.36	14.10	4.23
Ash	2.61	0.43	1.78	2.09	0.62

It will be seen that when the condensed milk is diluted until its percentage of water is about the same as in human milk, it has relatively too little fat, and too little sugar (the larger portion of that also being cane-sugar) as compared with human milk. It has also too much albuminoids and ash.

Preserved milk is the result of scientific investigation applied to this subject, and its manufacture marks a great advance in the technique of the milk industry. The product, when diluted, has no cane-sugar (an abnormal constituent of milk), and the ratio of its constituents is similar to ordinary cow's milk. It differs, of course, from human milk, and requires the addition of milk-sugar, fat, and of some bland inert attenuant, like torrefied wheat or barley flour, to overcome the general objection to any form of cow's milk as a substitute for woman's. Experiments in this direction are on foot, and will probably result in supplying a milk-food not open to some of the objections urged against previous preparations of this class. The keeping qualities of the preserved milk are likewise very remarkable; its introduction is a great public boon, and cannot fail to exert a powerful influence upon the future of urban milk-supply, and the alimentation of infants.

Conclusions.—I have been frequently asked why I do not publish my own opinion as to the best of the various infant foods now in use. To do so would be very unwise for many reasons. But I have endeavored to do what I have regarded as of far more importance than this, which is to praise or blame just as the information afforded by physical and microscopic examinations and chemical analyses demanded, without partiality or bias, and to seek out and state the principles upon which, as it appeared to me, the dietetic value of these articles of infant food depended.

To summarize the points which I have endeavored to establish:

1. Cow's is in no sense a substitute for woman's milk.

2. Attenuation with water alone is inadequate, and chemical metamorphosis, or, mechanically, the addition of some inert attenuant is required, in order to permit of the ready digestibility of cow's milk by infants.

3. The utility of manufactured infant's food is to act as such attenuants, and as such they take the place of the simple barley and oatmeal water, the sugar, cream, baked cracker, arrowroot, etc., etc., used in former times.

4. The results of both chemical and physiological analysis are opposed to any but a sparing use of the preparations containing large percentages of starch.

5. It is eminently probable that besides acting as attenuants, the matters extracted in the preparation of barley and oatmeal water, and still more the soluble albuminoid extractives obtained at ordinary temperatures (whereby coagulation is prevented), by Liebig's process, have a great independent value of their own. For this reason, instead of employing starch, gum, gelatine, sugar, etc., the use of natural cereal extractive, containing saccharine and gummy matters and soluble albuminoids as well, such as our great and inspired teacher Liebig himself advocated, is in accordance with the developments of science since his time.

6. The use of a food made up of equal parts of milk, cream, lime-water, and weak arrowroot-water, as practiced for years by the late Dr. J. Forsyth Meigs, and recently advocated by his son, Dr. Arthur V. Meigs, is sustained by theory, analysis, and practice. It provides for the increase of fat to an amount comparable to that contained in human milk. It adds alkali to permanent reaction, and to convert caseine into soluble albuminates, it adds a little bland attenuant. And if, in addition, the amount of milk-sugar were raised, and instead of arrowroot water, barley or oatmeal water were substituted, as the case demanded, it would approach, it appears to me, still more nearly to the conditions required.

7. The perfect solution of the present problem is to be found in the modification of cow's milk by

chemical processes, so as to make it physiologically equivalent to human milk. The nature of these processes, and the results to be obtained, are at present so nearly wrought out, that there is good ground for believing that such a solution of this problem is not far distant in the future.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Pathology of Bronchial Asthma.

We take the following from the *Med. Times and Gaz.*, March 31, 1883:

The pathology of bronchial asthma is such a favorite subject of investigation and discussion, especially with our German *confrères*, and the results arrived at by different authorities from time to time are frequently so discordant, that instead of reproducing at once their arguments in these pages, we are compelled to adopt an attitude of interested expectation, and to wait for the confirmation or disproval of the last new view on this as on many other subjects. The most recent contribution, however, to the pathology of asthma appears to us to be so important, and so likely to prove in the main correct, as to deserve to be submitted to the profession in this country, and to be carefully tested by clinical experience. This contribution comés from the pen of Professor Riegel, of Giessen (the author of the article on Asthma in "Ziemssen's Cyclopædia"), and appears in the *Zeitsch. für Klin. Med.*, Bd. V., page 413.

In approaching the consideration of the pathology of asthma, Professor Riegel was met by several distinct questions which are still more or less imperfectly settled. The first of these questions manifestly is; Is there really such a function in the bronchial muscles as active contraction, sufficient to affect the calibre of the tubes and to modify the pressure of the air within the lungs? Very different have been the answers given to this question by different physiologists—for we must be careful to notice that this is but a matter of physiology, and not of clinical medicine. Professor Riegel's results are entirely in accordance with the accumulating evidence of the work of recent, as well as of some of the older and most distinguished observers—namely, that irritation of the bronchial muscles does raise the pressure within the lungs, and that this irritation may be induced through the medium of the vagus. This point having been settled, the next question was whether stimulation of the vagus caused acute dilatation of the lungs, such as is seen in asthmatical seizures; and this question, also, Professor Riegel was able to settle in the affirmative, the pulmonary area enlarging rapidly when the vagus was galvanized in the neck (in dogs), remaining large during the continuance of the stimulus, and slowly returning to its normal dimensions when the irritation was removed. Nothing could have been more easy, or indeed more natural, than to conclude after these two series of experiments that the pathology of bronchial asthma was practically settled; that this disorder is essentially a neurosis of the vagus, the dyspnœa due to bronchial spasm and the pulmonary dilatation being the direct results of irritation of the great nerve of respiration. Professor Riegel was too cautious, however, to rush to this conclusion, and his next set of observations showed the wisdom of his hesitation; for they distinctly proved that whilst irritation of the vagus unquestionably produces the phenomena of asthma, *it does not do so by causing spasm of the bronchi.* No doubt, as has just been shown, spasm of the bronchi is a result of irritation of the vagus; but there is a much more important, because much greater or more extensive, cause at work than this.

The turning-point in the investigation was the discovery that irritation of the vagus causes the phenomena of asthma, not by acting peripherally, that is, through the branches to the bronchi—but by influencing the central extremity of the nerve, that is, the medulla, and so (reflexly) the muscles of respiration. When the *central* end of the divided vagus of the left side was faradized, and the other vagus cut, the same asthmatic phenomena were produced; the reflex, therefore, did not occur through the bronchial nerves, but by the respiratory nerves to the diaphragm and intercostals. That this was the case was completely proved by section of the phrenics before irritation of the vagus, for the phenomena of asthma were then entirely absent. An altogether unexpected result was thus reached, namely, that asthmatical phenomena may be produced *reflexly* through the vagus, and that the principal portion of the effect is a sudden inspiratory depression of the diaphragm, followed by its continued tonic contraction. It would thus appear that the theory of asthma, which represents the disorder as essentially one of bronchial spasm, must be given up. There can be no doubt that irritation of the vagus does cause bronchial spasm and moderate dilatation of the lungs, but this effect has always been regarded as much too insignificant to account for the symptoms of the disorder as clinically observed; and now that it appears to have been satisfactorily proved that besides this peripheral effect there is a reflex effect of incomparably greater importance, there is no reason why the theory of bronchial spasm should be any longer maintained.

Two very obvious objections to the view first stated are anticipated by Professor Riegel. Can it be possible, in the first place, that the diaphragm may remain so long in a state of contraction as to cause the protracted dyspnœa familiar in many cases of asthma? There is no evidence to the contrary; and in the course of these exper-

iments on dogs the diaphragm was actually seen to remain in a condition of contraction for ten minutes without producing asphyxia. Besides, the same objection might apply to the muscles of the bronchi. Again, it is a clinical fact that whilst the inferior lung-border is low in an attack of asthma, it moves in respiration. Is this fact compatible with spasm of the diaphragm? As a matter of fact it is: whether the phrenic be directly or indirectly stimulated, and the diaphragm thrown into inspiratory spasm, the lung-border moves slightly in respiration.

Lastly, Professor Riegel cautions us against coming to the hasty conclusion that we have now settled the pathology of bronchial asthma. Spasm of the diaphragm may explain some of the phenomena of the seizure, but it certainly will not explain all. For himself, he still holds that there may be vaso-motor disturbance and hyperæmia of the bronchi, along with spasm. Still, spasm there is, and the present investigation shows that it is chiefly a spasm of the diaphragm.

Operations on Phthisical Patients: with Remarks on Operations Performed During the Pyrexia of Phthisis.

After reporting four cases in the *Brit. Med. Jour.*, June 9, 1883, Dr. Howard Marsh writes:

I have related these cases in order to allude to an important matter, in respect to which practice is, I think, sometimes at fault. It is held by no means as universally as it formerly was, but still by many surgeons, that it is inadmissible to operate on a patient who has advancing phthisis; and the standing instance used to illustrate this rule is anal fistula. The objection to interference rests on two well-known grounds: first, that the wound will not heal; and secondly, that, as the fistula acts, by the discharge attending it, as a kind of counter-irritation, or, as some have called it, a safety-valve, it is dangerous to cure it. The safety-valve formula, though certainly a little vague, is a very deterrent one. We all know what the probable effect of closing a safety-valve will be. And this doctrine, having been accepted in respect to fistula, has been extended to such cases, for example, as diseases of the joints, in respect to which it is still held in some quarters, first, that an operation is very likely to be attended with local failure; and, secondly, that the removal of the diseased joint will have the effect of accelerating the mischief in the lung. As to operations for fistula in phthisical persons, the first objection is no doubt generally, or at least frequently, valid. If fistulæ are laid open in acutely phthisical patients, they will often either never heal or they will heal very slowly. But, on the other hand, there are not a few instances in which, even though a patient is phthisical, he may be cured of his fistula by operation; and probably every patient who can be thus cured will be the better for it. That is to say, the safety-valve doctrine is erroneous. I believe clinical experience shows this to be the case; and physicians may be inferred to hold this view, for counter-irritation, setons, and similar means, are very seldom used in the treatment of phthisis. The reason for curing a fistula, whenever this can be done, seems obvious enough. A fistula is not only a source of much annoyance, or even of pain, but also, from time to time, if not constantly, of high temperature; and it is agreed on all sides that a feverish condition, however it arises, has a decided effect in the promotion, or even, under certain circumstances, in the development of phthisis. There is so much in this, that, even though an operation will not lead to the complete closure of a fistula, it may be sometimes highly advisable to perform it for the sake of laying open passages in which discharge accumulates and becomes decomposed, or from which, failing a ready escape, it tends to burrow in new directions. Fistulous tracts, thus freely laid open, may be attended with much less pain and local trouble, as well as well as with less fever, than before. Thus, although there must be considerable reservation in respect to operations for fistula in phthisical persons, the rule against their performance must not be made by any means absolute. On this subject, Mr. Allingham has a valuable chapter in his work on the "Surgery of the Rectum" (p. 56 *et seq.*).

When, however, the arguments that apply to the case of fistula are extended to such an operation as amputation, we take a course that may lead us to an erroneous conclusion, and we are in danger of withholding treatment which is capable of rendering patients a great service. In the first place, the objection that the wound will not heal —frequently valid in fistula—is without foundation in all but a very few of the cases in which it would be reasonable to amputate, for instance, for disease of the tarsus or knee-joint. Were a patient in the last stage of phthisis, no one would be likely to advise amputation. But I believe the cases I have given may be taken as typical illustrations of the fact that, even when phthisis is advanced and active, an amputation-wound will heal as quickly as one, for example, that results from a secondary amputation for compound fracture. Secondly, the effect of removing a local disease, which is not only causing the patient constant suffering, but which raises the temperature to 102° or 104°, as in the case related above, is to produce a speedy and very marked decline of fever, and with this a rapid improvement in health. Perspiration ceases, appetite returns, the patient gains health and strength, and the chest-mischief becomes quiet. I have met with no evidence that removal of a local disease produces an increase of lung-mischief.

The difference in the repair of the wound in the two cases of fistula and amputation, is a question that involves some still debated points in the pathology of tuberculous disease. The contention of many observers at the present day would be that a fistula *in ano* in a tuberculous person is itself lined with genuine tubercle; while even those who speak of scrofula as differing from, although allied to, tubercle, would hold that a fistula is, in fact, a scrofulous sinus, such as might result from the formation of a scrofulous abscess in the groin or in the neck. But whatever view is taken of the pathological condition present in fistula in those who have phthisis, there is this great difference between the operation for fistula and that for the removal of a diseased joint: the one deals with parts already the seat of chronic and unhealthy ulceration, while the other involves

structures in which no process of disease has shown itself.

A further reason for reverting to the question of operating for the relief or removal of local disease in phthisical persons is that an amputation may now be fairly spoken of as a much less considerable proceeding than it formerly was.

In conclusion, I will only repeat that a too implicit acceptance of the doctrine that operations should not be performed on phthisical persons, may lead us to withhold interference which is frequently not only free from danger, but likely to be attended with the happiest results.

Staining Bacilli.

From the *British Medical Journal*, August 18, 1883, we note that M. Vignal has also made a comparative study of fourteen different methods of staining bacilli, and has come to the following conclusions concerning them, which have been communicated to the Biological Society of Paris (*Bulletins de la Société de Biologie*, May 19 and 26, 1883). Koch's method, the first that revealed the presence of bacilli, does not always succeed, and requires most minute care. Ehrlich's method is excellent; the formula he gives for the staining solution is not clear, but this is remedied by using the one recommended by Weigert, which may be called the Ehrlich-Weigert solution, and is as follows: Saturated solution of aniline water, 100 cubic centimètres, and 11 cubic centimètres of saturated solution of fuchsine or gentian-violet, or any other aniline color. Rindfleisch has observed that a temperature 40° C. (104° F.) facilitates the staining of bacilli, and that the specimens of tissue ought to be examined in a mixture composed of equal parts of gum and glycerine, to which is added a little arsenious acid to prevent the development of fungi. This solution is more easily used than Canada balsam; it renders the preparation as transparent, and the cloudy appearance resulting from the use of the balsam is absent.

Baumgarten's method reveals the presence of bacilli, but they are with difficulty distinguished from the vacuoles of the preparation. It brings under observation every other kind of micro-organism present in the preparation. Aufrecht's method stains the numerous micro-organisms present in the sputa of phthisical patients, and a few of the tubercle-bacilli. The solution recommended by Franz Ziehl stains the bacilli present in sputa as successfully as the Ehrlich-Weigert solution, but not so quickly.

As Ziehl has not made known to the scientific world what are the proportions of the substance used, M. Vignal has endeavored to determine the exact formula, which is as follows: Water 100, phenic acid (crystal) 1, saturated alcoholic solution of violet of gentian, or methylene, 5 to 10. Discoloration is effected by nitric acid.

Von Ermenzen's method stains the bacilli only faintly, and is not satisfactory, either for sputa or for sections. Gibbe's method is excellent for staining sputa-bacilli, but totally useless for sections of tubercle. Brun's method for staining bacilli is useless for sections, and not very successful in treating sputa, but his discoloring solution is excellent. Balmer and Fräntzel's method stains tubercle-bacilli very deeply. Their discoloring mixture is much stronger than any other; it takes effect in thirty or sixty seconds. The only defect in this method is the necessity of preparing the solution at the very moment it is wanted. Babe's method is an inferior modification of the Ehrlich and Wiegert's method. Zenkevitch asserts that his method is very rapid, also certain, but Gibbe's method stains with equal rapidity, and is more certain, although less delicate. Cheyne's method operates very successfully, but the red bacilli are not very evident on the blue ground.

M. Vignal's conclusions may be summed up as follows:

He recommends Gibbe's method for studying tubercle-bacilli in sputa and pus, because it operates rapidly and is especially adapted to all clinical study, and Ehrlich and Weigert's method for coloring sections.

Balmer and Fräntzel's mixture should always be used for discoloring, excepting sections which exhibit an abundance of connective tissue, when Brun's method is preferable. For preserving specimens, Farrant's solution is preferable to Canada balsam.

Memorandum on the Clinical Characters of "Wool-sorters' Disease" (Anthrax).

The *Med. Times and Gaz.*, July 21, 1883, says:

The subjoined memorandum has been prepared for use in an inquiry now being conducted by Mr. Spear on behalf of the Local Government Board, into the occurrence of anthrax amongst men employed in hide warehouses, tanneries, etc. Mr. Spear wishes it to be known that gentlemen who have had opportunities of observing the disease will be conferring a useful service by communicating with the inspector.

The "Internal Form" of the Infection, or Anthrax Fever.—Premonitory symptoms (of variable duration): Chilliness, aching or stiffness of limbs, and mental depression; restlessness, sense of constriction of chest, and oppression of breathing; headache, dizziness, nausea, or, less frequently, vomiting. Stage of full development: Notwithstanding the indefinite premonitory symptoms, the stage of full development is generally somewhat sudden and unexpected in its onset, so as to cause much alarm. The prostration and restlessness become extreme; there are præcordial anxiety and dyspnœa; blueness of the face and extremities (cyanosis) is conspicuous; and the patient may die within twenty-four or thirty-six hours with all the appearances of collapse or of asphyxia. A fatal termination is, however, more often postponed until from two to five days after the commencement of this stage. Other nervous phenomena—muscular paralyses, convulsions, or tetanic spasms—are then apt to develop themselves; and evidences of various acute local congestions (especially of the lungs, less frequently of the gastro-intestinal tract) are rarely wanting. Delirium is often absent; and the temperature is irregular. Exacerbations, alternating with more or less complete remissions, of the more urgent symptoms constitute usually a striking feature of the disease. Recovery is not so rare as has been supposed, even in fully developed attacks; but death may occur from a relapse, or from secon-

dary septic processes. The body after death usually undergoes rapid decomposition, with blue discoloration and swelling, especially about the neck. . [Before the disease was identified amongst the wool-sorters, deaths were usually referred to one of the more prominent local symptoms of anthrax, and were registered as from "pneumonia," "enteritis," "peritonitis," "meningitis."]

The "External Form" of the Infection, or Malignant Pustule.—The malignant pustule attacks almost always parts of the body habitually uncovered, and most frequently the face. It commences as a small papule, which quickly develops into a vesicle, and this, being broken, pours out a little watery exudation. The base of the vesicle, and the surface immediately adjacent, dies; so that in about three days after its appearance the lesion consists of a small central black eschar, with a raised border of inflamed and tumid skin upon which vesicles are apt to be developed; a crop of secondary vesicles surrounding thus the central eschar like a wreath. The neighboring lymphatics and glands are speedily implicated; and the patient may soon lapse into the condition described above, of constitutional infection. The pustule does not apparently always present this typical appearance; when occurring upon the hands such appearance is uncommon. It has then no central black eschar, no raised vesiculated border. It is described as "a small, slightly inflamed tumor, exuding only serosity; giving rise to comparatively little pain or even increased sensibility, but showing a tendency to set up a diffuse cellulitis." Constitutional infection may follow.

Digital Dilatation of Contracted Pylorus.

We have already referred to this operation, and as a valuable sequel we reproduce the following letter from Dr. Guido Pedrazzoli, of Bologna, to the *Lancet*, August 4, 1883:

Having read with pleasure in the *Lancet* of June 16, of the two patients operated upon by Prof. Loreta by forcible finger dilatation of the pylorus, I thought it might be agreeable to you to learn that they are continuing to do well. The vomiting they had been troubled with for years has not recurred; and from having been in a starving condition they have returned to full health and strength.

A third case was afterwards operated on, Prof. Loreta's diagnosis having been "simple stenosis of pylorus." The patient died in thirty-six hours, from causes entirely independent of the operation. The autopsy showed the incision in the stomach perfectly closed, gas and liquid tight, and pylorus well dilated.

The week before last, Prof. Loreta operated on a woman, the diagnosis being "stenosis of cardiac orifice," with entire success, and the patient continues improving. As the operator could not reach to dilate with his fingers, he was obliged to resort to an instrument. The fifth and last operation took place on July 15. The diagnosis, "stenosis of pylorus," was also in this case justified by the state of things found on operating. The success was perfect, as in the other cases. This last patient too, continues improving, and everything justifies the expectation of a favorable result. The digital dilatation of the two orifices of the stomach, but especially of the pylorus, first conceived and executed by our illustrious surgeon, and named accordingly "Loreta's operation," is destined to enjoy a brilliant future in the surgical world. Since its adoption, attention has been directed to the existence, little before suspected, of the frequency of pyloric narrowing; and the surprising results obtained fully justify the most sanguine expectations.

Prof. Loreta lays special stress on dilating with the fingers rather than with instruments, as he is thus enabled to carry the dilatation to the utmost possible extent short of rupturing the parts; for the fingers can feel how far we can safely go, which no instrument can of course do. The dilatation by the fingers once effected, we may reasonably count on its permanence, judging from the before-mentioned instances, the first of which was operated on in September, 1882. The suture for the wound in the stomach adopted by Professor Loreta is that of Apolito Gély, made with a single needle. This suture is quickly made and perfectly secure.

The Varieties of Angina Pectoris.

The *Medical Times and Gazette*, July 21, 1883, says:

Under the name angina pectoris many writers have grouped together symptoms differing from one another as widely in their causation as they do in gravity. It is of great importance to have clear views as to the different forms of angina pectoris. According to M. Henri Huchard (*Revue de Médecine*, Nos. 4 and 6), there is but one form of true angina pectoris, viz., that dependent upon cardiac ischæmia. This may be organic or functional. The former is produced by narrowing or obliteration of the coronary arteries; and the author quotes thirty fatal cases of this disease in which one or other of these conditions was found on autopsy. This form of the disease is of grave prognosis, and, indeed, generally proves fatal, in this respect forming a striking contrast to all the other varieties. The existence of functional ischæmia of the heart is not, of course, susceptible of such definite proof as in the case of the organic variety; but there is ample evidence, both clinical and physiological, that tobacco is capable of inducing this state of the heart. The symptoms which it may give rise to are so well known that it is unnecessary for us to do more than enumerate them. They are—diminished frequency of the pulse, palpitations, irregularity of the heart's action, fainting, and a feeling of præcordial distress which may go on to a typical attack of angina pectoris. Spurious angina pectoris is also of two kinds, the one including all cases of nervous or arthritic origin, the other cases of gastric origin associated with dilatation of the heart. The points which distinguish these spurious cases from the true forms are—that the attacks do not supervene with certainty on any one given cause, such, for instance, as any form of violent exercise; that the attacks, when they do occur, are not so severe and do not last so long as in the true disease; and that in this last or gastric form the attacks are especially prone to come on after a meal. The spurious cases never prove fatal.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Each year we welcome with pleasure the Transactions of the medical societies of the various States, for each new issue brings to us fresh evidence of the progress that our profession is making in this country, and of the increased interest taken by its members in these societies; we have received the Transactions of the Michigan State Medical Society for 1883, which is a very creditable and interesting record of a very live society. Prominently among the several interesting papers it contains, we would especially note that on "Water, its Relations to Health and Disease," by Dr. Julius A. Post.

——"Club-foot, Simple Measures for its Early Relief," by De Forest Willard, M. D. This reprint from the Transactions of the Medical Society of the State of Pennsylvania has already appeared in our pages.

——"The Country Doctor of Fifty Years Ago," is the title of an exceedingly interesting address, delivered before the last meeting of the New Hampshire Medical Society, by its President, Dr. A. H. Crosby. This paper will prove very readable to all, and particularly to our suburban and rural doctors, who will be gratified to learn how much better off they are to-day than were their predecessors of half a century.

——In a reprint from the *Medical Times*, June 30, 1883, of an article on "Adherent and Contracted Prepuce, commonly called Congenital Phimosis," read before the Philadelphia County Medical Society, Dr. De Forest Willard, of Philadelphia, gives some excellent advice concerning the relation of cause and effect between phimosis and certain nervous phenomena, as well as intelligent directions for the relief of this condition.

——The need of an efficient Ambulance Service has long been felt in Philadelphia. Dr. De Forest Willard voiced this want and suggested the remedy in an address read at the Academy of Music, April 30, 1883. The pamphlet is well worth careful reading.

——"The Management of Enteric Fever, According to a plan based upon the so-called Specific Treatment," by James C. Wilson, M. D. A paper read before the College of Physicians of Philadelphia. It has already appeared in full in our columns.

——"Beyond the Sunrise," observations by two travelers. This volume of light and interesting reading constitutes No. 109 of Lovell's Library; price, 20 cents.

——"Judicial Oaths and Their Effect." Such is the title of a little tract issued by the Friends' Book Store, 304 Arch street. It contains much that is sensible and thus concludes: "That Society should set up a distinction, which is not in the Christian code, between lying with an added oath and a lie without it, and that judicial tribunals should support it, we believe weakens the public conscience, both by undervaluing the naked truth and disregarding an express command of Christ. We hold, then, that all judicial oaths should be expunged from the statute books, and that legislative authority should be given to the principle, that every departure from the honest, simple truth, is an offense against both God and man."

BOOK NOTICES.

The Essentials of Bandaging, with Directions for Managing Fractures and Dislocations, etc., etc, By Berkeley Hill, M. B., F. R. C. S. Pp. 341. New York: J. H. Vail & Co.

This little work has reached a fifth edition, after careful revision and additions.

This is a very full manual of bandaging and surgical manipulations, and withal very compact and concise in its descriptions. There is, however one sentence under the directions for the administration of chloroform that cannot be passed without comment: "That if the patient is fit to undergo an operation at all he may inhale chloroform." When an authority such as Dr. H. C. Wood says distinctly, that so safe is ether and so unsafe is chloroform, that he who uses the latter with fatal effect can plead no extenuating argument, we must, at all events, look upon this chapter of the book as worthy of criticism.

A Pocket-Book of Physical Diagnosis of the Diseases of the Heart and Lungs. By Dr. Edw. T. Bruen, Dem. Clin. Med., Univ. of Penn., etc., etc. Pp. 227. Philadelphia: P. Blakiston, Son & Co., 1883. Price $1.50.

It is with pleasure that we note the second edition of this valuable little book, which has been revised and enhanced by the addition of numerous illustrations taken from actual cases in the writer's practice.

The diagram illustrating the tone and pitch of percussion resonance, makes this subject particularly clear to the student, as does also the chapter on the morphology of pulmonary phthisis, a point which, as a rule, is very chaotic in the mind of the young medical man.

Râles, both pulmonary and friction, are dealt with in a clear, concise manner that does not embarrass the reader with unnecessary words and classifications; upon the whole, this is a valuable work to have in the library of the student or busy practitioner.

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With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

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SCIENCE AND PSYCHOLOGY.

Most of us have often been amazed at the exhibitions of "mind-reading," "second-sight," and similar so-called psychical phenomena, which from time to time are presented to our notice in places of public amusement; and we usually satisfy our minds by attributing them to some clever trick on the part of the performers, which we are unable to fathom.

Early in 1882 the "Society for Psychical Research" was founded in England, with the avowed purpose of investigating, from a scientific standpoint, these phenomena.

The men forming this Society are of such a character as to command respect and, as the *Medical Press and Circular*, August 15, 1883, says, "to justify the belief that a *bonâ fide scientific* endeavor will be made by it to sift the whole mass of statements and experiences which has grown up around the questions."

They have made preliminary reports. The subjects of the experiments narrated in these reports were, in one case, the daughters of a clergyman, a member of the Society, and in the other two gentlemen who voluntarily offered themselves to the observation of the committee; and it may be once for all accepted that no suspicion of collusion, in the objectionable acceptation of the term, is to be entertained in respect to any of the trials.

The experiments conducted with the children referred to, were mainly based on the power they respectively possessed to divine the thoughts of others who were concentrating their perceptions on a particular object. One set of results with a pack of playing-cards is thus given: "With a full pack of playing-cards 248 trials were made with one or more of the committee. Of these, twenty-two were guessed completely right on the first trial, and eighteen on the second trial, or a total of forty quite right out of 248; or one right in not quite seven experiments." In addition, there were sixty-nine cases in which the card was guessed in part correctly. Omitting the second correct guess, these results show one quite right in eleven experiments; if pure guess-work were the explanation, there would have been one right

in fifty-two experiments. In the above-mentioned series of trials, the sister of the guesser was, as well as the committee, cognizant of the cards selected; but in a second set, during which the committee *alone* knew what had been chosen, sixty-four trials were made with figures ranging between ten and ninety-nine. The result showed one correct guess out of thirteen attempts, whereas pure guess-work simply would give one right in ninety experiments. At a subsequent date, the trials taking place this time in Dublin, Professor Barrett and the subject of the experiment, one of the children, aged fifteen years, were seated alone in a room with their backs to each other; the words "hearts," "clubs," "spades," and "diamonds" were written down by Mr. Barrett, and one of these words mentally selected by him; especial care was taken to prevent any kind of movement which might assist the guesser to divine which of the four terms had been hit upon. Out of fifty trials the word selected was rightly named twenty-five times at the first attempt, and a second attempt gave the correct answer in another ten instances. It is noteworthy, too, that during the latter half of the time occupied by the experiment the guessing was slower than at first, and less successful, eighteen out of thirty first guesses being correct in the former, and but seven out of twenty in the latter.

In another series of experiments, a "young mesmerist" afforded some very remarkable results, which, but for the circumstances under which they were observed, might be received with some degree of incredulity. The transference of *pain* impressions was noticed in the following way: A sofa cushion was held by one of the committee before the face of S., the "young mesmerist," who was in addition blindfolded, and thus doubly prevented from seeing the person (B.) whose sensations he was to repeat. Another committee-man then pinched or otherwise hurt B., who sat opposite S., holding his outstretched hand. S. in each case localized the pain in his own person after it had been kept up pretty severely on B. for a time varying from one to two minutes. The results are thus rendered:

Part of B. made painful:	Answer of S. (by pointing.)
Left upper arm.	Left upper arm.
Lobe of right ear.	Lobe of right ear.
Hair on top of head.	Hair on top of head.
Left knee.	Left knee.

The committee next drew a series of geometrical diagrams, which were then placed in view of B., but in such a way that S. could not possibly perceive them by sight. In each case S. described them correctly, but with the difference that he reversed them in position—*i. e.*, by describing the apex of a triangle, for instance, as below when it was drawn upright, etc. Further, after B. had attentively looked at drawings of the most fanciful description made by the committee, holding the while S.'s hand (the latter being blindfolded), S. reproduced the drawings in such wise that a close resemblance to the original was apparent, allowing for the blinded condition of his eyes; but in no case was there the smallest possibility that S. could have seen the figure, nor did B. touch S. while the figure was being drawn.

They do not pretend, as yet, to account for these phenomena, but merely relate and vouch for them.

Later on they may (or may *not*) have some satisfactory explanation.

This is truly an interesting field for research, and we trust that the labors of these distinguished gentlemen will be crowned with substantial success.

LAPAROTOMY FOR RUPTURE OF THE SMALL INTESTINE.

At a recent séance of the Soc. de Chirurgie, M. Bouilly reported a very interesting case.

A young man was kicked twice in the abdominal region by a vicious horse. The accident was followed by immediate collapse; later on by excruciating pain, with signs of commencing peritonitis the same evening. The next day the extremities were cold, there was profuse vomiting of greenish matters, extreme prostration, and retracted abdomen. The diagnosis was peritonitis by perforation, and immediate surgical intervention was decided on.

M. Bouilly performed the operation, and found

a small eschar at one point of the small intestine; and about five centimetres from the eschar, a perforation as large as a dime piece.

Eight centimetres of the intestine was excised and sutured after Lembert's method, one end of the intestine being introduced within the other. The operation was followed by a notable remission in the symptoms of peritonitis. On the fourth day the suture came away and a small artificial anus was established, but the general condition of the patient was good. On the tenth day, M. Bouilly made a slight exploration with the finger; the same evening there was a pronounced chill, and the patient died within twenty-four hours.

At the autopsy were found the lesions of purulent peritonitis from intestinal perforation; the sutures had all given way, but the two ends of the intestine were united by recent false membranes which had been ruptured by the exploration on the tenth day.

Before performing an operation of such gravity, the surgeon should be thoroughly convinced: 1st. That the intestine is really ruptured; and, 2d. That unless the operation is performed, there is danger of a fatal termination. The diagnosis of perforation is difficult; the meteorism insisted on by Jobert is not always a sure sign, and is often wanting.

M. Bouilly is the first to perform laparotomy in order to suture the perforated intestine. Larrey placed sutures on the intestine through an abdominal wound, and his patient recovered. M. Verneuil was of opinion that operations of total enterorraphy were rarely successful; it would be much better first to establish an artificial anus, which could receive ulterior treatment.

AUTO-INOCULATION.

At the recent Congress of the French Association for the Advancement of Science, at Rouen, M. Verneuil read a remarkable discourse on the above subject.

After defining inoculation, the orator demonstrated how it might be prophylactic, as in vaccination, accidental, as in syphilis, and inevitable, as it is sometimes after an operation. In certain obscure cases, the source of infection remains obscure. M. Verneuil distinguishes three forms of inoculation:

1. Ordinary inoculation, from one living being to another, as in syphilis.

2. Mesologic or mediate inoculation, as in erysipelas, when the virus originates from a living being, but becomes separated and floats in the air about him.

3. Auto-inoculation.

Here the virus exists already in the organism, but passes unperceived until the vital conditions of the system are lowered, when inoculation takes place. M. Verneuil considered only those forms of inoculation resulting from a traumatic lesion. He admits the parasitic nature of infectious and inoculable diseases. He classes these diseases in, first, maladies which affect the entire system (septicæmia, erysipelas); second, maladies at first local, but susceptible of generalization, as tuberculosis; finally, diseases which are always local (soft chancre).

The conclusion M. Verneuil arrives at from his study of the virus, the condition of the organism, and the traumatic lesion, is that very great circumspection should be exercised before operating in any virulent local malady, for surgical interference may produce aggravation of the local lesion and general infection.

BROMIDE OF POTASH IN DIABETES.

At a recent meeting of the Academie, M. Dujardin-Beaumetz read a report on a memoir presented by M. Felizet on the above subject.

Bromide of potash is essentially an adjuvant in the treatment of diabetes; it has its advantages and disadvantages. In cases of medium intensity, and sometimes in grave cases, in conjunction with dietetic means and the alkaline treatment, it may cause the sugar to disappear from the urine, but at the expense of a loss of strength on the part of the patient.

The general impression of the members of the Academie appeared to be that this medicament might be used when the sugar did not disappear under the use of proper dietetic means, but that

its action was too depressing to render it of much value in the treatment of diabetes.

Notes and Comments.

Mineral Water Inhalations.

In the *Lancet*, June 2, 1883, Dr. G. W. Black describes the method practiced in some of the foreign Spas, and especially at Mont Dore, in France:

The objections urged by people maintaining the present methods with plain water, are that the mineral waters would be spoiled by boiling, and no medicinal ingredients would be distilled off in the vapor. But this is now obviated by the *vaporization* being effected by the spray machine, along with air, or steam, as the motive power of the blast, and the temperature of the effective vapor need not necessarily be at an uncomfortable height for sustaining its maintenance and respirability along with common air.

It has been alleged by some investigators of the action of inhalation of medicated vapors (not including gases) that but infinitesimal quantities have been found to be really absorbed into the lungs or blood by the mechanical processes they adopted. Attention, however, may be drawn to the difference existing between inhalation by an instrument, as an ether inhaler fitted to the mouth, whereby the lungs only are influenced, and the general inhalation practiced in a large chamber full of vapor. In this case, the whole superficies of the skin are brought into the sphere of operation of the vapor, as well as the lungs, just as takes place in the natural experiment in sea air or city fog, the effects of which no one can hesitate to accept as being very appreciable. As to the mode of action of the skin, then, it may as yet be a matter for conjecture, whether it be an absorbing agent or an emunctorial one; and whether it assists the lungs or the lungs assist it in absorption of vapors, will remain to be determined by experimental investigation.

Pathology of Inebriety.

Dr. E. C. Mann, of New York, read a paper on this subject before the New Jersey State Medical Society (*Med. News*, June 23, 1883), in which he urged the importance of its early recognition and repression in its incipient stages. Inebriety is a disease where we have a most varied grouping of abnormal phenomena, traceable to altered action in the nervous system, and having for a starting-point some perverted functioning of one or more nerve-centres. It is a disease in which the victims are more or less irresponsible, as are the insane. It has a curable, prodromic stage, a stage marked by various neurasthenic symptoms, which should be regarded as the danger-signal of active dipsomania not far off, although the irresistible craving for alcohol which constitutes the morbid condition of inebriety may not yet have been actively displayed. Electricity, as central galvanization and cerebral electrization, cod-liver oil with phosphates, etc., are indicated. Among the predisposing causes are heredity, the exigencies of American life, syphilis, the inheritance of a neurasthenic constitution. The fully developed disease exhibits great nervous irritability and restlessness, and there exists a departure from the healthy structure of the nervous apparatus, and it is this abnormal condition of the central nervous system demanding stimulants that constitutes the disease.

The Malarial Miasm.

The *London Med. Record*, August 15, 1883, says:

As is well known, malarial fevers are but rarely developed from exposure by day to the air of malarial places, but rather arise from the influence of the night air, especially of those clear nights in which heavy dew is condensed. If the miasm exist, it must be found in the soil and in the dew. Professor Silvestrini (*Gazz. Med. Ital. Venete*, February 10, 1883), collected the dew and soil from notoriously unhealthy places; he first injected the dew hypodermically in two dogs, with no result. He then tried them with an infusion of the soil, filtered and unfiltered, also with no result. As dogs and other animals are not known to suffer from malarial fevers, he determined to experiment on man. He injected the dew under his own skin, having first ascertained that it contained various forms of bacilli, some sporiferous, some in threes or in fours; no result. He tried the same on his wife with like result. He and his friends made fifty-two experiments on man with the dew and the infusion of the soil, proving that their subcutaneous injection is innocuous. The soil and dew were collected from many places, and used sometimes at once, sometimes after some time. These results support the earlier researches of Professor Silvestrini. He denies that a primitive infection is the cause of malarial fevers.

Poisoning by Laburnum.

In the *British Medical Journal*, September 1, 1883, Dr. C. A. Lane says:

"Lately, no fewer than eight different cases

of poisoning by laburnum pods and berries have come before me. The children all presented a pallid and exhausted appearance. Some of them complained of extreme griping pains in the abdomen, nausea, and vomiting occasionally, the vomited matter consisting of the contents of the stomach, with pieces of the pods and berries scattered in it. The pulse was slow and somewhat feeble, and, in two of the cases, scarcely perceptible. One little boy, who had partaken of some of the pods and berries, and whom I watched very carefully, got into a very drowsy condition, and was with difficulty kept awake; occasionally twitching of the muscles of the upper extremity was noticed. Only in one case was there diarrhœa present along with the vomiting. The pupils were either natural or slightly contracted. The symptoms came on from half an hour to an hour after receiving the poison. In some of the cases I administered emetic doses of ipecacuanha wine, and in others five to six grains of sulphate of zinc. I found that the sulphate of zinc relieved the sufferings quicker, and had not the depressing effect of ipecacuanha."

Two Cases of Tobacco Amblyopia.

After reporting two cases in the *Lancet*, July 14, 1883, Dr. Thomas Buzzard makes the following remarks:

"These cases, and especially the second one, are calculated to support the view, that changes in the appearance of the optic disc, closely resembling those dependent upon the atrophy so often associated with tabes dorsalis (locomotor ataxy), may have their origin in the excessive use of tobacco, excess being possibly measurable by the idiosyncrasy of the patient, rather than by the actual quantity consumed. In both instances, but most markedly in the first, the sudden pains which were described inclined us towards a diagnosis of sclerosal atrophy, and it was chiefly the continued presence of the patellar-tendon reflex which prevented the too confident expression of an unfavorable prognosis. In a case of optic nerve atrophy already published, no symptom of tabes has been associated with the intra-ocular change except that the knee phenomenon disappeared in succession from each leg while the patient was under observation. He is now irreparably blind."

The Staining of Tubercle Bacilli.

The *London Medical Record*, August 15, 1883, says that Dr. Peters, of Bad Elster (*Berliner Klin. Wochensch.*, June 11), submits the following mode of double staining of the bacilli without the use of nitric acid, and in much shorter time than is required by Ehrlich's method: A fine section is taken out of alcohol and placed for about a minute in distilled water, then for thirty minutes in a filtered aqueous solution of gentian-violet, prepared with fresh anilin water; then for eighteen hours in absolute alcohol (in a dish or saucer not holding less than twenty-five grammes), and renewed once or twice in this time. After this, it is placed for three minutes in a three per cent. filtered solution of aniline yellow; and then for thirty minutes in absolute alcohol. By a first short washing the bacilli are seen grouped together; by prolonged washing, their structure is rendered distinct. By this plan of treatment the magnified bacilli will be seen of a violet color, on a yellow ground. Other bacteria may also be colored by the same process.

On the Feeding of Infants Deprived of Breast Milk.

Dr. George Crichton thus epitomizes an article on this subject in the *Brit. Med. Jour.*, June 2, 1883:

In the morning, put half a pint of new milk into a convenient vessel, *e. g.*, a thin china breakfast cup, and place it in a cool place. In the evening, skim it, preserving the cream, and into the skimmed milk put a piece of rennet an inch square, and stand the cup in a saucepan of hot water in a warm place. In from five to fifteen minutes the milk curdles. Break up the curd with a spoon, remove the rennet (which will serve again), and pour off the whey. Boil the whey for a second, when a further curdling takes place: then strain the whey. To the quantity mentioned, add one-quarter of an ounce of sugar of milk, the cream removed at the first, and one pint of new milk. The process is complete. It is generally sufficient to make it once a day, though probably in larger quantity than we have taken for illustration. The process requires care; but, after a few trials, it is really very simple and easy. Of course, everything must be kept perfectly clean.

The Treatment of Leprosy.

Dr. Henry G. Piffard contributes an addition to the literature of leprosy in the *Jour. of Cut. and Ven. Dis.* for July, 1883, which concludes as follows:

"As regards this branch of the subject, it may be briefly stated that, as yet, no specific for the disease has been discovered. It is also problematical whether the affection is susceptible of abso-

lute cure. Per contra, we are fully justified in stating that rapid amelioration may often follow judicious treatment, even in the advanced stages of the disease, as we have more than once witnessed. We have recently (*Materia Medica and Therapeutics of the Skin*, pp. 200–208) considered this subject at length, and can at present state that the drugs that have appeared to exert the most decided influence on the affection are nux vomica and its derivatives, and chaulmoogra oil. With these, the progress of the disease can be stayed, at least for a time, and the unhappy sufferers restored to a condition of comparative comfort. More than this we do not feel warranted in promising."

Head Injuries.

With reference to the use of the trephine in injuries to the head, Dr. S. E. Munford thus forcibly writes in the *American Practitioner* for June, 1883:

"Timely operative treatment in injuries of the head is doubtless often withheld because of an existing prejudice against such measures. The danger growing out of the use of the trephine as a surgical procedure is, in my belief, much overrated. Opening the skull with a conical trephine in an ordinarily deft hand is in itself attended with little danger, and is an operation that should intimidate neither patient nor surgeon. Let timorous ones read the following from John Bell's Principles of Surgery: 'I, the underwritten, Philip, Count of Nassau, hereby declare and testify that Mr. Henry Chadbourne did trepan me in the skull twenty-seven times, and after that did cure me well and soundly.'"

Infantile Menstruation.

In the *American Journal of Obstetrics* for September, 1883, Dr. A. Van Derveer, of Albany, N. Y., reports the case of a girl aged two years and seven months who commenced to have a regular menstrual flow when she was four months old. Her mammary glands are as large as small oranges; mons veneris well developed and covered with hair; external labia large, and vulva fully formed. She is bright and intelligent, but irritable at commencement of menstrual epoch. Her physical condition is excellent. She is quite modest, and does not evince any erotic tendencies.

Cold Phenicated Bath in Surgical Inflammatory Lesions.

The first of seven cases reported by Dr. P. D. Ribus (*La Independenzia Med.*) was one of diffused inflammation of the forearm and hand, with high fever, intense pain, and diarrhœa. In spite of free lancing, poultices, and sedatives, the condition did not improve. Dr. Ribus then ordered cold baths (2½ per cent. of carbolic acid) of twenty minutes' duration every three hours, the hand and arm being covered with compresses of the same solution. The patient did remarkably well, and experienced almost at once great relief. The antiseptic and astringent effects of the baths are of indisputable utility in practice, as well as theoretically indicated.

Cholera Infantum.

M. Jules Simon recommends the following potion in cases where there is considerable abdominal pain with adynamia:

℞.	Bismuth subnitr.,	℥ j.
	Vini (malaga),	℥ ss.
	Syr. quinquiniæ (fr. Cod.),	℥ j.
	Aquæ,	℥ iiiss.
	Tr. opii (at two years),	gtt. ij.

M. A teaspoonful may be given every hour, or every second hour until the pain disappears.

As drinks during this period, rice-water, albuminous water, and Sydenham's white decoction, may be given.

As aliments, bouillon and milk.

Eczema of the Head in Children.

The following prescription has been highly recommended by M. Lassar in the form of eczema capitis observed in very young children:

℞.	Acid. salicylic,	℥ ss.	
	Tr. benzoin,	℥ j.	
	Ung. petrolei,	℥ iij.	M.

The child's head should first be thoroughly washed with Castile soap, and then carefully anointed three times daily with the ointment.

If the crusts are hard and difficult to remove, they may be softened with olive oil containing two per cent. of salicylic acid.

Bœckel's Dressing.

This is a very cheap dressing, which may, in many cases, advantageously replace Lister's dressings.

Several large pieces of fine crinoline stuff, folded in four or eight doubles, are allowed to remain for four days in the strong carbolic acid solution (1 in 20).

When required for use, they may be plunged for ten minutes in tepid water to remove the excess of carbolic acid.

It forms an aseptic and slightly antiseptic dressing.

Railroad Accidents to Hands and Feet.

In the *Fort Wayne Journal of Medical Science*, July, 1883, Dr. Frederick Cole, of El Paso, Ill., publishes a practical article on this subject. He relates several cases, and says that in all cases of conservative surgery, he relies upon two important means, viz., *antiseptic dressings and drainage*, and by drainage he means the removal of necrosed bones at an early hour, as well as the evacuation of pus.

Paralysis of the Oculo-motor Nerve During Menstruation.

Prof. Hassner reports in the *Wien. Med. Blat.*, March 15, what he considers to be a unique case. The patient, a girl aged 17, was perfectly well until the first beginning of menstruation, when paralysis of the left eyelid appeared on the first day, and lasted, gradually improving, until the third day, when it disappeared with the cessation of the menses. This occurred at every menstrual period.

Nervous Constipation.

For this condition, which we suppose refers to constipation in nervous, hysterical women, the *Rivista di Bologna* advises from one to four of the following pills daily. If intestinal atony exists, extract of nux vomica should be substituted for the belladonna:

℞. Pulv. ferri sulphatis . . . . . gr. 1½
Aloës socotrinæ . . . . . gr. ¾
Ext. belladonnæ . . . . . gr. $\frac{1}{12}$–$\frac{1}{6}$.

Cotoin for Cholera.

From the *Med. Press*, August 15, 1883, we learn that cotoin is recommended in Egypt. For internal administration the use of an emulsion containing fifteen grains of cotoin in about four ounces is recommended, a tablespoonful to be taken every quarter or half an hour; or cotoin may be given as a powder in doses of one-third of a grain every half hour or hour.

A Powerful Antiseptic Wash.

It may be made by mixing sixty-seven per cent. of carbolic acid with thirty-three per cent. of resorcin and adding ten per cent. of water, which may be diluted to suit.

Oxydendron in Anasarca.

This drug, which grows extensively throughout the Southern States, is highly recommended in dropsical effusions by Dr. Clendenin (*Therapeutic Gazette*, April, 1883). He makes two-grain pills from a semi-solid extract, and gives two or three of them three times daily, gradually increasing, until twelve or fifteen are taken daily, and then gradually decreasing.

Belladonna in Malignant Malarial Diseases.

Dr. J. W. Kennedy, of Louisville, Texas, tells us, in the *Southern Practitioner* for September, 1883, that he has derived good results from the use of belladonna or atropia in the congestive stage of many of the malignant or pernicious cases of malarial disease, such as they have in the South. He prefers to use atropia hypodermically.

Correspondence.

Treatment of Ophthalmia Neonatorum.

Eds. Med. and Surg. Reporter:—

The purulent stage of this disease shows itself in two or three days after birth, and is gonorrhœal ophthalmia of the new-born infant. It is caused by contagion, and never occurs unless the mother, at the time of delivery, suffered with a gonorrhœal discharge from her vagina. The inflammation is as active and rapid as that of gonorrhœal ophthalmia of the adult; but is more manageable, and is not so rapidly destructive of the textures of the eyes. The physician who has seen and treated many cases of this disease, soon learns that the treatment must be alterative internally, and soothing and slightly astringent externally; and that the routine recommendation of text-books of the application of solutions of such medicines as nitrate of silver, chloride of zinc, corrosive sublimate, and alum, to the inflamed eyes, not only do no good, but are absolutely injurious. When the young physician meets with his first case of this disease, and consults his text-books on the subject of its treatment, he finds the local applications recommended for it are presented in such a confused and uncertain manner, that he does not know whether it will be best to use one in preference to the other; or all, as recommended, one succeeding the other, and not having experience to guide him, his case is more apt to terminate with an injured cornea and defective vision, than with an uninjured eye. I usually prescribe:

℞. Potass. iodid., grs. xij.
Aqua distil., ℥ iss.
Syrup simplex, ℥ ss.

M. S.—Shake well, and give a teaspoonful every two hours to the babe.

As a wash for the eyes, I have found nothing better than:

℞. Zinc. sulphas,
Plumb. acet., āā grs. vj.
Aqua distil, ℥ iv.
Tinct. opii, gtts. iv.

M. S.—Shake well, and after the mixture has settled, use the clear liquid.

This should be dropped into the eyes every

half-hour, or every hour or two, or whenever the babe arouses, and all matter should be well washed from the eyes and eyelids by it, and a bit of linen cloth wetted with the wash should be kept constantly applied to each eye.

I have the edges of the eyelids well anointed three or four times a day with:

℞. Red oxide of mercury, grs. ij.
Vaseline, ℥j.

Mix; but before making an ointment, the mercury should be well pulverized.

I have learned by actual experience to recognize the internal administration of iodide of potassium to be invaluable in this disease, and under this plan of treatment the many cases of ophthalmia neonatorum that have fallen to my care, have uniformly terminated without either injury to the structure of the eyes, or impairment of the sense of sight.

J. B. Johnson, M. D.

Washington City, D. C.

A Card from Dr. Hamilton.

Eds. Med. and Surg. Reporter:—

In a pamphlet recently issued by me in answer to a critique by Dr. A. L. Carroll of my lecture, in March last, in regard to sewer-gas and contaminated water as the chief causative agents of typhoid fever, diphtheria, and scarlet fever, I have, to my sincere regret, committed an error. The critique is contained in the *N. Y. Med. Record* of June 9. In the second column, twentieth line from top, the words *this* country occur, whilst in my brochure (page 8, fourth line from top) the word *the* occurs, giving an entirely opposite meaning to that intended. Of this error, the result, doubtless, of the habit of rapid reading and writing, I was not aware until my attention was called to it by a note in the last issue of the *Med. Record*. As a considerable number of the pamphlets were distributed in this city, I desire that this correction may have the benefit of your widely-circulated Reporter in the next number. I must here state that the absence of Dr. Carroll in Europe rendered the correction of this, to me, unpleasant error, impossible. If any other material misconception of the purport of the critique on my part has occurred, I have not been able to discover it. Geo. Hamilton, M. D.

Philadelphia, Sept. 25, 1883.

Tomato Idiosyncrasy.

Eds. Med. and Surg. Reporter:—

An article entitled "An Idiosyncrasy," appeared in the Reporter of September 1. Dr. P. B. Reese cites a case of a lady, where the use of tomatoes causes painful and frequent micturition, and wishes to hear of similar cases.

I have observed the same effect in several patients, men as well as women. On testing the urine with heat I get a white precipitate which disappears with the addition of a few drops of nitric acid.

As to the character of the sediment, I am not enough of a chemist to be certain, but take it to be oxalate of lime.

In one case I had the urine examined with the microscope, and the microscopist reported dumb-bell crystals of oxalate of lime.

As to the cause: the tomato is classed along with rhubarb and sorrel, as an article of diet which produces oxalic deposits in the urine. The amount of this in the urine causes irritation of the bladder with accompanying symptoms.

C. C. Hill, M. D.

Levering, O.

Wanted, a Reliable Tænifuge.

Eds. Med. and Surg. Reporter:—

After very indifferent success with nearly the entire list of tape-worm remedies, including turpentine, male fern, pumpkin seed, kousso, kamala, pomegranate bark, etc., the writer requests information of such of the readers of the Medical and Surgical Reporter as have found a *reliable* tæniacide, to dispense their light through its pages for the writer's benefit.

My last venture was with "Tauret's Pelletierine," but succeeded only in expelling large quantities of fragments, but no head.

G. W. Johnson, M. D.

Savannah, Ills., September 14, 1883.

News and Miscellany.

Medical Society of Virginia.

At the recent meeting, held at Rockbridge Alum Springs, September 4, 5, 6, 7, the following papers were read: "Mineral Waters," by Dr. J. E. Chancellor, of the University of Virginia; "Individual Rights of Physicians, and the Limited Protection Afforded Them by Our State Laws, with Suggestions as to Some Action of Redress," by Dr. Wm. D. Cooper; "Report on Advances in Anatomy and Physiology," by Dr. John R. Wheat, of Richmond, Va.; "Report on Advances in Chemistry, Pharmacy, Materia Medica, and Therapeutics," by Dr. A. M. Fauntleroy, of Staunton, Va.; "Report on Advances in Obstetrics and Diseases of Women and Children," by Dr. M. G. Ellzey, of Washington, D. C.; "Advances in Diseases of Children," by Dr. Wm. H. Coggeshall, of Richmond, Va. Dr. Thomas H. Howard, of Floyd C. H., exhibited a vial containing eleven hundred fragments of bones which he had removed from the ear of a woman aged forty-six years. He thought it probable that they were the result of a fracture of the external plate of the skull, but the sentiment of the Society was that it was a case of deception by a hysterical patient. "Therapeutic Value of the Rawley Springs, Va.," by Dr. M. G. Ellzey, of Washington, D. C.; "How to Remove Foreign Bodies from the Ear," by Dr. Julian J. Chisolm, of Baltimore; "Suspensory Extension Splints," by Dr. J. St. Pierre Gibson; "Plastic Surgery of the Face," by Dr. L. McLane Tiffany; "Deflection of the Nasal Septum and Its Treatment," by Dr. John N. Mackenzie. Dr. Joseph A. White, Richmond, Va., exhibited some instruments for use in deflected nasal septum; also a specimen of a foreign body removed from a patient's nose. "Report on Practice," by Dr. Samuel K. Jackson, of Norfolk, Va.; "The Present Aspect of the Bacillus Tuberculosis Question,"

by Dr. Wm. C. Dabney, of Charlottesville, Va.; "Report on the Advances in Ophthalmology, Otology, and Laryngology," by Dr. Charles M. Shields, of Richmond; "Injuries to the Eye," by Dr. J. A. White, of Richmond; "Urethral Stricture, Treated by Internal Urethrotomy," by Dr. George Ben Johnston, of Richmond; "Epidemic of Diphtheria in Pittsylvania County," by Dr. Rawley Martin, of Chatham; "Reiter's Theory of Diphtheria," by Dr. Wm. H. Coggeshall, of Richmond; "Thirty Years' Personal Experience in Diphtheria," by Dr. Bedford Brown, of Alexandria; "The Therapeutic Value of Rockbridge Alum Water," by Dr. A. M. Fauntleroy, of Staunton; "Tracheotomy in Diphtheria," by Dr. L. McLane Tiffany, of Baltimore; "Cholera Infantum," by Dr. S. K. Jackson, of Norfolk.

The officers elected for the ensuing year were: *President*—Dr. J. Edgar Chancellor, of Charlottesville; *First Vice President*—Dr. S. B. Morrison, of Rockbridge; *Second Vice President*—Dr. J. A. Graybill, of Amsterdam; *Third Vice President*—Dr. Bedford Brown, of Alexandria; *Fourth Vice President*—Dr. S. K. Jackson, of Norfolk; *Fifth Vice President*—Dr. J. M. Estill, of Tazewell C. H.; *Sixth Vice President*—Dr. T. J. Pretlow, of Jerusalem; *Recording Secretary*—Dr. R. B. Cabell, Jr., of Richmond; *Corresponding Secretary*—Dr. Hugh Taylor, of Richmond; *Treasurer*—Dr. R. T. Styll, of Richmond; *Executive Committee*—Dr. W. W. Parker, of Richmond, chairman; Drs. Black, Cunningham, Claibourne, and Gleaves; all other committees holding over.

Canada Medical Association.

At the meeting held at Kingston, Ontario, September 5th, 6th, 7th, 1883, the following papers were read: "Report from Committee on Climatology and Public Health," by Dr. Larocque, of Montreal; "Diet as a Therapeutic Agent," Dr. Playter, of Toronto; "Invaginated and Gangrenous Bowel," by Dr. Sheard, of Toronto; "Inflation of the Lungs by Abdominal and Thoracic Traction," by Dr. Botsford, of St. John's, N. B; "Successive Dropsies of the Amnion, always Specific," by Dr. Dorland, of Milwaukee, Wis.; "Relation of Medical Men to Each Other, and to Each Other's Patients," by Dr. Dupius, of Kingston; "Hyoscyamine in the Treatment of Mental Diseases," by Dr. Metcalf; "Leprosy in New Brunswick," by Dr. Graham, of Toronto; "Imperforate Anus with Fæcal Fistula," by Dr. Fenwick, of Montreal; "Retroversion and Retroflexion of the Uterus," by Dr. Worthington, of Clinton; "Femoral Hernia," by Dr. Campbell, of Seaforth, Ont.; "Paracentesis Pericardii," by Dr. McDonald, of Londonderry; "Experiments on Resection of the Bowel," by Dr. James Bell, Montreal; "Report of the Committee on Necrology," by Dr. Fulton, of Toronto; "Report on Education," by Dr. Thorburn, of Toronto; "Pigmentary Degeneration of the Retina," by Dr. Tobin, of Halifax, N. S.; "General Hydrarthrosis of the Smaller Joints," by Dr. Fife Fowler, of Kingston; "Some Points in Chronic Bright's Disease," by Dr. Osler, of Montreal. Dr. Holmes, of Chatham, read a paper on "Erosions of the Female Urethra;" Dr. Hingston, of Montreal, showed to the Section a note-book, which he had prepared for ovarian and abdominal tumors, and which he thought might be of some service; Dr. Major, of Montreal, described the various tumors met with in the naso-pharynx, and the modes of removal; Dr. Oldright read the notes of a case of "Fibromyxoma of the Thigh," and exhibited the specimen; Dr. Poundfoot, of Montreal, read an article on "Color-blindness," and exhibited Thomson's instrument.

OFFICERS FOR ENSUING YEAR.

President—Dr. Sullivan, of Kingston, Ont.; *Vice-Presidents—Ontario*, Dr. Thorburn, of Toronto; *Quebec*, Dr. Robillard, of Montreal; *New Brunswick*, Dr. Christie, of St. John; *Nova Scotia*, Dr. McDonald, of Londonderry; *Manitoba*, Dr. Lynch, of Winnipeg; *General Secretary*—Dr. Osler, of Montreal; *Treasurer*—Dr. Sheard, of Toronto.

Next place of meeting, Montreal.

American Dermatological Association.

This Association held its annual session at Lake George, August 29, 30, and 31. The following papers were read: "The Treatment of Acne," by Dr. Piffard, of New York; "General Exfoliative Dermatitis," by Dr. Graham, of Toronto; "Impetigo Contagiosa," by Dr. Stelwagon, of Philadelphia; "A Case of Multiple Cachectic Ulceration," by Dr. Atkinson, of Baltimore; "Experiments in the Use of Naphtol," by Dr. Van Harlingen; "A Trip to Tracadie," by Dr. Fox; "Paget's Disease, or Malignant Papillary Dermatitis," by Dr. Sherwell; "The Pathogenesis of Drug Eruptions," by Dr. Morrow, of New York; "Polymorphous Changes observed in the Tubercular Syphilide," by Dr. Taylor, of New York; "Pseudo-psoriasis of the Palm," by Dr. Sherwell, of Brooklyn; "Psoriasis of the Palm," by Dr. Alexander, of New York; "A Study of the Coincidence of Syphilitic and Non-Syphilitic Affections of the Skin," by Dr. Hyde, of Chicago; "Peculiar Appearance of the Initial Lesion of Syphilis," by Dr. R. W. Taylor, of New York; "The Value of a Solution of Sulphide of Zinc in Lupus Erythematosus," by Dr. Duhring, of Philadelphia; "A Case of Ainhum, with Microscopic Examination," by Dr. Van Harlingen, of Philadelphia; "A Papular Disease of the Skin," by Dr. Hardaway, of St. Louis; "Peculiar New Growth of the Skin of the Arm," by Dr. Graham, of Toronto.

OFFICERS FOR THE ENSUING YEAR:

President—Dr. Robert W. Taylor, of New York.

Vice Presidents—Dr. A. Van Harlingen, of Philadelphia, and Dr. J. E. Graham, of Toronto.

Secretary—Dr. W. Alexander, of New York.

Treasurer—Dr. George H. Rohé, of Baltimore.

The Association next meets at West Point, on the Wednesday nearest September 1, 1884.

American Gynecological Society.

At the recent meeting, held in Philadelphia, September 18th, 19th, 20th, the following papers were read; "Superinvolution of the Uterus," by Dr. Joseph Taber Johnson, of Washington, D. C.; "Importance of Cleanliness in Surgical Operations," by Dr. R. S. Sutton, of Pittsburgh; "Hot Water in Secondary Hemorrhage after Pelvic Operations," by Dr. Albert H. Smith, of Philadelphia; "Some Points Connected with the Subject

of Dysmenorrhœa," by Dr. C. D. Palmer, of Cincinnati; "A Biographical Sketch of Dr. Nathan Smith, Founder of Dartmouth Medical College," by Dr. Gilman Kimball, of Lowell, Mass.; "A Rare Form of Abdominal Tumor," by Dr. Thaddeus A. Reamy, of Cincinnati; "Congenital Fissure of the Female Urethra, with Exstrophy of the Bladder," by Dr. Henry F. Campbell, of Georgia; "A Study of the Etiology of Perineal Laceration, with a New Method for its Proper Repair," by Dr. Thomas Addis Emmet, of New York; "The Management of Accidental Puncture and other Injuries of the Gravid Uterus as a Complication of Laparotomy," by Dr. Charles Carroll Lee, of New York; "Is Extirpation of the Cancerous Uterus a Justifiable Operation?" by Dr. A. Reeves Jackson, of Chicago.

OFFICERS FOR THE ENSUING YEAR:

President—Albert H. Smith, M. D. of Philadelphia: *Vice-Presidents*—James R. Chadwick, M. D., of Boston; S. C. Busey, M. D., of Washington; *Secretary*—Frank P. Foster, M. D., of New York; *Treasurer*—M. D. Mann, M. D., of Buffalo; *Other Members of the Council*—Drs. T. Gaillard Thomas, of New York; Fordyce Barker, of New York; T. A. Reamy, of Cincinnati; R. S. Sutton, of Pittsburgh.

It was decided to hold the next meeting at Chicago, on the last Tuesday in September, 1884.

A Peculiar Case.

The *Med. Record*, June 23, 1883, tells us that Professor Porro recently performed an operation for no other purpose than to determine the sex. The individual requiring such unique interference was pseudo-hermaphrodite, aged twenty-two, had been brought up as a female, although all her (his) tasks had been masculine. The face and chest were like those of a man, although the breasts were considerably developed. The pelvis and lower limbs were like those of a woman. The mons veneris was slightly developed. There was a vulva, with a well-developed clitoris, labia and a short vagina; no penis, no prostate, and no uterus. At the summit of what corresponded with the labia majora, near the inguinal region, two round bodies could be felt, which on pressure gave pain. The question was, were they ovaries or testicles. Professor Porro cut down on the right side, and found that the body was a testicle with epididymis and spermatic cord attached. The wound was closed up, the patient pronounced a man, and sent forth enchanted with his new status in society.

M. Pasteur on Wine.

From the *Brit. Med. Jour.*, June 30, 1883, we take the following:

The remarkable researches of Pasteur upon alcoholic ferments have a great influence upon the improvement of brewing of beer, and they promise, it would seem, to have no less valuable result in the making of wine. The *Pharmaceutical Journal* mentions, that it "seems quite probable that the quality of the wine of any year is as much affected by the particular mould which predominates during the fermentation, as by the amount of sunshine or rain during the growth of the grapes, or even the passage of a comet through the sky. In Germany, it is already the practice to sterilize the must and then to sow it with some selected ferment, a process favorable to the elimination of various 'false' ferments (species of *Dematiei*) that are common to the surface of the grape and other fruit, whilst the custom in some southern countries of decanting the must as soon as the first foaming appears may have the same effect. In a recent communication (*Comptes Rendus*, tome xcvi., p. 1369), M. Le Bel incidentally remarks, that last year none of the grape-collection with which he had to do underwent fermentation influenced by what Pasteur considers to be the true wine ferment, *Saccharomyces ellipsoides*, Rees, but was well fermented by *S. pastorianus*. M. Le Bel also states that a natural must yields a larger proportion of the higher alcohols than a solution of sugar fermented with the same ferment. This observation has an important bearing upon the keeping of the 'wines' now largely manufactured from sugar solution in which grape-skins have been steeped."

Does the Retention of Dead Teeth in the Jaws Exert an Unfavorable Influence on Health?

Dr. Frank Abbott thus concludes a communication on this subject to the *Med. Record*, July 14, 1883:

"The conclusion then is, that *no* pulpless tooth is absolutely sure to not make trouble. From the most perfect operation of removing the dead pulp and filling the canals (which, by the way, should never be done with gold) to those where the entire dead pulp is allowed to remain in the teeth, there is more or less of a periosteal irritation, which is almost constant. It is true that the tooth, or teeth, may not be painful, but some remote part, such as the eye, or the ear, may be effected, or a neuralgia extending over the side of the face and head may be the result. Many cases like these have come under my observation, where the most perfect dental work had been done. In many cases, however, pulpless teeth, after treatment, are kept in the mouth for many years, and render good service without apparently producing any pain or distress whatever. Others will, upon the slightest provocation, become sore and very painful. This, however, in most cases can be sufficiently overcome by proper treatment, to warrant their retention, provided they are very useful. But when, after consultation, it is determined that the irritation produced by such teeth is more injurious to the patient than can be overcome by their service in mastication of food or otherwise, in my judgment they should be removed at once. I might cite many cases bearing directly upon this subject, but for the present the above will suffice."

Transferring Inflammable Liquids.

A new apparatus for transferring inflammable liquids has recently been devised in France. A tube fitted to a cork is bent back. It is filed at the bent part to receive a cover which is chained to the cork. A longer tube for the passage of atmospheric air is placed inside the tube. The large tube is immersed in the bottle or barrel, care being taken to shut the neck or bung of the

latter tightly by corking. The cover is then unscrewed, and the bent end of the tube is fitted to the receiving vessel. Mineral oils flow in a continuous stream, and there is no waste. The gas cannot escape, and the exterior air fills the void make by the liquid that has been drawn off, and thus the danger of explosion is avoided. Moreover, when the receiver is full, and the spout is immersed in the liquid, the flow ceases at once, as the air can no longer enter by the central tube, which is closed by the liquid.

A Disinfectant Laundry Blue.

Mix together 16 parts of prussian blue, 2 parts of carbolic acid, 1 part of borax, and 1 part of gum arabic, into a stiff dough. Roll it out into balls as large as hazel-nuts, and coat them with gelatine or gum to prevent the carbolic acid from escaping.

Medico-Chirurgical College of Philadelphia.

Dr. William T. Janney has been unanimously elected Professor of Practical Anatomy and Clinical Surgery in the Medico-Chirurgical College of Philadelphia. Dr. Janney is the present coroner of the city, and is well known to the profession as an anatomist and surgeon of extended experience.

Items.

—Dr. Louvain, of Carlsbad, has met with several cases in which difficulty of breathing was due to the administration of moderate doses of salicylic acid; the breathing was labored and rapid.

—An English farmer, aged fifty-nine, of previous good health, was stung in the eyelid by a bee. Signs of collapse appeared at once, and the man died in one-half hour after the sting was received.

—Dr. Squibb has substituted for the ordinary blue and red litmus paper, a single color, viz., purple. This purple litmus paper turns red with acids, blue with alkalies. It is claimed to be much more delicate and convenient.

—In the *Medical Record*, June 30, 1883, Dr. J. T. Stewart reports a case of "Impregnation of a completely prolapsed uterus—abortion—extirpation of uterus and ovaries with a large section of the posterior wall of the vagina—recovery."

—The Hot Springs correspondent of the *Army and Navy Journal* announces that the springs are "run by the devil,"—and that he "heals his own friends," so that those who come and receive no benefit can feel assured of their future welfare.

—Among the important changes in the tariff on drugs, which went into effect July 1, is a reduction on chloroform from one dollar to fifty cents per pound, and an increase on preparations of opium from six dollars to ten dollars per pound.

—A rich, miserly Jew in London went to a dentist to have an aching tooth extracted. He inquired how much it would cost. The dentist said sixpence (twelve cents), but if he would have two extracted he would charge him only ninepence. He had two extracted, one a perfectly sound tooth, thereby discounting toothache and saving threepence.

—A fatal case of poisoning by hydrochloric acid is reported from Wishaw, Scotland, where the wife of a platelayer drank some of the liquid in mistake for whisky, and, after lingering for a fortnight, succumbed to the effects of the irritant, death occurring somewhat suddenly.

—With a view to encourage the study of veterinary science, the Lieutenant-Governor of Bengal has resolved to offer two prizes, one of $250, and the other of $100, for competition by holders of agricultural scholarships from Bengal studying in the Royal Agricultural College, Cirencester.

—An exchange says: "If from babyhood to old age everybody, from this time forward, were to use the tooth-brush as they should, and adopt a proper regimen of phosphoric and bone-producing food, in a few generations there would be a return to a primitive condition of tooth substance, and suffering from tooth diseases nearly cease."

—Professor Hoffman, the eminent chemist of the Berlin University, unveiled a colossal monument at Munich recently to the memory of Liebig, Helmholtz, and Lepsius. A sum of more than 150,000 marks was collected, and this amount was large enough to enable the promoters not only to erect the monument at Munich, but to order a copy of it to be set up in front of the University of Giessen, where Baron von Liebig first attained eminence as a chemist.

—In his interesting "Retrospect of a Long Life," Mr. S. C. Hall states that Mr. Edmund Macnaghten, of Bushmills, County Antrim, Ireland, married his second wife when he was eighty-two years of age. By this marriage he became the father of two sons, the eldest of whom was a Lord of the Treasury from 1819 to 1830; the youngest was born when his father was eighty-four years of age. Mr. Macnaghten lived till 1781, and died at the age of 102 years. He is described as a fine, hale, handsome old man.

MARRIAGES.

STANTON—HILL.—September 5, 1883, by the Rev. E. Stubbs, No. 1236 South Fourth street, Philadelphia, Dr. Jas. G. Stanton, of Camden, N. J., and Miss Jennie Hill, of Milford, Del.

TALBOTT—OSBORNE.—At Grace Church, New York city, on Saturday, September 1, 1883, by the Rev. Edward O. Flagg, D. D., Dr. Thomas M. Talbott, of Washington, D. C., and Laura L. Osborne, of New York city.

TUTHILL—PEASE.—At the residence of the bride's parents, Poughkeepsie, N. Y., August 14, 1883, by the Rev. N. S. Tuthill, T. K. Tuthill, M. D., son of the officiating clergyman, and Miss Irene Pease.

WILLARD—BREWSTER.—At the residence of H. H. Beebe, No. 684 Carroll street, Brooklyn, N. Y., August 20, 1883, by the Rev. S. B. Halliday, Dr. S. Willard, of Jonesboro, Ill., and Miss Sarah Brewster, of Jacksonville, Fla.

DEATHS.

HOMER.—In this city, August 23, 1883, Horace Homer, M. D., in the forty-second year of his age.

TRASK.—At his residence, at Astoria, L. I., on Sunday, September 2, 1883, after a short illness, James Dowling Trask, M. D.

WRIGHT.—Charles Wright, M. D., of New York city, in London, England, September 2, 1883, aged fifty-one years and seven months.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1388.] PHILADELPHIA, OCTOBER 6, 1883. [Vol. XLIX.—No. 14.

ORIGINAL DEPARTMENT.

LECTURE.

INFLAMMATION AND TUBERCLE.

BY M. PAUL RÉCLUS,

Professor Agregé of Surgery in the Paris Faculty.

GENTLEMEN: The relations existing between inflammation and tubercle long ago attracted the attention of physicians, but it was only towards the commencement of this century that the researches of Bayle and the celebrated discussion between Laënnec and Broussais attracted particular attention to the subject.

Laënnec held that tubercle is never a product of inflammation.

Putting aside all metaphysical reasonings and judging from clinical experience alone, he found that pneumonia, catarrhal bronchitis, or pleurisy, very rarely engendered cheesy deposits in the lung substance; and where tubercles are found in such cases, it is evident to the observer that they existed anteriorily to the inflammatory lesions.

The same holds true for pleurisy and bronchial catarrh; a "neglected cold" is not apt, any more than a pleurisy, to degenerate into phthisis. In the first place, people often become tuberculous, without suffering anteriorly from pleurisy or catarrh; while on the other hand, there are many who "catch cold" or have an attack of pleurisy on very slight variations of the weather without ever becoming tuberculous. Again, where catarrh and pleurisy are found coëxistent with tuberculosis, it will be found that the two first are but the apparent symptoms of a phthisis up to that moment latent.

Such were the opinions of Laënnec, and they were not much shaken by the contrary affirmations brought forward by Broussais, the great champion of inflammation.

Nevertheless, Andral was of the opinion that in certain cases, inflammation is a prelude to tuberculosis, and Cruveilhier is more explicit, declaring the nodule to be "the product of a peculiar and special mode of inflammation."

Outside of France the opinions of Broussais found defenders. Graves declares against the too absolute doctrine of Laënnec: "Bronchial catarrh and acute pneumonia de frigore have a direct and powerful influence on the development of tuberculosis; * * * an attack of common bronchitis may become in a scrofulous subject the starting point of phthisis."

In 1850, Reinhart attempted to prove that the tuberculous disease is but a form of inflammation—a true chronic pneumonia.

It was at this epoch that Virchow abruptly restricted the domain of tuberculosis, by rejecting the degenerated masses of pulmonary tissue, considered by Laënnec to be composed of infiltrated tubercles, and regarding them solely as the vestiges of former inflammatory changes.

The true tubercle for Virchow is the grey granulation, which has no point of connection with cheesy hepatization. Niemeyer still further accentuates the dogma of the double origin of phthisis; the one, of inflammatory nature, cheesy pneumonia; the other, of an essentially tuberculous nature, consecutive to the ulceration of the gray granulations of Virchow.

This doctrine did not long hold sway. The works of Grancher, Thaon, and Charcot, have

done much to aid in the elaboration of the theory at present generally accepted.

Cheesy infiltration, the grey granulation, and the miliary tubercle, are but different forms of the same morbid processes, due to the diverse forms of grouping (groupement) of the embryonic tuberculous tissue. The seat, origin and nature of this tissue are identical in infiltrated tuberculosis and in the grey granulation.

Again, the connections existing between tuberculosis and inflammation are considered to be very close.

Tuberculosis becomes a specific form of inflammation, taking its special characteristics as much from the constitution in which it is developed—scrofulous, cachectic or worn-out—as from the primary cause of its evolution, the parasite described by Koch, whose natural history is as yet incomplete.

Histology demonstrates that the development of the granulation reproduces the principal phenomena of experimental inflammation. There is first observed an accumulation of small round cells which originate from escaped leucocytes and from the proliferation of the fixed cells of the tissue; then vessels appear in this mass of embryonic tissue by budding out (bourgeonnement) from the adjacent capillaries or by the evolution of vaso-formator elements. Does not the nodule thus described, with its young cells, its vessels and intercellular substance, bear a singular resemblance to the common fleshy granulation, present in ordinary inflammation?

But here the resemblance ceases; the specific tubercular inflammation possesses as peculiarities, its nodular form, tendency to cheesy degeneration, the narrow connection it affects with the glandular ducts and vessels, and as a final peculiarity its causation, which for a number of observers is the presence of a special germ or microbe. But, unfortunately, these characteristic signs, though often present, are not constant. First, as regards the nodular form; it exists habitually, but frequently a zone of newly-formed cells invading the neighboring tissues is found about it. If this zone becomes extensive and invades an entire region, we will have the infiltrated tuberculosis of Laënnec confounded by the German school with the products of ordinary inflammation. In truth, it is often difficult to determine the exact boundary between the granulation and the peripheric irritation it produces. And have we not the more voluminous masses described by Grancher and Charcot, which present, whatever their size, "the fundamental characters of the isolated granulation, a cheesy centre and a peripheric zone of embryonic tissue."

The tendency to cheesy degeneration is not absolutely a special characteristic. MM. Cornil and Ranvier assert that this change may survene in the products of ordinary inflammation. It is certainly observed in syphilis, where the resemblance between the gumma and tuberculous nodule is so marked, that certain histologists proclaim the identity of the two neoplasms. As regards the grouping of the embryonic cells about the vessels and glandular ducts, it is remarkable at this point of view, but not sufficiently decisive, for the pulmonary nodules in glanders are also peribronchic and perivascular.

It will thus be seen that no single one of the characteristic signs of tubercle, when present alone, is sufficient for diagnosis. It will, however, generally be found, as proven in the researches of M. Malassez, that the situation of the masses of cells, their peculiar connections with the different elements of the tissues about them, taken in connection with their clinical evolution, will suffice to form an accurate diagnosis.

Nevertheless, the existence of a special bacillus, susceptible of culture outside the organism, each successive generation capable of reproducing the primitive disease, would become the essential characteristic of the disease if the fact itself were absolutely demonstrated.

In 1865, Villemén made the first experiments in this direction; he inoculated animals with the products of cheesy degeneration, and they became tuberculous; Chauvean repeated the same experiments on animals in whom the granulation is not developed spontaneously.

And, as the opponents of the doctrine of the infectious nature of the tubercular disease asserted that the traumatism was the cause of the development of granulations in the animals inoculated, he provoked infection by the intestinal absorption of the tuberculous matters.

Later on, M. H. Martin, in his remarkable researches, demonstrated the difference between the embryonic masses, of tubercular origin, and the analogous accumulations determined by ordinary inflammation. Both varieties provoked, on inoculation, the appearance of apparently identical nodular masses. But those originating from the inoculation of non-tuberculous matter, soon lose all activity, and when inoculated a second time provoke very slight tissue proliferation.

On the other hand, those primarily of tuberculous nature, conserve indefinitely their original powers.

Koch has gone still further; he has attempted for tuberculosis what Pasteur has done for charbon, and Bouchard for glanders or farcy. He has demonstrated the existence of a special element, a bacillus which abounds in the cheesy nodules found in the lungs, spleen and liver of phthisical patients. He has isolated this bacillus by successive cultures, and its inoculation has provoked tuberculosis in animals up to that period, indemn of the disease.

From this rapid study, it appears that tuberculosis is a disease of inflammatory nature.

Clinical experience confirms this doctrine; Andral and Grisolfe, and, later on, Charcot, have observed fever survene as the first sign of tuberculosis. Wunderlich generalizes this fact and asserts: "That tuberculosis always gives rise to modifications of temperature allowing of accurate diagnosis before the appearance of any other sign of the disease."

The nodule or agglomerated nodules resulting from tubercular inflammation become ordinarily the point of departure or focus of a new inflammatory process. The cheesy deposit acts as a thorn; it induces irritation of variable intensity, the neighboring tissues react, and the embryonic cells appear. By the side of tubercular inflammation, it is then necessary to consider the peri-tubercular inflammation provoked about the tubercular masses, which is often of the greatest clinical importance.

In surgery, this form of peri-tubercular inflammation has become of much less importance since the researches of Lannelongue have demonstrated that most forms of chronic or cold abscess or of puriform collections originating from diseased bone, are due to the liquefaction of tuberculous deposits, and not to the peri-tubercular inflammation developed about these deposits.

Nevertheless, it cannot be doubted that the tuberculous nodule frequently provokes either acute or chroni, inflammation in the surrounding tissues. This can be well studied, and its progress watched in the male genital organs. The epididymis may contain for a long period a cheesy nodule with well-determined limits. Suddenly, however, intense inflammatory symptoms survene, affecting the entire gland; they gradually become less intense, the swelling disappears, and examination shows the testicle in a healthy condition, the epididymis soft, except at the one point whence the inflammation primarily originated. Should this not be considered as a simple peri-tubercular inflammation, since it entirely disappeared without leaving tuberculous nodules?

And the same may be said of tuberculous disease of the tongue.

In 1872 we observed a case, reported later by Féréol, where a large and deep tuberculous ulcer of the tongue was accompanied by enormous tumefaction and general inflammation of the organ, and where the purple redness and congestion, together with intense pain, led to the belief that the organ was much more diseased than the autopsy proved it to be.

And, again, we may consider the tuberculous abscesses of the anal region. Certainly fistulæ are often formed without intense reaction.

We have observed a case where an operation for a long and sinuous fistula was followed by the formation of small secondary fistulæ which appeared five different times during the progress of the case. An ulceration formed at the root of a hair, and very soon extended under the skin to open into another similarly formed. But such is not the habitual course in anal abscess. Generally the tuberculous deposit is evacuated after having provoked in the ischio-rectal fossa extensive suppuration and wide-reaching sinuses.

Peri-tubercular inflammation may become chronic. In another lecture we have particularly insisted on periorchitis and periepididymitis of tubercular origin. "Newly-formed connective tissue has a large part in the augmentation in volume of the epididymis. We have found in necroscopic examinations the entire organ surrounded by a fibrous covering or shell from four to six millimeters in thickness, hard and resisting, and particularly adherent at the tail of the organ. At its most excentric parts this covering is composed of true fibrous tissue, but towards its centre it becomes lardaceous, similar to the tissues of chronic white swelling.

We desire particularly to insist on this form of epididymitis, which has not received sufficient attention at the hands of practitioners. In a case observed recently, of all the primitive lesions there remained nothing but this fibrous shell, which has remained in the same state, indolent and not augmenting in volume, for the past five years. We have recently made the autopsy of an individual who died of cancerous disease of the liver, and who suffered previously from a scrotal fistula of tuberculous origin. The epididymis contained a small excavation surrounded by a thick shell of fibroid tissue, which had led to the belief that there existed a cheesy mass in state of activity.

Do not these forms of acute and chronic inflammation recall those found in the lungs, and so

well described by M. Hanot?—acute pneumonia in all its forms, and chronic pneumonia and its fibroid productions? We can push the similitude farther. Tuberculous orchitis provokes in the vaginal serous coat the same lesions that the cheesy masses in the lung provoke in the pleura. Just as we have pleurisy with plastic exudation, so the same may occur in the tunica vaginalis, and in a similar manner liquid effusion may be provaked in this latter serous membrane, as in the pleura.

It has generally been observed, however, that in the tunica vaginalis there is a tendency to a mixed form; at some points the two layers of the serous membrane are adherent through plastic exudation on their surfaces, while at others they are separated by liquid effusion; while here and there exist secondary cavities, separated by membranous tissues of neo-formation, and traversed by fibrous masses resembling the musculi papillares of the heart.

Tuberculosis, an inflammatory process itself, may then become the cause of inflammation in neighboring tissues. On the other hand, clinical experience demonstrates that inflammation often precedes and provokes tuberculosis.

So that there are cases where the course of the disease may be resumed as follows: first, pretubercular inflammation followed by the usual forms of tuberculous inflammation, ending finally in peri-tubercular or post-tubercular inflammation.

We must separate facts from theories. The clinical existence of pretubercular inflammation, denied by Laënnec, is incontestible. But the theories are as yet obscure.

For many observers, "Tuberculosis is simply a form of suppuration occurring in scrofulous suppuration occurring in scrofulous subjects; any common form of irritation, exercised on or affecting the enfeebled tissues of cachectic or overworked individuals, would provoke at first the ordinary phenomena of cell segmentation or migration of leucocytes. But these products are not capable of arriving at complete organization, and the aborted mass is destined to cheesy degeneration.

It is for this reason that gummata are formed with such facility in syphilitic individuals; they are in a cachetic condition, and the tissues of gumma are almost identical with the tuberculous nodule.

For other observers, the inert germs circulating with blood, escape through some traumatic lesion or at some point where an inflammatory processus is going on; and if the organism is in a cachectic condition, and not able to defend itself, the germs soon multiply, and tuberculous tumor is formed. Such is the theory held by M. Verneuil, which he considers also applicable to the escape of echinocci, from the vessels, and the subsequent formation of hydatid cysts. The recent experiments of Max Schuller would seem to confirm M. Verneuil's opinion. He injected into the bronchial tubes of dogs and rabbits tubercular masses from the expectoration of phthisical patients, and small particles of degenerated lung tissue; at the same time he produced a contusion of the knee-joint in the same animals.

Or, the arthritis, which subsequently developed, was characterized "by the presence in the synovial membrane of fusiform and star-shaped cells, having in the centre a giant cell with multiple nucleoli. Nothing similar was developed in cases of simple traumatism several times repeated."

Bacilli deposited directly in the joints produce tubercular lesions exactly similar to those produced in the first experiments; while the injections of diverse substances determine simple or purulent, but never tuberculous arthritis.

Whatever the theory, there is no longer any doubt that we meet frequently with examples of tuberculosis of inflammatory or traumatic origin.

This may occur in any organ. Cruveilhier mentions the case of an individual having an inguinal hernia on each side, in whom "the sac and the displaced portions of the mesentery were alone covered with transparent granulations." Brissaud observed a similar case where the prolapsed intestine and the neck of the sac were alone the seat of abundant tuberculous infiltration, the remainder of the peritoneal cavity being indemn.

Tubercular peritonitis is sometimes induced by violent traumatic lesions.

Broussais cites a case where it was induced by the kick of a horse, and M. Marchaud has reported a similar case. Sometimes a tuberculous ulceration of the tongue is provoked by the irritation of a jagged tooth. We have observed an anal fistula of tuberculous nature induced by the irritation of a hemorrhoid.

The influence of traumatic lesions or of casual inflammation in the development of tuberculosis of the genital organs is incontestible. Fossard, Berand, and Desprès have reported cases similar to our own—among others, the case of an individual of robust appearance, who had intense orchitis after receiving a violent blow on the scrotum; there was at first intense pain, and imme-

diate swelling, which did not disappear; then ensued a series of abscesses; after about a year castration was performed, and all the lesions of genital tuberculosis were found.

As regards the articulations, we have observed at the Hop. Ste. Eugenie several cases of tubercular osteo-arthritis of traumatic origin. Brissaud has reported a very remarkable example. Verneuil and Ch. Leroux have remarked several cases of tubercular synovitis following sprains. Finally, Kiener, in a recent memoir, confirms this opinion: "Tuberculosis of bone tissue and of the articulations have frequently for causation some traumatic lesion."

Even as regards the lungs there have been cases reported (Denucé, Skolenski) where traumatisms were the primary factors in the development of the tubercular disease.

Such are the narrow connections existing between tuberculosis and inflammation. All we have said in our development of the subject may be resumed in the following phrase: Tuberculosis is a specific form of inflammation, often preceded, accompanied, or followed by ordinary inflammation provoked by it, or acting as its own original cause.

COMMUNICATIONS.

A REPORT OF A CASE READ BEFORE THE VENANGO COUNTY MEDICAL SOCIETY, APRIL 17, 1883.

BY T. C. M'CULLOCH, M. D.,
Of Oil City.*

"Some doctors write too much, others write too little." To which class I belong the reader must determine.

On the 11th day of May last I was called to see a young lawyer, age 28. He was seated at a desk in his father's library, busily engaged writing letters to his friends, giving them what he called a "Statement," which he gave to me as follows:

On the day of the assassination of President Garfield, whilst talking on the subject, he made a remark which caused the people to believe he was a sympathizer of Guiteau; that he intended to come out publicly and deny it, but had failed to do so; that he had not the courage at the time; that he was no sympathizer of Guiteau, but as he had failed to deny it he was guilty; that it was now too late; that the people believed him guilty. He believed the streets were full of people; that an angry mob was clamoring for his blood; that arrangements had been made to hang him; remarking frequently with wringing hands and agonizing looks, "Oh, if I had only come out at the time and denied it, but it is now too late! I am guilty! I am guilty!" "I want to make a statement, and then I am willing to be executed!"

This strange hallucination had taken full possession of his brain, and no reasoning on my part or that of his friends could induce him to drop the idea for a moment. No other thought, no other consideration, could get a foothold in his disturbed brain. In reality he was suffering all the agony of a man condemned to be hung, and about to be hurried to execution by an infuriated mob.

In this frenzied condition I found my patient. Very little could be learned as to his immediate previous condition, as he had been away from home for several months.

Something must be done. Dr. J. A. Ritchey and Dr. F. F. Davis were called as counsel. Two plans of treatment were suggested and strongly urged to meet the emergency. One was to give him a sufficient quantity of whisky to make him drunk, and put him to sleep. The other was to give him hypodermic injections of morphia, to produce the same result. The whisky treatment was adopted, and as the patient was a total abstinence man, it was thought it would take less to produce the desired effect. Gave him one pint of old rye whisky in the first twelve hours, which did not produce sleep, but had the effect to make him more boisterous and determined to make his "statement" to the public, and suffer the only penalty as he thought for his sin, and that was death.

Hypodermic injections of morphia were next given, ¼ grain doses injected every two or three hours until 1¼ grains had been given.

This had the effect to make him sleep, but he would wake up at short intervals and commence the same "statement" of his guilt in the Guiteau tragedy. He was now more calm and less persistent in his determination to get out and make his "statement" before the public.

Gave him 40 grains of bromide of potash every three hours until he had taken 320 grains. June 14, slept well all night, either from exhaustion or the effect of bromide. June 15, reduced the bromide to 20 grains every four hours. June 16, rested pretty well through the night. Talked less, but what he had to say was on the same old subject.

During these five days he could not be prevailed upon to take any food of any kind; but

*By resolution the Society requested its publication in the MEDICAL AND SURGICAL REPORTER, of Philadelphia.

he never refused to take his medicine. In the midst of his harangues, he would stop and take his medicine. But now he commenced to feel the cravings of the stomach. He would eat a few bites hurriedly, as if it was a loss of time.

I now suggested to the family the propriety of sending him to an asylum, which was objected to for various reasons, being well able to provide for him at home, with plenty of house-room and ample means to procure for him the best medical skill that could be had. I then insisted upon some expert on insanity seeing him at once, to have his opinion as to the best course to be pursued. Dr. Curwen, Medical Director of the Warren Asylum, was sent for, but for some reason failed to come.

A large room on the second story was prepared, and two trusty nurses employed. Everything with which he could do himself harm was removed; windows fastened below; room ventilated from above. He was closely watched by the nurses, not left alone for a moment night or day.

I will not tax the patience of my readers by giving a detailed history of the treatment, which consisted more in management than medication. However, he was kept on nervous sedatives; his bowels kept regular; occasionally quinine and iron. The bromide of potash was continued right along, which appeared to do him more good than anything else.

Every effort was made to divert his mind from his hallucination. He was a good musician, played well upon the piano. He was induced to play and sing, which he would do without making any mistakes; but in order to save time, he would always make his performances short, and get at his all-important "statement."

But he was gradually becoming less persistent in his ideas, and would allow himself to be reasoned with, and by times would come to the conclusion that it was a delusion, and would say so. But in a very short time, his mind would be running in the same circle.

He was driven out to the country in a carriage for short rides, but was continually kept under the eye of his attendants.

About the end of the third week he was so far recovered that he was taken to the family's country residence, and remained there for ten days, during which time he was permitted to drive around in a buggy by himself, and transact business for the family living on the farm, seeming to all to have entirely recovered.

But on the eleventh of June, just one month from the first attack, he was taken worse, and was brought back to the city. I saw him same day. He was nervous, excitable; very little disturbance of the circulation; temperature normal. His hallucination now took in a wider range, although referring occasionally to his Guiteau trouble. But he was harassed about other matters, some of them happening years ago, and of the most trifling nature, one of which I will refer to: A lady friend of his was visiting in the city, and on the day of her departure for home he accompanied her to the train, got her a seat in the car, was engaged in conversation with her, and the train moved out of the depot. In his hurry to get off, he forgot to bid her good-bye, which, to him, was an unpardonable breach of good manners, and he insisted on going at once to New York to apologize, although it had happened over one year ago.

The follies of his youth, the mistakes of his life of the most trifling character, were magnified into great crimes. Lost opportunities for doing good and being a useful member of society, and being a help and honor to his father and mother, gave him agonizing thoughts, from which, to him, there was no way to escape. Self-destruction was the only way he could see out of his troubles.

How intricate the machinery of the human brain, and how wonderful the manifestations and power it exerts over the whole economy, especially when disturbed and unbalanced!

About the same course of treatment and management as before; the patient being closely watched, he gradually improved.

Dr. Snowden, of Franklin, saw the case with me about this time, who fully endorsed the treatment, and gave some valuable suggestions in regard to his management, insisting upon the constant vigilant watching and not allowing him to be alone for a moment, for fear he would do harm to himself or some one else.

I was very much surprised one morning on visiting my patient to find him under a new administration—*a medicine man* of the "*eclectic type*" had full charge, under the assurance of speedy and complete cure.

The nurse was busy putting him through a course of rubbing with some kind of ointment. I asked what that was for. He said it was to make it break out. I never inquired whether it had the desired effect or not.

On the morning of the first of July I was summoned in great haste to see the patient, who, I was informed, had jumped through the window and was dying. Found him lying in his room on the floor, where they had carried him. From his

nurse I obtained the following history: There was nothing unusual in his condition; had slept pretty well through the night, considering he was taking medicine at regular intervals. At six o'clock he got up to give him a dose. "Whilst preparing his medicine, with my back to him, I heard a crash, turned round, and saw him go through the window."

He evidently had jumped to his feet in bed, then plunged through the glass head foremost, which was a large light, ¼-inch plate. He fell about twenty feet, landing upon a cut-stone pavement, striking on his hands and knees, them pitching forward on his forehead and face. He had received the following injuries, viz.:

Transverse fracture of both patellas, Collee's fractures of both wrists, the right one compound, the head of ulna protruding through the wound. He received quite a number of wounds from the broken glass, one across the chin, another on the left side of the neck, another crossing the left clavicle, another through the eyebrow, extending across the eye, severing the lid and slightly wounding the ball near the inner canthus. The skin was lacerated and torn from his forehead and face. In the fracture of the left patella there was no displacement, owing to the tendon being cut off above the upper fragment. Through this wound I could pass my finger under the patella, and move the upper fragment. The upper fragment of the right patella was misplaced some three inches.

Insensible; involuntary discharge of urine; face swollen and disfigured; blood all over, and, as the Irishman would say, looked like he was "kilt intirely"—but not so.

His wounds were dressed and fractures adjusted, by putting his legs on Day's patella splints, with adhesive plasters, compresses, and bandages. The Collee's fractures were dressed with Day's pistol-shaped splints, well padded and lined with oil silk. He was placed upon a hair mattress, and a lotion of Goulard extract of lead and laudanum applied to his wounds. Consciousness returned, and with the exception of having to catheterize my patient for some time, he got along without a bad symptom. Flesh wound healed by the first intention, "dried up;" never had a particle of suppuration; slept well, nourished well, and was perfectly rational. Fractures united nicely; never complained of suffering any pain, lay on his back most of the time, but sometimes he would roll over on his side, throwing his splinted limbs over as if there was nothing the matter with them; and the greater part of the time after first few days he fed himself, using the spoon or fork between the thumb and fingers of his splinted hands.

A little over three weeks, July 24, again I was called to his bedside in great haste. Was told he was dying. Found him perfectly comatose, head drawn back and buried in the pillow, stertorous breathing, pupils dilated, pulse slow. I recognized now I had some brain lesion to contend with, which perhaps had been going on all the time since the accident, and now from some cause had developed into hemorrhage or effusion, producing compression.

Cold to the head, and warmth to the extremities, stimulating injections per anum, composed the treatment. For five days my patient lay in this comatose condition, surrounded by anxious friends expecting to see him breathe his last every hour.

On the third day from this departure, his temperature ran up to 105½°, circulation under 100, respiration slow. He was pronounced moribund by one of the physicians who saw him, who emphatically stated to the family that he could not live six hours.

But I could not believe that a patient that had gone through what he had would die without a struggle. His mental faculties had been racked and tortured for weeks; his bones broken; his body had been lacerated and bruised. That his mental faculties had been restored; his wounds, bruises, and broken bones had been healed by the recuperative powers of nature; that the same power that absorbed and healed his wounds and united his fractures, would presently relieve his compressed brain.

Croton oil was administered in one-drop doses every hour until five drops were taken, which had the effect to produce active violent catharsis, which kept up for twelve hours, which, I believe, had a happy effect.

On the morning of the 30th of July—six days from the attack—his temperature was normal; pulse 76. Consciousness commenced to return, and on July 31 recognized every one in his room. From that day on he gradually recovered, his head remaining in an opisthotonic condition for some length of time. But gradually, by the repeated use of blisters and iodine, he "set up," and in a short time my patient "got up" and walked off.

In the early part of September, he walked with perfect freedom. His fractured arms had united without any deformity. His left fractured patella had united with bony union, as far as I was able to judge, there being no separation of the

fragments. The right patella united with ligamentous union, the fragments not being kept in close contact. There was about one-fourth of an inch separation.

After the 24th of July, the time the brain trouble manifested itself, he emaciated rapidly, and when he got out of bed he was very much emaciated; but he afterwards ate well and nourished well.

In the latter part of September, he was taken to the seashore, and Dr. Weir-Mitchell, of Philadelphia, was consulted and examined the case, who, I was informed by the family, gave it as his opinion that the whole trouble was "malarial;" mental trouble, I presumed, as it was the fall when he jumped through the window, or rather the lighting, that fractured his arms and legs. With due deference to Dr. Mitchell's opinion, who has a well-deserved reputation, and stands high in the medical profession as an expert in cerebral and nervous diseases, in this case I beg leave to differ.

In the early part of my professional life, all diseases which were not clearly "definable" by the doctor, and "explainable" to the patient, were called neuralgia—neuralgia of the head, neuralgia of the back, liver, stomach, and kidneys, etc. But in these latter days of medical advancement, a far more fashionable disease has taken its place, which takes in quite a larger scope, and to the fashionable world is quite satisfactory as a diagnosis.

This young man I knew when he was a child. Was the family physician for twenty years. When a boy he was exceedingly sensitive; had a taste for music, the study of which he pursued with marked ability. He became quite proficient as a pianist, and as he grew up to manhood he was retired and bashful, mixed but little with other boys of his own age, or joined in their favorite sports. Very fond of books and study, but had no taste for frolic or fun; gentlemanly and manly far above his years, but super-sensitive in regard to his words and actions; always afraid of offending; morally, an example to all his associates. Indeed, he was what some would call "over righteous."

He graduated at Lafayette College, where he received the honor of his class. He studied law, was admitted to the bar, but never practiced his profession, but devoted his time to study and the pursuit of knowledge, both scientific and religious, both of which he had a keen appetite for.

I give this short history of my patient to show his turn of mind, his disposition and habits, which in my opinion form an important factor in making out a correct diagnosis, and unraveling the difficulty in coming to a correct conclusion as to what his true pathological condition was when I saw him first, on the 11th of May.

Evidently to my mind there was no disease of the brain, no lesion or alteration of brain structure, up to the time he jumped through the window and received his injuries:—merely a functional derangement. Nor was there any evidence of malarial poison. He had no increased blood temperature, no chills or sweats; the heart's action was regular, only somewhat accelerated under excitement of mind. The urine was examined, which was normal.

Here we have a highly organized and cultured brain, super-sensitive nervous system, excited and continuous excitement kept up, mental faculties kept upon a strain, overworked, exhausted, and thrown out of balance; the will and judgment having lost the controling power over the machinery—just like a locomotive with a high pressure of steam, the throttle-valve wide open, the lever broken, running wild.

Was this insanity? Yes; acute insanity, which may or may become chronic and permanent. Just as a child having convulsions may become a confirmed epileptic, followed by imbecility.

We threw in large doses of bromide of potash to act as a sedative and clog the machinery, and subdue the wild manifestations; and it had the desired effect. We tried quinine in large doses and small doses, which always made him worse. We tried the stimulating treatment and it failed. The condition the patient got into twenty-four days after the accident was, in my opinion, caused by concussion culminating in either hemorrhage or effusion, producing compression.

Some time in October he left for California, where he is at this time engaged in business, and, I am informed, enjoying good health.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE PENNSYLVANIA HOSPITAL.

BY JAMES H. HUTCHISON, M. D.,

One of the Attending Physicians to the Pennsylvania Hospital, Physician to the Children's Hospital, etc.

[Reported by WILLIAM H. MORRISON, M. D.]

Locomotor Ataxia.

GENTLEMEN—The first patient whom I shall show you this morning is one that has been in the hospital but a short time. She was admitted on the

26th of the present month. She is a married woman, and has been engaged in keeping house. Three years ago she had what she says was rheumatism, and since that time she thinks that sensation in the legs has never been perfect. Four years ago her hair began to come out, and she had nightly pains in the bones. Since then she has had two miscarrirges, both of which occurred early in pregnancy. Previous to this, she had two children, both of whom are living. Last summer she noticed that she did not feel the ground when walking; her legs grew weak, and she had severe pain, which she says "felt as though some one was screwing a cork-screw into the legs." She also had pain in the lower part of the back, a feeling of constriction around the abdomen, and difficult micturition.

On admission, the patient was found to be well nourished, unable to walk unless supported, but when assisted, furnished a good example of the ataxic walk. The patella reflex was abolished. She could not feel the ground when walking, and the legs were numb. When the attempt to extend the leg while she resisted was made, the muscles suddenly relaxed, furnishing a good example of what has been called by Dr. S. Weir Mitchell, lead-pipe resistance. The lungs were normal. There was heard over the heart a loud see-saw murmur. This was heard at all parts of the præcardial region, but loudest over the mitral and aortic valves. The pulse is normal in frequency, but falls away suddenly. There is a jugular pulsation in the neck. This is the history as we have obtained it.

I shall repeat the examinations before you that you may appreciate the symptoms better. Let me call attention to some of the points in the history. Three years ago she says that she had rheumatic pains. After questioning her, I do not think the pains were really due to rheumatism. There was no redness and swelling of the joints, as occurs in articular rheumatism. She tells us that the pains were in the muscular part of the legs. Without my putting a question to her which would lead to such a description, she told me that the pain was as though some one was turning something in her leg. This is a peculiarity of the pain which is almost always present in the disease which I believe to be present here. She has excruciating pain in the legs, and this is sometimes felt in the thighs. She did not notice any irregularity in her gait at this time. The pains were present until last summer. At this time she found that in addition there was slight insensibility in the feet, and that whenever she turned suddenly she was liable to fall. She could not feel the ground at all. Upon questioning her yesterday, she stated that she had greater difficulty in walking in the dark than in daylight. This is another characteristic symptom of the disease,—inability to maintain one's self in the erect position in the dark, or when the eyes are closed. In this disease, you will often find that patients are able to walk fairly well while in the daylight, and while they can watch their feet, but when they are asked to close their eyes, or to look up so as to take their eyes from the feet, they at once begin to stagger, and if the disease is at all advanced, they will fall. If you ask such a patient to stand with the feet close together, and the toes everted, and then cause him to look up, he will fall. The disease has advanced so far in the present case that the characteristic walk is almost lost. The patient is unable to walk at all unless supported. Being supported on each side, she is, as you see, still able to walk in a very irregular manner. The feet jerk out, and the heels are put down with some force. On this account these patients have been called "trampers." This is a characteristic of the walk in this disease, *i. e.* locomotor ataxia. This woman is able to stand if she watches her feet, but the moment she closes her eyes the ability to stand is very much diminished. I shall show you that this paralysis is by no means complete. During the last session I had before this class a case of myelitis, in which there was complete loss of power in the lower extremities. The patient was unable to stand, and could not execute the slightest movement while in the sitting or recumbent position. This patient can draw up her legs and move them in various directions. The power is lessened, but not lost. I request her to try and keep the leg flexed while I attempt to extend it. I can straighten it, but it requires some force to do it. The first resistance is the greater. This has been described as "lead-pipe resistance." The left leg is the weaker of the two.

The loss of sensation is quite marked. I tested this in the ward. When pricked with a pin she was unable to accurately locate the point touched. There seems to be in certain places an increased sensitiveness to pain.

In addition to these, there is present here a symptom which is very characteristic of this disease, *i. e.*, loss of the patella reflex. The patella reflex is simply the movement which takes place when the tendon of the patella is struck. In certain diseases this movement is greatly increased; in others it is diminished, and in advanced stages, entirely lost. I am unable to produce the slightest tendon reflex. In the same way the ankle-clonus is also absent. In order to produce the reflex of the patella, the limb should hang perfectly free to move, for if the patient fixes the limb, no motion will be caused by striking the tendon of the patella. A good plan is to support the leg by passing the hand beneath the thigh. We have, then, in this case, loss of patella reflex, loss of sensibility, and loss not so much of power as of the ability to coördinate the movements of the legs.

These symptoms have been preceded by certain others which are characteristic of this affection. One of these is the presence of excruciating pain. No one familiar with this disease would confound this pain with that of rheumatism. The comparison which she made is one frequently used by these patients. The pain is very severe. It may occur several times during a short period, then disappear for hours, and again return. It sometimes interferes with sleep, and thus indirectly with nutrition. She has also had pain in the back, but this has not been severe. There is a feeling of constriction around the waist; at times it feels as though something was passing around the waist. This sensation is not as marked as it is in ordinary transverse myelitis. There is some interference with the functions of the bladder and the rectum. She has some difficulty in emptying

the bladder. It has never been necessary, however, to use the catheter. Cystitis is sometimes caused by the retention of the urine. This has not occurred in this case. In regard to the rectum, we find that she suffers from constipation, and that when she has a passage, she has considerable difficulty in getting rid of the fæces.

A few days ago, she complained of sensations in the arms and other parts of the body, similar to those felt in the legs. This may have been accidental, or may, perhaps, have been due to the supervention in the upper part of the spinal cord of the same disease that affects the lower portion.

There are certain symptoms, usually present in locomotor ataxia, which are wanting in this case. It is not uncommon to have diplopia, or double vision, in these cases. I have carefully questioned her, but she denies that she has ever seen double. The diplopia is due to paralysis of some of the muscles of the eye. The abducent nerve is the one most commonly involved, but sometimes the muscles supplied by the third nerve are the ones affected. This symptom may be permanent, or it may be only temporary. We also have at times some dimness of vision; but this does not seem to be present here. There is apt to be some optic neuritis. It is difficult to say what sympathy should exist between the portions of the nervous system controlling the eyes and the portion controlling the lower extremities, but it is a common observation, that in locomotor ataxia, the eyes are involved. There are two other symptoms which occasionally occur in this disease. They are swelling of the joints and fragility of the bones. But neither of these are constant symptoms.

Having told you what I consider the disease to be, it will be well to tell you why I think that it is locomotor ataxia, and not some other disease. I exclude ordinary transverse myelitis by the absence of true loss of power in the muscles. If there were transverse myelitis, there would be complete loss of voluntary motion. In the case of this disease, to which I have already alluded, the patient was unable to move her legs, while certain reflex movements, as the patella reflex, were much increased. It is, of course, not lateral sclerosis. In this latter disease, there is a spasmodic action of the muscles. The feet are violently jerked from the floor when the patient walks, the patella reflex is much increased, and the other reflex symptoms are well marked.

Locomotor ataxia was first thoroughly described by Duchenne, although Romberg and others had previously called attention to some of its principal symptoms. It is also well described in Trousseau's Medical Clinics.

Upon further examination, we find that this patient suffers from another disease. Of course, having found these evident symptoms of locomotor ataxia, we might dismiss the case as thoroughly studied. This, however, would be unwise; having discovered one disease, we should search for any other that may be present. There is marked disease of the heart. I do not purpose to-day to speak of this in detail, having lately had before you a number of cases of cardiac trouble. On auscultation, there is heard a loud see-saw murmur at every part of the præcordial region, and also in the epigastrium. The character of this sound differs in different localities. I am therefore inclined to think that there is extensive disease—disease of all the valves, primarily of the aortic and mitral, and secondarily of the tricuspid valve. If the murmur heard in these various localities were a transmitted murmur, it might differ in intensity, but it would not differ in character and quality. There are present at the aortic and mitral valves, conditions which would give rise to dilatation of the right ventricle, producing incompetency of the tricuspid valve and causing a tricuspid murmur. I believe that there is tricuspid regurgitation because there is pulsation of the jugular veins. If there is an impulse in the neck, you must not at once jump to the conclusion that it is a venous impulse, for it may be a transmitted impulse from the carotid artery. There is here, as in all cases of aortic regurgitation, a marked carotid pulsation, but the venous impulse is independent of that. It is best seen in the recumbent position, for then the veins are not so readily emptied. I do not believe that the disease of the heart has anything to do with the condition of the lower extremities. I have shown you cases of paralysis due to an embolus washed into one of the cerebral arteries. Paralysis from this cause, is unilateral and differs entirely from that present in this case.

It is rather difficult to find a cause for this disease, not only in the present instance, but also in other cases. By some, syphilis is said to be a cause, and I have no doubt that it is so in some cases, for it produces the same form of degeneration as is present in locomotor ataxia. In the history of this patient, you have observed some symptoms pointing to syphilis. She has had a little falling out of the hair, and some sore throat, and has had two miscarriages. The pains are of course a part of the disease. The existence of syphilis is, however, not made out with any degree of certainty. In some cases the disease has been attributed to excessive venery, and in others, to lying on the cold ground. Many cases of this affection were seen among the soldiers during the war.

On the supposition that the patient might have had syphilis, I put her on the use of iodide of potassium in large doses. This afforded the best hope of achieving good, but I think that very little benefit is to be expected. I have seen many cases of this disease, but I have never seen much benefit follow any plan of treatment. The oxide and nitrate of silver, strychnia, and belladonna have been employed. Prolonged rest is said to have been of service in some cases, while in other cases no improvement has followed it. This patient declined to lie down, stating that the pains were worse in the recumbent position; and as I do not think that much good would be accomplished by the rest, I have not insisted on it. Electricity is not of the slightest use; it seems rather to aggravate than benefit.

The anatomical seat of this disease is the posterior columns of the spinal cord. It generally invades the lumbar and lower dorsal regions. Both the posterior columns and the posterior roots of the nerves are involved. As you know, the posterior columns preside over co-ordination; therefore anything affecting this part of the spinal

cord will interfere with the powers of co-ordination. The lesion is an increase in the amount of connective tissue, displacing and causing atrophy of the true nervous structures. It is a sclerosis of the posterior columns of the spinal cord. This condition having taken place, I know of no remedy that will certainly be of service. If this woman had been seen at an early period of the disease, some good might possibly have been done.

The prognosis as regards life is not unfavorable. Patients with this disease have lived for a long time in comparative comfort. The intellectual powers are not affected by the disease, and indeed it seems to attack intelligent people rather than the reverse.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Some Observations on the Salivary Digestion of Starch by Infants.

BY J. M. KEATING, M. D.

Visiting Obstetrician to the Philadelphia Hospital, and Lecturer on Diseases of Women and Children.

[Read June 6, 1883.]

Recently, in a late English work, I find the following: "During the first few months farinaceous food of every kind should be avoided, for the child's stomach (?) cannot digest it. Until the third month, or even later, no saliva is secreted, and without this floury foods cannot be assimilated." (*Management of Infants, etc.*, by Howard Barrett.) This idea is so prevalent, and most of us have adopted the statement as representing the teaching of physiologists, that it has always been a matter of surprise to those interested in the feeding of infants to find occasionally, especially amongst the poorer classes, infants fed upon corn-starch or other farina, almost to the exclusion of other food, and thrive.

At present, we presume that amylaceous material has of necessity to be converted by hydration into glucose, and for this reason I will not detain you this evening by indulging in the more speculative aspect of this subject, as to whether dextrine is capable of being absorbed, and which of the two ferments, that of the salivary glands or of the pancreas, is of the most importance. We have left this matter for further investigation. Prof. Albert R. Leeds, in his very able exposé of the subject of foods as regards their chemical constituents, made the matter so clear, that in his table of the analyses we have evidently an accurate guide for the selection of foods in individual cases. But as the general belief is, that for infants of a tender age, our choice should fall on that which contains a minimum quantity of starch and a maximum amount of vegetable albuminoids, or foods based on the Liebig formula, I deemed it valuable to institute a series of experiments, the results of which I confess were rather surprising, to test the saliva of infants, and to satisfy myself that the reason why some children apparently thrive on starchy food, is not due to any change in the starch in its preparation, but depended upon contact with secretions well established in childhood.

In these tests we endeavored, as far as possible, to exclude all error. Corn starch was used, it having been previously boiled, cooled into a paste, and portions of this was put into little linen bags, and given to infants to suck for two minutes at a time: Pavy's test was then used—the corn-starch paste exhibited before the experiment no evidence of sugar change.

The linen was thoroughly boiled without discoloration of the solution. The bags, with their contents, were in each case thrown into a test-tube, and I submit for your examination the accompanying report.

To the resident physicians of the philadelphia hospital, Drs. B. F. Hawley and A. E. Roussel, I am indebted for assistance in this matter, as many of these tests were repeated a number of times by them, and great care was used to insure accuracy. My report includes the results obtained by experiments with the saliva of twenty-one children—varying in age from six days to seventeen months. The sugar-change was noted in all but three—one of these was a babe six days old—whilst in another babe seven days old a marked reaction was observed. I feel satisfied that some infants do digest starch, provided it is presented to them in a digestible form, and also that the salivary secretion, which occurs earlier than we have been accustomed to believe, is allowed to come in contact with it, and I cannot but attribute the many statements to the effect that starchy food in small quantities is contraindicated, to the fact that the secretions of the mouth are less liable to exert their influence when such food is administered by bottle, and deposited in a surprisingly short time in the acid juices of the stomach. If starchy food, such as barley flour, oatmeal, rice, wheat flour, etc., is indicated on account of its highly nutritious qualities, which exist in all portions of the grain, and deemed advisable in the feeding of children, our few observations teach us that they should be administered in such a way as to insure their thorough digestion; and I am satisfied that the surprising results we witness, especially among the poor, of thriving table-fed babes, are due to the mode of feeding more than to the fact that they are exceptional and astonishing cases. My table shows that the age of the infant is not a guide to the quality of its saliva, and we should bear this in mind when choosing the form of food. Thus, should we be called upon to regulate an infant's feeding, it would be important for us to test the saliva.

If we find a sugar change taking place, we might incorporate with milk small quantities of one of the cereals, either barley, oatmeal, or wheat. On the contrary, should the test prove negative, Horlick's or Mellin's food would be decidedly preferable. But while thoroughly convinced that the saliva is a most important element in digestion, we cannot overlook the fact that starchy foods have also to run the gauntlet of the pancreas, which organ if it possesses in childhood relatively the same power that it does in latter years, is far more active than the salivary glands. We cannot then overlook the value of a microscopic examination of the stools of all bottle-fed children, for I believe that by this alone we can regulate the

quantity of farinaceous food, detecting the proportion of the undigested residue.

Child's name..	Age.....	No. of teeth....	Food	Reaction	No. of experiments .....
Smith.....	6 days	0	Breast.	None.	3
Coyle.....	7 "	0	Breast.	Marked.	1
Gallagar ..	11 "	0	Breast.	Well marked.	2
Asbulson ..	12 "	0	Breast.	Marked.	1
Perry	2 weeks	0	Breast.	?	1
McErwin ..	3 "	0	Breast and crackers.	Well marked.	3
Meenan ...	3 "	0	Bottle.	Perceptible.	2
Conner.....	4 "	0	Breast.	Marked.	2
Davis	4 "	0	Breast.	Marked.	1
Beatty	4 "	0	Breast.	Very slight.	2
Sumley	4 "	0	Breast.	Marked.	1
McCann ..	4 "	0	Breast.	Very marked.	1
Newhouse	7 "	0	Breast.	Very slight.	2
Roberts ...	2 mos.	1	Breast.	Marked.	2
Nerain	2 "	0	Breast.	Very marked.	1
Boenning .	2 "	0	Breast.	Marked.	1
Hemileth ..	4 "	2	Corn-starch and crackers.	Well marked.	2
Roach	5 "	1	Corn-starch and crackers.	Slight.	3
Hall.....	8 "	2	Breast and crackers.	Marked.	1
Devine....	13 "	4	Corn-starch and crackers.	Well marked.	1
Wood.	17 "		Condensed milk.	None.	

The following are my conclusions:

The saliva of some infants possesses the property of converting starch into glucose regardless of age.

The age of the infants cannot be taken as an indication of this property of its saliva.

When such a condition is found to exist a small quantity of well-prepared farinaceous food is valuable as an element in the diet, incorporated with mixed cow's milk.

An examination of the stools of children so fed, would be a guide as to the quantity of starchy food to be used, and when farinaceous food is employed slow feeding is probably preferable to the bottle.

REPORT OF THE PROCEEDINGS OF THE ADJUNCT MONTGOMERY COUNTY MEDICAL SOCIETY.

BY DR. J. B. CARRELL,

Of Hatboro, Pa.

The meeting of the Society was held in Hatboro, Pa., on August 24th. The President, Dr. Jno. Paxon, of Jenkintown, occupied the chair. Dr. J. B. Carrell read a selected article, "A Comparison Between the Audiphone, Dentaphone, and the Various Forms of Ear Trumpets for the Deaf," by Dr. L. Turnbull, of Philadelphia.

Dr. C. B. Hough, of Three Tuns, read an original article on "The Treatment of Scarlet Fever." He had not used cold applications to the same extent as Dr. H. Corson, of Conshohocken, and was well satisfied with his treatment, having lost but one case in an epidemic in which he treated forty cases. He recommended mild applications to the throat and thorough washing and anointing of the surface of the body, the body to be thoroughly kneaded after each anointing. Dr. I. N. Evans, of Hatboro, after an experience of over thirty years, having passed through numerous epidemics, thought that intelligent treatment did much to lower the death-rate; but in some epidemics of this fever, as in all other epidemic diseases, there was a tendency to fatality, and the treatment that cured all in one epidemic lost many in another. Dr. Carrell said he had found the inhaling of the steam from slaking lime, and the use of the steam atomizer to benefit the throat more than any topical application. He was also an ardent supporter of cold applications to the throat. In the course of the discussion the comparative therapeutical effects of the tincture, and the powder and infusion of digitalis was argued. Dr. Coltman, of Jenkintown, placed little or no reliance on the tincture, and considered the powder the proper form for administration. The tincture had few supporters, and the weight of evidence was largely in favor of the powder and infusion. The next meeting of the Society will be in Jenkintown, on September 14, when Dr. Mary P. Hallowell, of Horsham, will read an original article on "What is Malaria?" Dr. I. N. Evans, our oldest member, and Congressman for this district, is one of the guests of the Northern Pacific's opening excursion. All wished him a good time, and safe return.

Observations on Certain Cerebro-Nervous Diseases Peculiar to Women.

Dr. Thos. More Madden contributes an article on this subject to the *Med. Press and Circular*, August 15, 1883, which concludes as follows:

Besides the local diseases and functional disturbances of the sexual system referred to, there are other causes of the tendency to cerebro-nervous disorders now so prevalent in women. These causes include amongst others—1. The premature and undue stimulation of the sexual functions. 2. The increasing prevalence of alcoholism in both sexes and in all classes of modern society. And, 3. The grossly misdirected or neglected moral and mental training of a large proportion of female youth. The results of these causes are daily met in gynecological practice, and are not only seen in the diseases of the sexual system which come under our special care, but are still more traceable in the mental and moral deterioration, the prevailing nervous hyperæsthetic condition and want of physical training as well as of healthy moral tone, which are now too noticeable among women. Moreover, women are no longer, as was formerly the case, to a large extent exempt from those predisposing causes of utero-nervous disorders which in men are recognized as amongst their most common sources. Nowadays, on the contrary, women are not only liable to those special causes of nervous disorder which arise from the utero-ovarian irritation, but they also too frequently, as Dr. More Madden has before observed, voluntarily expose themselves to all the incidental causes of insanity to which men were formerly liable. An increasing tendency to insanity and nervous disorders of every form is one result of that hopeless contest with nature's laws in which those are engaged who seek to unsex themselves by assuming all masculine pursuits and modes of life, which may be too dearly purchased at such a cost.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Hypertrophied Right Lobe of the Liver Mistaken for a Fibroid Tumor of the Ovary.

Dr. John L. Atlee, of Lancaster, thus writes in the *Med. News*, September 15, 1883:

Miss A. E., a single lady, aged about thirty-nine years, who for many years has been a teacher in our public schools, consulted me four or five weeks ago, soon after the school vacation commenced, about a tumor which was developing in the lower portion of the abdomen. She had always menstruated regularly, and with the exception of slight dyspeptic symptoms had always enjoyed good health, and never missed a day from her school. Within the last three months, however, she found herself becoming more and more emaciated, and had an unusual feeling of debility. Her color was good; tall and well-formed, with always a good appetite and generally regular bowels, but occasionally had some diarrhœa, and some pain like colic, for which she required an anodyne.

Upon examination I found a hard tumor occcupying the centre of the hypogastric region, extending as high as the umbilicus and to the iliac regions, especially the right. It was very hard, but slightly movable from side to side, and this movement did not influence the uterus. The brim of the pelvis on that side was occupied by the mass, although it did not descend into the pelvis. Her waist was of the normal size, with no bulging above the umbilicus. She was sensible that it was increasing rapidly, and wanted relief. I diagnosed a fibroid tumor of the right ovary, and if she wanted to be relieved I would operate.

After the usual preliminary measures had been carried out, and the exhibition of the anæsthetic, I commenced the operation at eleven o'clock a. m., August 22, in the presence of Drs. Atlee, Jr., Ehler, Welchans, Roland, Rohrer, and William A. Atlee, Jr., and Mrs. Dr. Wilson and her student, by the usual incision in the median line, and exposed the peritoneum, which was dark and very vascular; upon laying it open there was a small escape of ascitic fluid, and behind it was a large, chocolate-colored mass, very firm and slightly nodulated, which proved to be an enormous right lobe of the liver! I passed my fingers up and felt the left lobe with its sharp edge, soft, and apparently healthy. Whether it was wearing a tight corset, or from some other cause, the morbid development was towards the pelvis, as above the umbilicus there was nothing to indicate the presence of a tumor. Here was a dilemma which brought the operation to an abrupt conclusion, and the only thing to be done was to close the wound very carefully and put the patient to bed. I think it is a case of encephaloma, not yet fully developed, in the lower lobe of the liver.

I have never, in all my diagnostic experience, been so completely deceived, and I hope your readers will profit by my mistake. It is often in that way we gain our knowledge.

Intra-Pelvic Inflammation.

Dr. W. H. Byford, of Chicago, read a paper on this subject before the last meeting of the American Medical Association, which we find in the *Ass. Jour.*, September 1, 1883, and which concludes as follows:

1. The sometimes terrible effects of examinations or operations in the pelvis do not often, if ever, take place when there is not a perceptible predisposing inflammation.

2. The inflammation may be so slight as to be easily overlooked.

3. It may be an original condition; the sequence of an acute attack long gone by, or it may be the product of some immediately previous examination or operation, the effects of which have not subsided.

4. To avoid the dangers of acute inflammation we should, in making a first examination for pelvic disease, conduct it in such a way as not to give the patient much pain, and when she complains of much suffering, desist at the sacrifice of completeness of diagnosis.

5. Complaints of much tenderness to the touch, or the use of instruments, especially in parous women, is sufficiently diagnostic of inflammation upon which to base treatment for that condition.

6. If, with such tenderness, a thorough examination or an operation is imperative, it should be done under profund anæsthesia. There is no question, in my mind, that much less danger of ill effects is incurred in making examinations or operations on susceptible subjects, under the free use of anæsthetics.

7. Examinations or operations should not be repeated until the effects of the first have entirely passed off.

8. As chronic parametritis is a frequent complication of most of the morbid conditions of the uterus, it should be always suspected and its diagnosis be carefully considered in all cases of metritis.

9. When chronic parametritis is present, it should be the chief, if not the exclusive object of treatment until removed.

10. It is not safe to use the sound, sponge-treatment, or intrauterine stem, when there is perimetric inflammation.

11. It is especially dangerous to replace a displaced uterus, when it is bound down by inflammatory adhesions, by any means which will overcome its fixedness by force.

12. The use of pessaries or supports of any kind, which find their lodgment in the pelvis, is generally followed by disastrous consequences when there is even slight primitive inflammation.

13. All local treatment of the uterus must be conducted with the greatest care in all cases where this complication is present.

Foreign Body in the Trachea of an Infant Eight Months Old—Tracheotomy—Recovery.

The following case is reported by Dr. A. Schapringer, in the *Med. Record*, August 25, 1883:

James M——, eight months old, of 345 East Sixtieth street, New York city, was brought to my office on June 6, 1883, on account of alarming dyspnœa which had supervened suddenly the same morning while he was eating a slice of an orange. The child had first been taken to a neighboring drug store, where a dose of syrup of ipecac was administered. This brought about vomiting, without, however, relieving the dyspnœa. When first seen by me, the child was cyanosed. Both inspiration and expiration were labored. Auscultation over the trachea revealed a rattling sound both on inspiration and expiration. The latter was brought to a sudden stop, a peculiar click. The rattling was perceptible to the touch also. These signs left no doubt as to the presence of a movable obstruction in the windpipe. After a few ineffectual attempts to remove it by inversion, the child's condition in the meanwhile becoming more and more alarming, I performed tracheotomy, assisted by Dr. A. Fridenberg and Messrs. Tynberg and Schulmann, students of medicine. The child was given a few whiffs of chloroform. The hemorrhage was slight, but one vessel requiring to be secured. The trachea was scarcely opened when the foreign body was expelled through the perforation by a fit of coughing. It proved to be an orange-pit. Regularity of respiration not becoming re-established after the lapse of a few minutes, a flexible catheter was introduced and a small quantity of blood and mucus removed by aspiration. In about twenty minutes the child had so far recovered that I could proceed to close the wound. I first united the lips of the tracheal incision by a few silk sutures, and carried the ends of the threads through both the upper and lower angle of the integumentary incision, which I closed by a separate row of sutures. I avoided including the mucous membrane in the tracheal sutures. Catgut, which would have been preferable to silk, was not accessible. The wound healed by first intention, with the exception of the angles where the threads of the deep sutures had been led out. These could be removed after the lapse of a few days. The little one has been well ever since.

The interest of this case centres in the fact that there is no record, in this country, at least, of so young a child having survived tracheotomy for the removal of a foreign body.

Items of Interest from the British Medical Association.

In the following we propose to give some of the opinions on various practical subjects expressed by prominent gentlemen at the late meeting of the British Medical Association:

Dr. Broadbent says: "The educated finger can tell us all revealed by the sphygmograph and more; fortunately, there is nothing of real importance in the pulse which cannot be readily distinguished by the busy medical man in his daily work."

Dr. Edward Ballard says: "A high atmospheric temperature has been truly said to be one of the most important causes of summer diarrhœa."

Dr. Taylor, the Health Officer of Liverpool, has coupled high temperature with dirt as causes; but diarrhœa occurs elsewhere than in dirty places. I can show families in Leicester, with children as clean and carefully guarded as any children can be, and with surroundings as good as any of our own, where, nevertheless, there was diarrhœa fatal in less than twenty-four hours. Dirt is not an essential condition.

Mr. J. R. Humphreys (Shrewsbury) said that he had applied the various methods for the relief of varicose veins, and amongst them the method of subcutaneous ligature; but of late he had cut down on the vein, and tied it below and above, about an inch apart, and cut the intermediate portion. He had had some troublesome cases of varicocele which he had readily cured by this means, and had no bad result.

Mr. Bickersteth (Liverpool) had formerly used scarifications, scrapings, and caustics in the treatment of lupus vulgaris; whereas latterly he had employed antiseptic dressings in the form of liquor calcis bisulphatis on lint covered with waterproof tissue (a strong solution, which was also painless); with the addition, in scrofulous cases, of cod-liver oil and iron; in syphilitic cases, of antisyphilitic remedies, with the effect of speedy improvement in a few weeks, and a cure in a few months at the most.

Absorption of Watery Solutions by the Skin.

In the *Ann. de Dermatol. et de Syph.* Dr. Aubert formulates the following conclusions on this important subject:

1 Substances dissolved in water may make their way through the epidermis without producing any visible external lesion.

2. Nevertheless, the essential condition of such penetration appears to be a break in the epidermis where it is prolonged into hair-sheaths, and along the included portions of the hairs themselves.

3. In fact, according to our observations, this penetration takes place exclusively in hairy parts.

4. It is promoted by whatever causes the hair to be pulled about, as, for instance, friction with the moist or dry hand, or unusual size, stiffness, and length of the hairs.

5. A delicate integument and thin cuticle afford unfavorable conditions, on account of the less vigorous growth of hair on parts thus endued. Total absence of hair is likewise a condition eminently unfavorable to absorption.

6. Hence we may infer the possibility of introducing soluble substances into the circulation by causing them to penetrate the epidermis in small quantities, either with or without the aid of baths. To effect this, friction with the palm of the hand would have to be applied forcibly over a large surface, and especially where the skin is hairy. The only possible unpleasant effects would be a moderate degree of inflammation, manifested in a little redness and smarting about the roots of the hairs.

7. Simple immersion in a bath, however prolonged, could not be relied on to effect the entrance of even the smallest quantity of a solution through the skin.

Congenital Malformation of Both Knee-joints.

In the *Brit. Med. Jour.*, April 21, 1883, Dr. Hubert Sells says:

The following case has recently occurred in the Guy's Lying-in Charity: M. B., aged 48, the mother of two children alive and healthy, and one child that died young, was delivered on February 28, 1883, of a full time male child, which was very fairly developed. On looking at the lower limbs, the first thing that struck one was, that the patellæ on both sides were apparently missing, and in their place was, on each limb, a depression. The description of one limb will suffice for both. The movements of the hip-joint were complete. The thigh, instead of being convex, was slightly concave on its anterior aspect. The tibia and fibula were in their normal relative positions. The foot looked forwards naturally, and the ankle-joint was normal. The patella was placed at the back of the joint instead of in front. In the normal position of the patella was the depression above mentioned, which apparently represented the popliteal space, as the continuation of the femoral artery could be felt pulsating here, and there were some tendons on either side of it, analogous to the hamstring tendons. There was also, running down a little to the inner side of the centre of this space, a strong tendon, which was continued downwards to the head of the tibia, and may have been the representative of the quadriceps extensor tendon. Posteriorly, the patella was rather firmly fixed, nearer the femur than the tibia, in a strong tendon, so that the impression at first was that it (the patella) was attached by osseous tissue to the femur. This idea was, however, dispelled on moving the joint. The movements of the knee-joint were perfect but reversed. The tendon in which the patella was fixed was exactly like the ordinary extensor tendon of the thigh. The artery could not be traced below the head of the tibia. It may, I hope, be seen from the above description, that the leg could be flexed on the thigh anteriorly, as much as it would have been posteriorly in the normal state. When the child was first seen, it had the toes of one foot almost in its mouth, which, of course, it could reach easily without flexing the thigh. The child died on the third day after birth, and, unfortunately, the parents would not consent to a *post mortem* examination.

On Alterations of the Vena Cava, Complicating Cirrhosis of the Liver.

The *London Medical Record*, August 15, 1883, says:

In hepatic cirrhosis, ascites appears before œdema or anasarca; in diseases of the heart, the reverse holds good. Such is the rule. In cirrhosis, however, there are many exceptions. Œdema may show itself before the mechanical conditions depending on abdominal pressure arise, affecting the lower extremities and lower half of the body. It may appear in the early stages of the disease, when this has a subacute course and marked abdominal symptoms (hepatic and intestinal pain, dyspepsia, vomiting, albuminuria, etc.). Œdema may also occur in cirrhosis of slow course, either before the symptoms of the hepatic affection are clearly marked, or when this has reached an advanced stage. The abdominal pressure may be very great without a trace of anasarca, or, on the other hand, with little or no pressure the œdema may be abundant and copious. The abdominal pressure then cannot be the principal cause of the anasarca. The inferior vena cava in its passage between the lobes of the liver is necessarily somewhat constricted during the stage of contraction of the organ; but this does not account for the occurrence of œdema in the early stage of the disease. Moreover, *post mortem* examinations do not verify this constriction even in advanced cases. Neither does the state of anæmia of the patient explain the œdema, for with marked hydræmia there may be no sign of general dropsy. The principal cause of the œdema is a special lesion of the inferior cava, which in these cases is always to be found in "a state of great hyperæmia, with signs of exo- and endo-phlebitis, with increase of the thickness of its walls, with dilatation of its calibre." Where œdema does not occur either early or late, the vena cava is found in a perfectly normal state, affording a marked contrast to its state, as described above.

Sudden Death in Gastric Ulcer.

The *Med. Times and Gaz.*, March 10, 1883, says:

Perforation of the stomach almost necessarily proves fatal by way of peritonitis, but in some instances death has been known to occur even more suddenly from the accident, that is, before inflammation has had time to be set up. Shock, hemorrhage, or suffocation has usually been accounted the immediate cause at work in this class of cases. Professor Jürgensen has just described another and very remarkable mode by which gastric ulcer may suddenly prove fatal, namely, by entrance of the gaseous contents of the stomach into the circulation (*Deutsche Archiv. für Klin. Med.*, xxxi., p. 441). A woman, aged forty-nine, suffering from severe symptoms of gastric ulcer, suddenly died, and within twenty-two hours the post mortem examination was made, no appearance of decomposition being present in the body. A large ulcer was found on the posterior surface of the stomach, its floor being formed by the pancreas, and the splenic vein lay exposed and open. Manifestly as the result of this lesion, air was found in many of the blood-vessels, including the cervical, cardiac, and gastric veins, and the large trunks, and also in the cavities of the heart. Extreme interstitial and subserous emphysema could be traced from the seat of disease. *Prima facie*, there could be but little question of the source of the air and the cause of the sudden death: but to confirm his opinion, Professor Jürgensen tried the experiment of injecting air into the femoral artery of one side in a dog, and watching the femoral vein of the opposite side. In a few minutes bubbles made their appearance, having traversed, therefore, both the peripheral and the pulmonary capillaries.

Stomach From a Case of Gastrostomy.

To the Pathological Society of London (*Med. Times and Gaz.*, March 31, 1883):

Mr. Page showed the stomach of a man upon whom he had performed the operation of gastrostomy for stricture of the œsophagus. The opera-

tion was performed in two parts, the stomach not being opened till the fifth day. No bad symptoms ensued, and the patient went on very well until the twenty-first day, when he ailed a little, and in the evening of that day felt sick. Next day there was violent vomiting with acute pain in the region of the stomach, and on the following morning (*i. e.*, on the twenty-third day) he died from collapse. At the *post mortem* examination there was found parenchymatous inflammation of the walls of the stomach, presumably spreading from the wound of the stomach.

Mr. Silcock said that he had examined the body of the last patient, and found the coats much thickened, being fully half an inch thick. On section a creamy-like fluid exuded from the submucous or muscular coats, to which the thickening was to be attributed. The mucous membrane was of a dead-white color, and there were no rugæ. Some "buttery" lymph was found in the peritoneum, but no flakes as in the ordinary plastic inflammation. This condition of stomach occurring after gastrostomy had already been described by several observers. He thought in this case there had been digestion of the margins of the wound, and thus the sub-mucous tissues had been opened up. The creamy fluid above described was found to contain many micrococci.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received, as an extract from the Transactions of the College of Physicians of Philadelphia, Dr. John M. Keating's paper entitled "Report of a Case of Malaria, in a Child Aged Twenty Months, in which Morbid Enlargement of Liver and Spleen Occurred, and also of a Case of Aortic Stenosis and Regurgitation with Atheromatous Aorta, in a Woman Aged 103," with exhibition of the specimens. This paper has been published in full in our pages.

——The "Pathological Action of Alcoholic Stimulants on Health and Disease" is the title of a paper read before the annual meeting of the New Jersey State Temperance Alliance, held in Newark, December 5, 1882, by Isaac N. Quimby, M. D. It concludes with the following honest sentiment:

"Should I have viewed the alcoholic question from a mercenary standpoint, or paused for a moment to consider the popular side or feeling, I would have written on the other side of the question, or have been entirely silent. But knowing, as I do, that great and serious injuries are being done to my countrymen, I feel I should sacrifice my self-interest and exert and put forth my might to remedy this far-reaching evil, so that this great country of ours may even still do more in the future, than she has in the past, towards spreading throughout the world a free civilization which, under the providence of God, is destined to elevate, enlighten, and regenerate the race."

——The *Transactions* of the Mississippi State Medical Association for 1883, contains a goodly number of readable and instructive papers, and evinces an earnest interest in the welfare of the profession by the physicians of that State.

——Whenever we receive a "State Board of Health Report," we are freshly and regretfully reminded of the short-sightedness of our "ten-dollar-a-day" legislators, whose fault it is that our great State labors under the disgrace of being one of only two *great* States that are without State Boards. From the excellent report of the Wisconsin State Board, we are pleased to note that five out of the six members are physicians.

BOOK NOTICES.

The Principles and Practice of Surgery. By D. Hayes Agnew, M. D., LL. D., Professor of Surgery in the medical department of the University of Pennsylvania. Vol. iii., pp. 784. Philadelphia, J. B. Lippincott & Co., 1883:

This volume brings this splendid monument to to the genius of America's great and *good* surgeon to a close. As the result of experience accumulated during a long lifetime of unusual labor, labor that has made the name and fame of Agnew familiar throughout the civilized world, this work stands all that could be asked for.

To most of us it is a familiar fact; to those of us who have been his students it is one among the many causes of our admiration for him; but for the benefit of those who are ignorant of it, we would say, that probably no man from the beginning of the world to our own time has ever devoted so much time and labor to the acquirement of the practically valuable aspects of any subject as has Dr. Agnew to the mastery of the details of the science of surgery; hence his pre-eminently recognized right to teach.

Twelve or fourteen hours daily for seventeen or eighteen years (63,648 to 78,624 hours) devoted to conscientious work in dissecting-rooms, constitutes Dr. Agnew's claim to a knowledge of anatomy, the foundation-stone of surgery, while years of experience have combined to make him one of the most finished surgeons of the day, as he certainly is the most cautious. Able always to operate, he positively refuses unless some clear benefit is to be derived from surgical interference. Dr. Agnew's opinion is always formed in the interest of

his patient, and never simply to redound to his own fame. This last volume treats of the following subjects: "Surgical Diseases of the Larynx and Trachea," "Diseases and Injuries of the Eye and its Appendages," "Diseases and Injuries of the Nose, the Naso-pharyngeal Region, and Associated Parts," "Diseases and Injuries of the Ear," "Malformations and Deformities—Tenotomy in the Treatment of Orthopædia," "Affections of the Muscles, Tendons, Bursæ, and Aponeuroses," "Surgical Affections of the Nerves," "Surgical Affections of the Lymphatic System; Skin, and Subcutaneous Connective Tissue," "Syphilis," "Tumors," "Diseases of the Mammary Gland," "Electricity in its Application to Surgical Therapeutics," "Operations for Nerve-stretching," "Massage."

The volume is profusely illustrated.

J. F. E.

The Physician Himself, and What He Should Add to His Scientific Acquirements. By D. W. Cathell, M. D., late Professor of Pathology in the College of Physicians and Surgeons, Baltimore. Third edition. Baltimore, Cushings & Bailey, 1883.

The young physician just starting upon his professional career, let it be in town or country, should by all means read this book, and after its perusal he will undoubtedly feel himself under a debt of gratitude to the author.

The older members of the profession will also find many points of interest in its pages; the advice there put forth is healthy and wholesome, and its adoption by physicians at large would undoubtedly elevate the tone of our profession.

A Text-Book of General Pathology, Anatomy, and Pathogenesis. By Ernst Ziegler, Professor of Pathological Anatomy in the University of Tübingen; translated and edited for English students by Donald MacAlister, M. A., M. B. Pp. 371. New York, William Wood & Company, 1883.

This volume, which constitutes the July number of Wood's Library, has been very favorably received in Germany, a second edition having been called for.

It possesses a peculiar merit, in so far as the major portion of the text is based upon observations made or verified by the author himself, and it is therefore authoritative, and not a mere rehash of what one already knows. The translator and English editor has done his part well, and altogether the book is one of the best that has been published in this library.

Medical and Surgical Uses of Electricity, Including Localized and General Faradization, etc., etc. By Geo. M. Beard, A. M., M. D., and A. D. Rockwell, A. M., M. D. Fourth edition. Revised by A. D. Rockwell, M. D. New York: Wm. Wood & Co., 1883.

Drs. Beard and Rockwell have presented the fourth edition of a very practical and exhaustive treatise upon the uses of electricity. Nearly two hundred illustrations aid in elucidating the text. The treatment of extra-uterine pregnancy is a valuable chapter in the book; some cases are related in which electricity brought the case to a favorable termination. The volume is well up to the times, and presents a much-neglected field of medicine in a very attractive form.

Types of Insanity. An Illustrated Guide to the Physical Diagnosis of Mental Disease. By Oliver McLane Hamilton, M. D., one of the Consulting Physicians to the Insane Hospitals of New York city, etc. Wm. Wood & Co., New York, 1883.

In this volume we have ten handsome plates drawn from instantaneous photographs. Nine of the plates are illustrations of typical forms of mental disease—idiocy, imbecility, melancholia attonita, chronic melancholia, sub-acute mania, chronic mania, dementia, and general paresis. The tenth shows several phases of the "insane ear," and some conditions of the teeth in the insane. Two chapters of descriptive text are devoted to the illustrations. Work of this kind, when well done, as is the case in this instance, is deserving only of commendation. The plates are better than any we have hitherto seen illustrating the same subject. They are more typical, for example, than the admirable illustrations given in the frontispiece of Bucknell & Tuke's Manual of Psychological Medicine.

In chapter iii., some interesting sphygmographic tracings are given, and in chapter iv. some specimens of the handwriting of the insane. Numerous hints and suggestions as to the general examination of patients for the determination of sanity or insanity, have been carefully compiled.

So much advance has recently been made with reference to the nomenclature and classification of mental diseases, that some illustration of other forms of insanity than those given would have much enhanced the value of the book.

The final chapter contains an abstract of the laws of various States as to the commitment of the insane. This summary will prove very useful to jurists and teachers.

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THE APPRENTICESHIP SYSTEM.

Ask a class of graduates from one of our average medical schools to write a presciption for a good diuretic mixture, and we are quite sure but few of them will be able to pen a formula that any physician of experience will care to use.

Take the same class to the bedside of a sick man and ask for a diagnosis; let our readers turn back within themselves to their early post-graduate days, and we doubt not the answer will be plain enough—blushes, confusion, learned theories, *big* names without stint from those who have been *good* students, while simple, blank amazement will be the reply of the majority.

Ask for the therapeutic indications, and stammering uncertainty is the response.

The majority of these young men go directly into practice, while some few are favored with a hospital term; and the difference between the two classes at the end of a year is simply marvelous; the one is scarcely more self-possessed than when he commenced, while the other is a practical and experienced physician, for he has had opportunities for acquiring the practical aspects of his theoretical studies, that years of private practice will not provide.

Our science, preëminently, is based upon observation and experience; this is universally admitted, and it can be confidently stated that mere book-learning without practical experience *cannot* make a physician; it may fit a man for active work in other professions, but it cannot do so in ours; he *must* have experience, and if he does not derive it in a hospital, under the guidance and direction of older and more experienced heads, he will, we fear, be compelled to acquire it at the physical expense of his unfortunate patients.

All graduates cannot serve terms in hospitals; this is impossible, simply because the demand is greatly in excess of the vacancies.

In the good old days of "apprenticeship," this want was met in a most practical and satisfactory manner. The young man, driving about with his teacher, visiting his patients and examining them with him, sitting in his office and carefully watching him diagnose, treat, and make the prognosis

of his cases; going himself to look at and report upon the condition of protracted cases; vaccinating, bleeding, giving purgative draughts, mixing medicines, keeping records of cases, and, in a word, being the *medical shadow* of his teacher, afforded to the apprentice of a hundred years ago opportunities for familiarizing himself with the practical side of his profession, that are vouchsafed to but a few of the students of the latter end of the nineteenth century.

These opportunities, we believe, are offered to and appreciated by some of our country students, during the vacation of the schools; but the education of the majority of students is carried out something as follows: He goes to a medical school, matriculates, pays for his tickets, attends lectures or not as he chooses, goes to clinics or not as he pleases, reads or not as he may elect; when his two years are up, *crams* from *compends*, passes a kind of an examination, receives his degree, and is authorized to *kill* or *cure*, as chance may direct. Of course, the requirements for graduation in some few institutions have been of such a nature, for a few years past, as to insure a much more thorough education; but what we have stated is undeniably the real truth in the great majority of medical colleges, and there is no use of denying it.

The reason is plain enough; the easier the graduation, the more students; the more students, the more money in the professors' pockets (where the fee system is in vogue); hence the easier the requirements, the more money the professors make. Two of the leaders of the profession in America were talking together recently at a meeting of the American Medical Association, when the following conversation occurred:

"*First Professor*—Now, my dear Doctor, why do you not throw your great influence in favor of a higher medical education? You are old, and at the top of the professional ladder, and your influence would be very powerful.

"*Second Professor*—Say nothing about higher medical education; the present system is *high* enough for me (slapping his pocket the while)."

But we are digressing. We are lamenting the fact that the abolition of the apprenticeship system denies to our students the all-necessary opportunities for acquiring a practical acquaintance with medicine. We cannot hope to see this system revived, more especially in this country, for Young America is altogether too independent to bind himself to any one for any purpose.

What we desire to do, is to suggest a remedy. We wish in the first place to impress upon the older physicians the fact that when they have consented to receive into their charge young men as students of medicine, they have assumed a grave responsibility, and one not to be lightly considered, as so many do, but to be carefully and conscientiously discharged.

They must do more than receive a tuition fee of one hundred dollars a year, and allow their names to be printed in the college catalogues as preceptors.

Upon them devolves the duty of impressing upon the minds of their students the necessity of practical experience, and by them must be furnished the facilities for acquiring it.

By every means in their power, and whenever occasion can be found, they are bound to let their students see the practical aspects of disease.

They must talk to their young men, advise, explain, and make clear all knotty problems; and until they are satisfied to entrust their patients to his care, they should refuse their sanction to the student's graduation.

Could there be any question of fitness between a young man who had for three years been almost always in the company of a practicing physician, devoting his evenings and his leisure hours during the day to "*reading up*" what he had seen, with the experienced mind always on hand, ever ready to make clear the most unintelligible questions, and one who, for three years, has listened to the stereotyped lectures of the most distinguished professors, and has committed his textbooks to memory, yet who has seen few or no cases of disease? We think not.

While then we cannot recall the sentiment which approved of the apprenticeship system, we can and do most earnestly advise as follows:

When a physician accepts into his office a med-

ical student, the nearer he can approach this old system in his direction of the education of his charge, the better will it be—the better will the result of his instruction prove, and the more likely will the future physician be to reflect credit and honor upon him who has made him what he is.

SANITARY ASSURANCE ASSOCIATION.

We have already taken occasion to refer to the existence of this Association in England, and it now affords us pleasure to note some of the practical results of its working. The second annual report (recently made) showed that the total number of houses inspected was 362, and in the greater number of these serious errors in the sanitary arrangements were found and corrected. No less than six per cent. were found to have the drains choked up, and no communication whatever with the sewer, all the foul matter sent down the sinks and soil-pipes simply soaking into the ground under the basement of the houses. In thirty-two per cent. the soil-pipes were found to be leaky, allowing sewer-gas, and in many cases liquid sewage, to escape into the house. In thirty-seven per cent. the overflow pipes from the cisterns were led direct into the drains or soil-pipes, allowing sewer-gas to pass up them and contaminate the water in the cisterns, and in most cases to pass freely into the house.

We have no reason to think that our Philadelphia houses are any better built than are those of London; while in truth, we believe that a painstaking examination would reveal serious sanitary defects in the greater proportion of them.

If a person about renting a house could, for a small cost, have its sanitary condition examined into, it would not only be a spur to urge builders to give more careful attention to this all-important matter, but it would give a feeling of security (much to be desired) to the tenant. We will hail the day when a man, looking at a house for the purpose of renting it, will require the owner or agent to exhibit a certificate from a competent sanitary expert, as a condition without which the public mind will consider a house untenantable.

POLITICAL INFLUENCE OF THE MEDICAL PROFESSION.

This subject, which is just now receiving considerable attention in England, is one well worthy of the consideration of our own profession.

Politically, the medical profession is notoriously weak and insignificant; and it is our own fault that we are so.

In the halls of justice the legal profession is amply represented, while it is like an oasis in the desert to see a medical man among our legislators.

There are numerous points upon which *we ought* to have legislation, but owing to our own apathy, it is denied to us.

In the minds of the public, the two occupations of the practice of medicine and the practice of politics, seem antagonistic; the doctor should devote his whole time to his profession; and, to a great extent, this idea is correct.

But in our large cities, the profession really possesses much greater power than we are wont to attribute to it; and this power is sufficient, if properly directed, to secure for us all the legislation that we require.

If suitable physicians were selected, say by our large city societies, who would be willing to devote their whole time to this work, the earnest coöperation of the profession could easily secure their election, and we would thus obtain our share of representation in the legislative halls of the nation.

Our interests would thus be properly guarded, while the interests of the public would not suffer; indeed, on the contrary, it would soon appear that "medical legislation" really means "the greatest good to the greatest number."

NOTES AND COMMENTS.

Galactocele.

This condition is rare. Dr. Charles Jewett reports a case in the *Proceedings of the Med. Soc. of the County of Kings*, September, 1883. The tumor presented itself at the upper and outer margin of the left breast. On aspirating the soft portion of the tumor with a hypodermic needle, he obtained a yellowish-white substance of pasty consistence.

This material was found on microscopic examination to consist chiefly of fat (butyroid matter). It also contained an abundance of epithelial debris, and here and there granular masses (probably caseous) and minute crystalloid particles (fatty acids, etc.). The tumor was freely incised at the most depending of the two fluctuating portions. About five ounces of butyroid material was evacuated. The indurated portion of the gland still retained its hard nodular feel. On exploring the cavity with the finger, the wall on the tegumentary side was found smooth and supple, while on the glandular side it was as hard as cartilage and presented numerous secondary cavities of various dimensions. The walls of the secondary cysts were for the most part rough, and incrusted with a material of almost calcareous hardness.

Two or three drachms of hardened cheesy matter were removed by the use of the curette. Little or no pain was occasioned by this procedure. The complete evacuation of the cyst by this means, however, was found impossible. Gritty particles could still be felt imbedded in the cyst-walls after prolonged curetting. These were left to be thrown off by suppuration. The cavity was washed out with carbolized water and packed with marine lint; was redressed daily in like manner for nearly a week. Suppuration then being active, a drainage tube was substituted for the packing. Cheesy particles appeared in the discharge, for two or three weeks. The cyst cavity gradually became smaller, was reduced to a fistula with two or three ramifications by the end of a month, and wholly closed in about five months after the evacuation of its contents. Stimulating injections of strong tincture of iodine and of a two drachm solution of nitrate of silver were several times employed during that period. After the removal of the drainage tube, the mouth of the fistula was kept open by the use of a tent. The fibrous hardness at the seat of the cyst remained unchanged at the last examination.

On Some Forms of Dilatation of the Colon, Specially in Reference to the Diagnosis of the Affection.

Dr. Henry Kennedy thus summarizes his article on this subject in the *Med. Press and Circular*, August 22, 1883:

1. That dilatation of the colon, whether caused by impacted fæces or otherwise, is of frequent occurrence.

2. That this state is always accompanied by impaired health, and may give rise to symptoms referred to the head, chest, abdomen, etc.

3. That it is a state which may be readily overlooked, as some of the cases detailed this evening clearly prove.

4. That, nevertheless, the diagnosis can be made during life.

5. That the diagnosis turns on the presence of chronic tympanitis, usually slight in character, together with fæcal discharges which never are normal, and are one or more in the twenty-four hours.

6. That diarrhœa, acute or chronic, or dysentery, are common attendants on dilated colon.

7. That this state of the colon is frequently attended by ulceration on the mucous surface, which has led in many instances to perforation of the bowel and death.

8. That the prognosis should ever be most guarded.

9. That treatment may afford marked relief, and so prolong life, but that a complete cure can scarcely be expected.

The Treatment of Hodgkin's Disease.

After detailing some cases in the *American Practitioner*, Dr. J. C. Mackenzie thus concludes:

"The treatment in these cases which I have reported seems to have been quite ineffectual. Such has been the result generally, for, though under certain plans of medication, cases have recovered, yet these same means employed by other physicians have been found utterly useless. In estimating the value of any line of treatment in this affection, it should be recollected that in some cases, even when under no treatment, there will be protracted periods when the pathological process seems to be quiescent, and there may be improvement, as indicated by diminution in the size of the glands and a better condition of nutrition of the body generally, but after a time the disease resumes its course and the patients succumb; so that before any favorable conclusion can be arrived at as to the beneficial influence of any course of management, the case should have been under observation for some length of time. We may therefore conclude that while some cases of cure have been reported under the action of phosphorus, arsenic, iodine, various mineral baths, etc., these are isolated cases, and in the vast majority of patients afflicted with this disease, the progress is steadily toward a fatal termination, uninfluenced by the various measures adopted for their relief."

The Treatment of Insomnia.

Dr. Thomas Legaré, of Charleston, read a paper on this subject before the South Carolina Medical

Association at its last meeting (Transactions) which concludes as follows:

First. Retire early to bed; two hours' sound sleep before midnight are of more benefit to the body than double the number of hours in the day.

Second. Eat little, and always some hours before going to bed; cold food only should be taken for supper.

Third. The cares and burdens of the mind must be put aside; none should be carried to bed with us. Never read or study in bed.

Fourth. Our bed-chamber should contain pure, sound air, and be roomy and high if possible, and the windows should be always kept open, except in the night time.

Fifth. When in bed, endeavor to lie horizontally, with the head slightly raised. If there is any forced or constrained posture, making the body form an angle, circulation in the stomach is checked, and a free and uninterrupted circulation of the blood is defeated.

Sixth. It is improper to have a light burning in the bed-chamber during the night; our senses should not be acted upon by external impressions.

Lastly. Endeavor to sleep not less than six, nor more than eight hours in the twenty-four; and we would endorse the well-known motto,

> "To go early to bed, and early to rise,
> Will make a man healthy, wealthy, and wise."

A Remarkable Case of Ascites.

The *Med. Record*, August 18, 1883, says that Dr. Antonio Lanini relates in *Lo Sperimentale*, vol. li., No. 1, a case of ascites occurring in a man thirty-four years of age, in which paracentesis was performed ninety-two times from April, 1878, to December, 1882. During this period over three hundred and eighty gallons of fluid were withdrawn from the abdominal cavity without any apparent loss of strength on the part of the patient. The cause of the ascites was not clear, for careful examinations made immediately after the removal of the fluid could detect nothing abnormal in the abdomen. There were no signs of obstruction to the portal circulation, and the normally secreted urine contained no albumen. The author thinks that there was an irritable condition of the peritoneum, resulting from an inflammation of this membrane, from which the patient suffered in 1878. There had never been any fever since the subsidence of the peritonitis. Diuretics, cathartics, counter-irritation, diaphoretics, strong compression of the abdomen, all were tried without success. This patient was related to another man, also under Dr. Lanini's care, on whom, in the course of twenty years, phlebotomy had been performed five hundred times, and cupping thirty times, besides the application in the intervals of two thousand leeches.

Disguised Syphilis.

Some time ago we published an editorial on this subject, in which we took the ground that syphilis might be conveyed to the most unlikely subjects in such insidious ways, that we should always be on the lookout for it whenever we have any obstinat trouble that might by any possibility be referred to it as a cause. Our advice receives additional confirmation from a case reported in the *Southern Clinic*, September, 1883, by Dr. C. A. Bryce. A sore appeared on the lip of an apparently healthy man, in whom no history of syphilis could possibly be elicited. In spite of all treatment, it increased in size, until epithelioma was diagnosed by several surgeons, and the knife was resorted to. Subsequently, coustitutional syphilis was unmistakably manifested. The patient then, for the first time, recalled the fact that a week or two before his *fever blister* troubled him, he had been on a pleasure sail with three other companions in a small boat, and they had a small flask of spirit along, out of which they all drank, one after another, and he having charge of the helm of the boat generally got the last drink; upon further inquiry, it was ascertained that the party who drank just before the patient was suffering from constitutional syphilis at the time.

Bichloride of mercury was given, and he was kept upon it until he was a well man in every particular.

Remarkable Effects of Massage on Gastric Assimilation and Nervous Debility.

After reciting some illustrative cases in the *Lancet*, June 2, 1883, Dr. J. Beresford Ryley says:

"I feel that it would be wearisome to reiterate the history of all the cases that I have treated in this way; and so will content myself by expressing an opinion, founded on them, that in all cases of functional nerve prostration, and its various morbid consequences, massage will seldom fail to effect a rapid cure, and that its influence upon the assimilative and digestive functions of the stomach is especially remarkable; its effectiveness in other forms of disease has yet to be proved, but I am inclined to think that its application will have a much wider range than has at present been assigned to it, and that it will be supplementary to other treatment in most cases where long con-

tinued rest is necessary. I am employing it at the present moment in this way with great advantage, in a case of fibroid degeneration of the uterus, with severe and long-standing menorrhagia. The marked anæmia is rapidly improving under its influence, the flesh becoming firmer, and the appetite and digestion greatly increased. It appears to do good also in another way—namely, by employing the patient's mind, and thus relieving the monotony of the recumbent position when long maintained."

How to Examine the Insane.

In the *Am. Jour. of Neurology and Psychiatry* for May, 1883, Dr. E. C. Spitzka concludes an article on this subject with the following wise advice:

"In his demeanor toward all patients, the examiner should be gentle, yet firm. He will find the *skill* of a cross-examining lawyer or of a detective very useful, particularly in his inquiries of members of the family in whose statements the truth is sometimes difficult to winnow from the fancies of the laity; but his *behavior* should never approach that of the members of either of these professions. There is a popular delusion that the human eye has an influence over the insane similar to that claimed for the same organ over wild animals; a delusion that the writer has known the insane themselves to ridicule, and which he who attempts to utilize will learn to recognize the absurdity of at the first attempt. An overbearing, haughty demeanor, a patronizing, condescending air, and fidgetiness, are all equally to be deprecated, because they will all equally tend to defeat the purposes of an inquiry. He who has the characteristics necessary to constitute a member of a learned profession will require no stage effects to aid in the accomplishment of a serious inquiry; he needs but to act perfectly naturally, that is, with earnestness and scientific purpose."

Animal and Human Vaccine.

The *Med. Press*, August 8, 1883, says that the Académie de Médecine in 1870 instituted an inquiry as to the relative value of vaccine taken direct from the cow and that taken from the child, or animal and human vaccine, the result of which was the unanimous opinion that animal vaccine was decidedly inferior when kept for some time, as its power of transmission was considerably weakened. M. Blot has addressed a report to the Government on the subject, in which he cites a case which leaves the question without any doubt. It appears the Académie sent out to a doctor practising in the Ile de la Réunion a certain number of tubes of animal and human vaccine. Inoculations were made with both kinds on persons never previously vaccinated. *All* the vaccinations practiced with the animal vaccine failed without exception, whereas all the other were successful. Consequently, if, according to M. Pasteur, the active principle of the vaccine is to be attributed to little organisms, it must be inferred that the contents of these vesicles is a liquid unfavorable to the culture of the microbes.

The Treatment of Peliosis Rheumatica.

Dr. McCall Anderson thus concludes a lecture on this subject in the *Brit. Med. Jour.*, June 9, 1883:

In our treatment of it, therefore, we must pay great attention to the general health, and especially to the state of the digestive organs, rectifying, by means of careful dieting and medicine, any derangement which may be present. When this has been done, and the affection persists, we may try a course of turpentine, in doses of ten to thirty minims on sugar three times a day, or of liquid extract of ergot (in doses of half a drachm every four hours), on the principles of contracting the small blood-vessels of the skin. In very chronic cases, arsenic may be administered, either internally or by subcutaneous injection. From this, it will be seen that we do not agree with Hebra, who wrote: "We have no means either of shortening its course, or of preventing the possibility of its ending in death. * * * And, since the pains experienced demand some treatment, even before a diagnosis can be made, there is no doubt that, in every case, something will be prescribed by the physician, and as little that the subsidence of the pains which follow will be regarded as the effect of the prescription."

Cancer of the Male Breast.

Mr. W. Roger Williams reports a case in the *Med. Press*, July 11, 1883, that occurred in the Middlesex Hospital, London. The patient was sixty-four years of age; there was no family history of cancer, tumor or phthisis, and it was not of traumatic origin. After operation, erysipelas set in, and the man died on the nineteenth day with pulmonary complications and an asthenic type of fever.

Cancer of the male breast is a very rare affection. Walshe found (*vide* "Nature and Treatment of Cancer," 1846, p. 467) that the Paris registers for ten years supplied 1,147 deaths from cancer of the breast among the female population, and only five among males—the liability of the

former being, therefore, about 230 times that of the latter. Sir James Paget, however, in his "Lectures on Surgical Pathology" (vol. ii., p. 324), gives two per cent. as about the proportion of cases of scirrhus of the breast that are males. I think this latter estimate greatly exaggerates their frequency. Out of 297 cases of cancer of the breast admitted into the Middlesex Hospital during the last eight years, there has not been another example of this kind.

Typhoid Fever and Pregnancy.

Dr. Martinet thus concludes a paper in *L'Union Med.*, Nos. 52 and 53, 1883:

1. Typhoid fever is rare in pregnant women.

2. It determines abortion in about one-half of the cases; the more surely, the less advanced is the pregnancy.

3. The lightest forms may produce abortion.

4. This complication arises usually in the course of the third week, and sometimes at the beginning of convalescence; it causes no recrudescence nor return of fever.

5. Puerperal accidents are the exception.

6. The immediate causes of abortion are unknown; elevated temperature, active or passive, uterine congestion, and changes in the blood, although seemingly the most probable, cannot be regarded as the causes in all cases.

7. The treatment for the fever and the miscarriage is the same as for each condition alone.

A Novel Laryngoscope.

Dr. Thomas Dimock, of New York city, recommends the following procedure in the *Therapeutic Gazette* for July, 1883:

Bring the patient near a good light of any kind, and after the mouth has been opened, place on the tongue a depressor, then request the patient to yawn. The larynx will immediately rise up, and every part necessary to be seen will be brought fully into view. The nose should be held, as this compels breathing through the mouth. Thus the velum pedulum palati is raised, the anterior and posterior pillars become widened, exposing the back of the tonsils and pharynx. The tongue must be pressed downwards very gently, as it always resists harsh treatment.

Treatment of Diabetes.

In the *Detroit Lancet*, September, 1883, Dr. O. C. Knight says:

"For the past eight years I have been experimenting in the cure of diabetes. 'Citrate of soda,' in daily doses of half a drachm to one drachm, is an excellent remedy in this disease. It has been shown by analysis, that sugar disappears from the urine when this salt is used with the food instead of common salt. I have also found out that the alkaline salts of organic acids, when given in doses too small to produce purgative effect, are absorbed, and their acids being burnt up and destroyed in the respiratory process, are eliminated by the urine as carbonates. Hence 'citrate of soda' may, without interfering with the gastric acid in the same way as alkaline carbonates, place the system under the influence of an alkaline carbonate, which is indispensable to the interstitial combustion of the glucose of the food."

Tetanus Following Miscarriage.

Dr. John Neff reported this case to the Baltimore Medical Association (*Maryland Med. Jour.*, September 8, 1883):

The patient, who was an Irish woman, aged thirty-eight to forty years, and a hard drinker, was three months advanced in her pregnancy. She got along well after the miscarriage, and came down stairs on the second day. On the ninth day she went out in the yard, the weather being rather cold. On the tenth day she complained of stiffness of the jaws, followed by a similar condition of the cervical and spinal muscles and tetanic convulsions. Death took place on the thirteenth day after miscarriage. The treatment embraced cannabis indica, bromide of potash and chloral, and hypodermic injections of morphia; the last seemed to give more relief than anything else. Her mind was clear up to just before the end. There was no apparent cause for the tetanus, no retained placenta or membranes.

The Application of the Galvanic Current to the Dura Mater.

A large hole in the right parietal bone afforded to Dr. Sciamanna, of Rome, (*London Med. Record*, July 15, 1883,) the opportunity of applying the galvanic current to the dura mater. Two zones were distinguished: one not giving any response to stimulation; the other, when stimulated, giving rise to motor phenomena. After death, it was found that the convolutions experimented upon were the ascending parietal, the ascending frontal, and the superior temporo-sphenoidal. The results corresponded pretty closely with those obtained by Ferrier in monkeys.

The Prevention of Cholera Infantum.

Before the late meeting of the Medical Society of the State of Virginia, Dr. S. K. Jackson, of

Norfolk, said that he had never had a case of this disease in his practice, since he had commenced the use of the following preparation. He gives to any child that is liable to contract the disease: sulphite of soda, hyposulphite of soda, bicarbonate of soda, each 32 grains, aromatic syrup of rhubarb 2 ounces. One teaspoonful or less, according to age, every two hours each morning, until two or three doses are taken.

Alcohol in Pneumonitis.

Dr. G. G. Buford contributes an article on this subject to the *New Orleans Med. and Surg. Jour.*, September, 1883, which thus forcibly concludes:

"Give your patient plenty of alcoholic stimulants, varied as occasion demands. Give it with the food. Give it with the liquids imbibed. Give it at regular intervals, and in doses to suit the age of the patient. Give that form that you can know contains a constant quantity of alcohol, and the most nourishment. Then, with proper hygienic surroundings, you come nearest following out the indications of nature, and gain the best possible results."

Prevention of Pitting in Small-pox.

We take the following from the *Polyclinic*, August 15, 1883:

Schwimmer recommends the local application of carbolic acid and thymol. He prescribes as follows:

℞.	Acid carbol.,	ʒ j.
	Ol. oliv.,	ʒ viij.
	Cretæ. prep.,	℥ iss. M.
Or,		
℞.	Thymol,	ʒ j.
	Ol. lini.,	ʒ viij.
	Cret. prep.,	℥ iss. M.

Neuralgia of the Anus.

Dr. A. S. Myrtle (*Brit. Med. Jour.*, June 2, 1883,) describes this condition as follows: The patient will go to bed well, and awake at any hour with a gnawing, grinding pain in the sphincter, which, gradually increasing in intensity, becomes very severe, and then gradually passes off without treatment. It can be at once relieved by the application of warmth.

The Feeding of Infants.

Dr. V. Poulain believes that the reason that cow's milk so often disagrees with children is to be found in the fact that cane-sugar is used to sweeten it. In the *Brit. Med. Jour.*, June 30, 1883, he says that for thirty-three years he has used the sugar of milk with the best results.

Salt-water Excursions for Asthma.

As a result of personal experience, Professor Münter (*St. Petersburger Med. Woch.*, June 9, 1883) recommends excursions of three or four hours daily upon salt water, as of the greatest value. Those of us near the sea-coast can easily give this simple and pleasant remedy a trial.

Primary Pneumonia a Complication of Septicæmia.

Dr. H. McNaughton reports a case in the *Canada Lancet* for June, 1883. The patient recovered. The treatment consisted in the application of warm poultices to the chest and affected parts, and the free use of quinine, muriated tincture of iron, and chlorate of potash.

Syphilis and Aneurism.

Apropos of the vexed question whether or not syphilis predisposes to aneurism, Dr. Charles H. Knight discusses the subject in the *Archives of Medicine* for June, 1883, and concludes in the affirmative.

Ergot in Delirium Tremens.

A Russian physician has accidentally noted these good effects. He gives ergotin in doses of one to one and a half grains, and attributes the benefit to the action of the drug on the cerebral vessels.

Correspondence.

A Just Criticism.

Eds. Med. and Surg. Reporter:—

It has often been to me a matter for surprise why physicians as a class should seem so indifferent to imparting the information gained by experience and observation. We find men in the city and country of twenty and thirty years' practice, who have contributed nothing to our journals for the benefit of the profession. I am sure this is from no selfish motive, for there is no class of men who make greater sacrifices in every way, nor who are more willing to do for the good of their fellow-men. It cannot be for want of proper intelligence to make known what they have learned, for you will find this rule to hold good against some of our most intelligent members. Look at our journals, and do you find them filled with articles from members of the profession whose experience and intelligence give weight and influence? Is not this rather an exception than a rule? What the busy practitioner wants is something practical, that he can take to the bedside of his patient with the assurance from experience of himself or some member of the profession of giving relief. Every physician, when he finds from experience something good, that may prove beneficial to his fellow-men, should ask himself the question, whether he has

the right as a philanthropist, as a representative of the high and noble calling entrusted to him, to withhold this remedy and let it go down to the grave with him to be forever forgotten.

I once asked an old and intelligent physician if he was a subscriber to a certain medical journal. He said no; the medical journals were so filled by theoretical and speculative articles written by men mostly of little experience, that he had lost nearly all interest in them.

Meet one of our old country doctors in consultation, or enter into conversation with him, and you will rarely leave him without learning something useful which he has gained by experience. The junior members of the profession are too much inclined to ignore these practical experiences of their seniors when they first start out, but they often find from sad experience at the bedside that theory is not as comforting as demonstrated facts.

If our journals wish to make themselves useful as well as interesting and popular, it is this class of information they should seek—the hidden treasures of the older members of the profession, before it is buried beneath the sod never to be resurrected. What proportion of the profession when they get their journals take sufficient interest in these long theoretical articles to read them? They may do for professors and men of means, and leisure, who have time to devote to such things, but the man of everyday life, whose duty calls him day and night to administer to the alleviations of the suffering, wants something tangible that he can carry into the sick-room.

By way of illustration of what has been written, I will give a little incident that occurred to me a few nights since. I was called very hurriedly to visit a bride who had been married but a few days. When I entered her chamber her husband met me in great distress, and said his wife was dying. I approached the bedside, and found her lying on her back with her eyes closed and apparently not breathing. I examined the pulse and found it about normal, temperature good, color of lips natural. I took hold of her nose and compressed it so she could not breathe through it. After holding it awhile, she threw her hands up, drew a long breath, opened her eyes, and looked at me. I told her husband all was right, and walked out, and she had no further trouble. I saw it was a case of hysteria, and have frequently used the same means in other cases with like results, giving sometimes afterwards bromide and valerian, etc.

B. P. Reese, M. D.

Staunton, Va.

Two Cases of Caruncle of the Female Urethra.

Eds. Med. and Surg. Reporter:—

Case 1. Mrs. G. S., a lady of about 30, consulted me on July 6 concerning a pain which she had been having for five years. The symptoms in her case were a constant suffering increased upon the slightest bodily exertion and during micturition; sexual intercourse was also almost intolerable. Upon examination, I found a pale growth at the orifice of the urethra. Removal was at once decided upon. After thoroughly etherizing the patient, I attempted to remove it by cutting, but found the mass so friable that the forceps would not hold. I therefore scraped it away, and applied nitric acid thoroughly: and now, after two months, there is not the slightest trace of the trouble or any of the symptoms left, and the general health has greatly improved.

Case 2. Mrs. M. S., aged 48, came to my office, suffering, as she supposed, from womb disease. An examination with a speculum, however, showed a healthy womb with the exception of a slight irritability, and as I could not find any disease in that region, I asked her to call again at a time when she was suffering pain. She called again on August 20, when upon attempting a digital examination, I found the disorder. The tumor, which extended within the meatus, was of a florid color the size of a large pea, and so sensitive that the slightest touch caused excruciating pain. The symptoms in the case were as follows: there were bearing down pains at times so great that there was prolapsus of the womb, voiding urine was always attended with suffering, exercise increased the pain, to such an extent that she would keep her bed for days at a time; there was also hyperæsthesia of the abdominal walls, and in the last paroxysm there was a discharge of blood, probably half an ounce. After etherization I removed the growth with forceps and scissors, after which I cauterized with nitric acid. There has been no return of any of the symptoms since the operation, and the uterine suporter, which was constantly worn has been laid away as a remedy of the past.

N. C. Miller, M. D.

Stroudsburg, Pa.

Moral Responsibility in the Case of Monstrosities.

Eds. Med. and Surg. Reporter:—

A correspondent at Ossian, Ia., asks in the Reporter of September 15, information regarding the moral and legal responsibility of the accoucheur in cases of monstrosities, and makes the statement that an old practitioner informed him that his practice in such cases was to destroy life at once.

It is difficult to conceive how it can be questioned that however much they may vary from the human form, monstrosities are human beings after all—human in conception and intra-uterine existence certainly, and why not afterward? And if so, why are they not entitled to the protection of law, both human and divine?

If the author of life has permitted those physical laws, which govern the formation of the body, to be suspended in a particular number of cases, what individual has the right to call in question the wisdom that has so ordered it, and attempt to thwart whatever design may have prompted it?

If the converse were accepted by the profession as the legitimate course to pursue, and "the old practitioner's" custom endorsed, who would decide what constituted the degree of monstrosity sufficient to warrant its destruction? What amount of cerebrum must be wanting? How much deformity of body must exist? Such very important questions must necessarily be left largely to the discretion of the medical attendant to determine at the time.

If the amount of intellection and future usefulness of a deformed infant can thus be decided under the excitement and in the confusion of the sick room, and no crimes be committed, certainly

deliberative medical Boards might be constituted to examine idiots and old, worn-out useless people, who would never be anything but a charge to their friends or a burden to society, and consign them to the same fate that awaits the old practitioner's monstrosities in Ossian.

Such a course, it is conceded, would be a material benefit to the world, and relieve friends of much care and annoyance, but its mere statement is so revolting that no argument is required to show its immorality, but the same argument that would justify the one procedure warrants the other.

Better that the physician be guided in this, as in all other ethical matters, by a high sense of moral obligation, and in spite of the solicitations and advice of interested parties, conserve the life he may take but cannot give, and leave results in other hands.

Surely no moral turpitude can attach to such a course, and the assurance that the life of most monsters that would be shocking to the senses, such, for instance, as the acephalous ones, are limited to a few hours or days at most, will usually quiet the apprehensions of the patient and her friends, and relieve the medical man from, at times, an embarrassing situation.

A SUBSCRIBER.

Meadville, Pa.

NEWS AND MISCELLANY.

The Origin of the Croonian Lectures.

From the *Boston M. and S. Jour.*, we note the following:

The Croonian lecture was founded by Lady Sadlier, in fulfillment of a plan of her former husband, Dr. Croone, one of the founders and the first registrar of the Royal Society. By her will, made in 1701, she devised "one fifth of the clear rent of the King's Head Tavern, in or near Old Fish street, London, at the corner of Lambeth Hill, to be vested in the Royal Society for the support of a lecture and illustrative experiment on local motion." For many years past there has been no formal delivery of the lecture. The council of the Royal Society select from the papers presented to them during the preceding twelve months that one dealing with animal motion which they think most noteworthy, and publish it as the Croonian lecture, sending to the author the sum derived from Lady Sadlier's bequest. The amount of money is trivial, but the appointment as Croonian lecturer is a highly-prized distinction. The paper by Professor Martin, which is to be printed as the Croonian lecture for 1883, is on the Effect of changes of Temperature on the Beat of the Heart. It is interesting to note that the first Croonian lecture, delivered by Dr. Stuart, in 1738, was on the Motion of the Heart.

Condensed Milk as Food.

The committee appointed by the French Society of Hygiene arrive at the following conclusions:

1. Condensed milk containing sugar, diluted with twice or four times its weight of water, may be considered as an article of food, and in some cases would prove useful.

2. Artificial milk thus prepared is incontestably inferior to good cow's milk. It is a healthy article of food, but only slightly nutritive.

3. The directions given in the prospectus are calculated to mislead the public. Condensed milk, diluted with from six to ten times its weight of water, cannot be classed as an article of food.

4. Newly-born infants, which have been suckled for three or four months, may be weaned and fed with good cow's, goat's, or ass's milk, not mixed with water, and given in sufficient quantity. Condensed milk containing sugar, diluted with from two to three times its weight of water, may form part of the daily nourishment of such children; but it would be certainly imprudent to use it alone.

To Preserve Eggs.

The *Drug. Cir. and Chem. Gaz.*, May, 1883, says that R. W. W. (Three Rivers, Canada,) gives the following information: For preserving eggs, take of:

Freshly slaked lime,	1 pint.
Salt,	½ "
Soft water,	3 gallons.

Dissolve the salt in the water, and add the lime. When placing the eggs in this fluid, be sure that the lime is in suspension, so that it may be deposited around the shell. Another good precaution is to place some extra lime on a board, and lay it on top of the eggs, so as to keep the upper portion of the fluid well saturated with lime. *Fresh* eggs will remain perfectly good for twelve months and more in the mixture, if kept in a cool place. I may say that a "poor" egg will not sink in the liquid, and if any should get injured, owing to heat, it will rise to the surface.

Something New in Syphilography.

The following curious tale comes from the wilds of Australia, and is reported in the correspondence of a recent issue of the *Gazette Hebdomadaire:*

An individual named Sutton had long lived with a native tribe called the Swarka; he was considered and treated as one of themselves, and had become, as it were, a member of the tribe. For some reason or other he left them, established himself on an island, and when the tribe sent a deputation to invite him back, he was so unfriendly as to fire upon them, whereupon they captured him, and, following their customs, devoured the body. But, unfortunately for the poor savages, Sutton was syphilitic, and several of the warriors died poisoned.

The Sewerage of Denver.

In the *Denver Medical Times*, August, 1883, Dr. Philip F. Weigel says:

"Here in Denver, where our soil is of a highly porous nature, and where the rapid absorption of sewage and waste-water has been going on for a number of years, our wells in many places are but cesspools, from which our people drink the cup of death. It is high time to awaken to a knowledge of our danger. The imperfect sewers of Denver are inadequate for quickly removing

the excreta; decay will set in and bring about diastrous results, that can yet be averted by an early adoption of the tank system."

A Good Opening for Doctors.

According to a correspondent of the *Medical Times*, there is in Japan only one licensed physician to about every 22,000 of population.

Errata.

On page 333 of issue of September 22, the words "freedom *of* contact," in the upper paragraph, should read "freedom *from* contact."

Items.

—It is proposed to establish in Montreal a Journal of Hygiene, to be the organ of the Canadian Sanitary Association.

—In the *Med. Press and Circular*, September 5, 1883, Dr. Walter May reports a case of hydrophobia occurring 450 days after the bite. It terminated fatally.

—*Gaillard's Medical Journal* has returned to its old monthly form. The change was made at the request of many subscribers. It is now the only monthly medical journal published in New York.

—Lord Sandwich once asked Foote whether he expected "to die from disease or the gallows?" "That depends," said Foote, "on whether I first embrace your lordship's mistress or your principles."

—A few crystals of chloral hydrate rubbed on utensils which have the odor of valerianate of ammonia is said by a correspondent of *New Remedies* to be very effectual in removing the odor.

—A Western paper says: "Sam Weldon was shot last night in the rotunda by Henry Parsons." About the worst place a man can be shot, next to his heart, is in the rotunda. It invariably proves fatal.—*Norristown Herald.*

—*New Remedies* says: From twenty to twenty-five per cent. of tartaric acid added to quinine, cinchonine, or cinchonidine salts, and the mixture moistened with water, will form a mass which will give small and easily soluble pills.

—Most of the modern hospitals in India are lined with the smooth and "washable" substance known as chunam (mortar made with lime produced from a small shell, and varnished). The nearest approach to it with us is the glazed tile, that ought to be in more general use.

—"Well," remarked a young M. D., "I suppose the next thing will be to hunt out a good situation, and then wait for something to do, like Patience on a monument." "Yes," said a bystander, "and it wont be long after you do begin before the monument will be on the patients."

—A second-year medical student who devoted himself to the dissection of a defunct dude, was struck with the number of homologues which he discovered. It was now suggested that the dude is the long-sought-for missing link, the absence of which has always been the weak spot in the Darwinian theory.

—The *Medical Herald*, September, 1883, says: If people drank less tea and ate less confections and pastry, taking instead raw onions, fresh meats, and plain vegetables, the neuroses would be lessened both in frequency of occurrence and severity of type. The so-called strumous diathesis would become more rare, and there can be little doubt a general increase in physical and mental development would be observed among our people.

OBITUARY NOTICES.

L. F. PELTON, M. D.

Louis F. Pelton, M. D., died at his residence in Mount Kisco, N. Y., September 17, 1883. He had been a practicing physician for twenty-five years. He was a member of the Westchester County Medical Society. He was also one of the charter members and the first Master of Kisco Lodge, No. 708, F. and A. M., of Mount Kisco. At the breaking out of the rebellion Dr. Pelton was appointed an examining surgeon under Capt. Pierson, the Provost Marshal. He held several political offices, among them those of Supervisor of the town of Bedford, and Coroner of the county. He leaves a widow and two sons.

SYLVESTER F. MIXER, M. D.

Dr. Sylvester F. Mixer, a well-known physician of Buffalo, died September 17, 1883, at his home in that city. Dr. Mixer was born in Morrisville, Madison county, N. Y., December 27, 1815. He graduated from the Medical Department of Yale College when twenty-six years old, and immediately began the practice of his profession in Buffalo. Six years later, he took the degree of M. D. from the College of Physicians and Surgeons, in New York city. He was a prominent member of the Buffalo and Erie County Medical Societies and the American Medical Association, and was President of the Buffalo body in 1852. From 1858 to 1874, Dr. Mixer was Attending Physician to the Buffalo City Hospital. He then became Consulting Physician to the same institution. Dr. Mixer was married in 1853 to a daughter of Dr. Perrin Knowlton, of Cincinnati.

MARRIAGES.

BLEYER—FLOERSHEIM.—At the residence of the bride's parents, in New York, on Tuesday, September 18, 1883, by the Rev. Dr. Huebsch, Dr. J. M. Bleyer and Rosalie, only daughter of I. Floersheim.

BURCH—SLOANECKER.—In Jersey Shore, Pa., September 13, 1883, by the Rev. Joseph Stevens, T. Hamilton Burch, M. D., of New York city, and Martha A. Sloanecker, of Jersey Shore.

McCLANAHAN—HOLLOWAY.—Near Alexis, Warren county, Illinois, September 6, 1883, by the Rev. J. T. Whittemore, Dr. Harry M. McClanahan, of Woodhull, and Miss Nellie E., daughter of Robert Holloway, Esq.

THOMPSON—LAWRENCE.—In New York, on Tuesday, September 18, 1883, by the Rev. Dr. Tuttle Smith, Dr. Bevernont Thompson and Mrs. Julia De Wint Lawrence, daughter of the late J. De Wint Hook.

DEATHS.

PELTON.—At Mount Kisco, N. Y., Monday, September 17, 1883, L. F. Pelton, M. D., aged fifty-five years.

WADDELL.—In Staunton, Va., July 23, 1883, Dr. J. Alexander Waddell, in the sixty-sixth year of his age.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE VALUE OF EXTERNAL EXAMINATION AND MANIPULATION AS A MEANS OF DIAGNOSIS IN OBSTETRICS.

BY E. E. MONTGOMERY, M. D.,

Obstetrician to the Philadelphia Hospital.

[Read before the Northern Medical Society of Philadelphia.]

Every method of procedure that increases our knowledge of obstetrics, and enables us to determine with greater exactness the approximate period of pregnancy and position of the fœtus prior to the inception of labor, is worthy of our most serious consideration. External manipulation is a procedure of late date; while practiced to a limited degree in Germany during the greater part of the present century, the first systematic treatise upon the subject was by Mattei, a Corsican physican, in 1855.

It is now a well-known practice throughout Germany, taught in all the schools and hospitals, but in this country is followed only by those acquainted with German teaching.

The importance of the subject can be appreciated when it is recognized that by its practice we can determine, during the last month of gestation, the existence of conditions which are likely to interfere with the normal progress of labor, and are thus enabled to prepare ourselves and the patient for the exigencies of the case. Schrœder says: "For the less practiced observer, unless the conditions be exceedingly unfavorable, the determination of the fœtal presentation by external examination allows of much less room for error than if undertaken by internal examination alone; and the former should never be omitted, because it gives us an excellent control of the results obtained by indication."

Mundé says: "By using all available means of making a correct diagnosis, and detecting whatever may be injurious, we are not only doing our duty as physicians to our patients, whom it is our first and chief object to assist and benefit, even if necessary at the cost of slight personal inconvenience on either side; but we are also conforming to the present requirements of our profession, in examining every case before us in the most thorough and scientific manner possible."

The subject may be divided into four subdivisions, each of which supplements and controls the others, and all of which give certainty to the diagnosis. These are inspection, palpation, percussion, and auscultation.

The examination should be made during the last month of gestation, so that malpositions and any abnormalities may be detected and corrected prior to the inception of labor, or suitable preparations made to meet the probable difficulty.

The first duty of the physician upon being called to any case should be to practice external manipulation, even before proceeding to vaginal exploration.

The woman should be placed upon her back with the head and shoulders slightly elevated, and the thighs flexed upon the body to relax the abdominal muscles. If she should voluntarily contract the muscles during palpation, she should be directed to breathe with the mouth open, when the muscles would be found to be completely relaxed. All corsets and constricting bands should be loosened, and the abdomen completely exposed.

A sheet should be thrown over the lower extremities and drawn over the pubes. The rectum and bladder should be empty preparatory to the procedure.

Inspection.—By an ocular view of the abdomen a variety of diagnostic signs are obtained, such as the size and shape of the abdomen, the appearance of the skin, particularly of the linea alba, the presence or absence of cutaneous striæ, the form of the umbilicus, and frequently the movements of the fœtus itself.

By the size and shape of the abdomen, the practiced observer is able to determine the approximate period of pregnancy and the position of the fœtus. As a rule, in longitudinal positions, the abdomen presents a long narrow oval appearance, while in transverse it is broad, more distended at the base, and less so above the umbilicus. The latter condition might also lead to the diagnosis of twins, especially if there be a distinct furrow, and both sides be equally distended. This furrow may, however, be simulated by a distended bladder, or arise from a peculiar formation of the fundus uteri (uterus æcuatus) and is consequently of little value in diagnosis of the fœtal position in plurality.

As the size and shape of the abdomen can be as well determined by palpation, and as it is subject to so many variations, no conclusive deductions should be derived therefrom.

The skin of the abdomen, though sometimes perfectly white and smooth, generally presents numerous red or white shiny lines or striæ, arising from its distension during pregnancy and the consequent rupture of the rete malpighii. The red striæ being of recent origin, indicate a first pregnancy; the white, having undergone cicatrization, denote a previous pregnancy. But as these striæ also arise from other distensions of the abdomen, as tumors, ascites, and even obesity, they have but a secondary importance in the diagnosis of pregnancy.

The linea alba commonly assumes a dark color in the first pregnancy, especially in brunettes, and retains this pigmentation during life, so that it is a diagnostic sign only with the first child.

The umbilicus becomes flatter and less depressed during the last five months of pregnancy, and after this period frequently even protrudes. As the same condition arises from any distension of the abdomen, it has no especial diagnostic significance.

When the abdominal walls are thin, the movements of the fœtus can often be seen, and the position of the fœtal body determined.

It must be borne in mind, however, that such twitchings can be simulated by the voluntary contractions of the abdominal muscles, and the peristaltic motions of the intestines.

Palpation.—By gently and firmly pressing the palmar surfaces of the fingers of both hands into the abdominal parietes, and moving them about with the least possible irritation, we are enabled in the majority of cases to detect with absolute certainty the shape and consistence of the uterus, the approximate period of pregnancy as shown by the size, the amount of the liquor amnii, the position, approximate size, life, and greater or less mobility of the child, its different members, the presence of more than one fœtus, the fullness of the urinary bladder, and finally any abnormal condition, as tumors, malpositions of the uterus, diastasis of the recti muscles, ascites, etc.

The physician should stand upon the right of the patient, and after warming his hands, place them upon the bare abdomen and moving them about by a pawing motion, determine the shape, consistence, and inequalities of the uterus.

The facility with which this is done is greatly modified by the thickness of the abdominal walls, which may be determined by pinching up a fold between the thumb and finger.

The second step is to determine the period of gestation. By passing the hands upward over the abdomen until the fundus is reached, and pressing the ulnar border of the hand in deeply in this point, the number of finger-breadths above or below the umbilicus, or below the sternum, can be ascertained, and consequently the approximate period of pregnancy.

Third. The hands moved along side by side, seek the palpable parts of the fœtus, the head or breech, the extremities and back, and by slightly displacing them determine their character.

Fourth. The presenting part is determined by grasping the supra-pubic region with the whole hand—the thumb on one side and four fingers on the other; or by standing with the back toward the patient's head and placing a hand with the fingers downward over each inguinal region, attempt to make them meet in the middle line, when the presenting part will be grasped between them, and its character, whether head or breech, readily determined.

Fifth. The mobility of the fœtal parts is ascertained by pressing the hand suddenly into the abdomen against the subjacent parts, which if extremities will be withdrawn, if head or breech, will recede and again rebound, producing ballottement.

Period of Pregnancy.—The size and shape of the abdomen are liable to vary at the same period of pregnancy in different persons, according to the size of the fœtus and quantity of liquor amnii.

If we divide the average period of gestation, 280 days, dating from the commencement of the last menstruation, into ten lunar months of twenty-eight days each, we will find the following conditions existing in each:

First and second months. Uterus still in the pelvis and not palpable.

Third and fourth months. During the third month the fundus rises above the pelvis, especially if it be contracted, and in emaciated persons is palpable. Generally it is not palpable until the close of the fourth month, when it is felt midway between the symphysis and umbilicus (four finger-breadths above the symphysis), as a round elastic body with an even surface. Ballottement is occasionally felt.

Fifth month. Fundus one finger-breadth below the umbilicus, generally slightly to the right of the median line; in lean persons the voluntary motions and several parts of the fœtus are frequently recognized.

Sixth. Fundus about one finger-breadth above the umbilicus, the fœtal parts more distinct, especially in multiparal presentation, distinguished without difficulty. The uterus becomes more irregular in proportion to the size and strength of the fœtus.

The fœtal heart-sounds frequently heard during the fifth month are now distinctly perceptible to the practiced ear.

Seventh month. Fundus three fingers' breadth above the umbilicus, inclining still more to the right. The circumference of the abdomen at the umbilicus is thirty-six inches; midway between the umbilicus and symphysis thirty-seven inches; from ensiform to symphysis measures sixteen and one-half inches. The umbilicus is flat, and the fœtal parts become more distinct.

Eighth month. Fundus midway between the umbilicus and ensiform process. The umbilical fossa is entirely obliterated. In primigravidæ, the head is found in the middle line; in multigravidæ, slightly to one or the other side. The fœtal parts are more palpable, and the fœtus has lost its extreme mobility.

Ninth month. Fundus has reached its highest point immediately below the ensiform process; the umbilicus protrudes. The fœtus fills up the uterus, rendering its walls less impressible. The part of the uterus and abdomen in which the breech lies protrudes, destroying the spherical shape.

Tenth month. During the first half the fundus, not being able to rise higher, expands laterally under the false ribs, so that the fundus is indistinctly palpable.

During the last two weeks the fundus, with the presenting part, sinks quite suddenly into the grasp of the pelvis, and becomes more or less firmly fixed there. Consequently, the fundus becomes palpable about where it was at the end of eighth month. The uterus falls forward in its descent, and the change in shape of the abdomen is quite perceptible.

It must be evident that this method of measuring the height of the uterus above or below the umbilicus must be faulty, as the distance between the umbilicus and symphysis varies in different persons; but it is the most convenient, ready and ordinarily sufficiently definite procedure.

These approximations must be influenced by transverse or oblique positions, or where twins exist; also by tumors, fullness of the urinary bladder, contractions of the pelvis, etc.

The diagnosis of the presence of the fœtus, and its position, is seldom possible before the end of the fifth month.

Before the seventh month, the quantity of the liq. amnii is so out of proportion to the size of the fœtus that it floats free in the cavity, neither marring the symmetry of the walls nor remaining long enough in contact with them to allow of distinct palpation.

Subsequently, the different parts become more recognizable; the head is felt as a round, exceedingly movable body, apparently floating free by reason of its flexible connection with the neck, the breech is a larger, softer, more irregular, less movable tumor; the back, being a continuation of the breech, is easily determined by the uninterrupted resistance; the feet and legs are small, irregular, very movable, sharply projecting bodies, easily moved about, and frequently retaliate by striking a sharp blow; the arms are not usually palpable, being folded upon the chest. From the situation of these various parts, it is easy to determine the momentary position. Changes of position are very frequent, taking place often during labor, and are three times more frequent in contracted than in normal pelves.

The presence of a large round body in the upper portion of the uterus indicates a longitudinal position, and if the small parts are also felt near the fundus, the probability is strong of a head presentation.

The detection of a hard, round body above the pubes confirms the diagnosis, which would be

changed to breech should we find the hard body above the umbilicus.

In face presentation, instead of feeling on both sides of the symphyses pubes the hard, round, more or less movable body, the head, we find a firm, smooth, convex surface, corresponding to the forehead and vertex, and a depression above caused by the back of the neck.

On the other side is an indistinct resistance caused by the soft chin and thorax; the feet are felt and the heart-sounds heard, the side corresponding to the chin. By these signs we determine not only the face presentation previous to labor, but also the side toward which the forehead is directed—information of value in turning. Having found the two extremities of the fœtal ovoid, it is usually not difficult to trace out their connecting link, the back, by its greater resistance. In longitudinal positions it is usually divided to the right or left side, most frequently at term to the left. The feet and legs are usually found on the opposite side of the median line from the back.

In transverse positions the fundus and lower segment of the uterus are empty, the long axis of the fœtus corresponds to the transverse diameter. A large body can be felt on either side, and a long hard substance between them; when it is not distinguished the back of the fœtus is turned toward that of the mother. The only absolute sign of pregnancy is the detection of two absolutely identical parts.

Percussion is the least valuable of the four divisions. It is of value in determining an increase of size of the uterus in the fourth month or when the abdomen resists the necessary manipulation for palpation.

Auscultation.—After palpation, auscultation gives us the most reliable information, for by it we are enabled to distinguish,

1. The pulsations of the fœtal heart.
2. The umbilical murmur; and
3. The uterine or placental murmur or soufle.

Other sounds heard are the pulsation of the abdominal aorta, gurgling noises of fluids and air in the intestines, occasionally a splashing noise due to rapid movements of the fœtus in the liquor amnii. Of the three chief sounds, the first and third are heard in nearly every pregnancy; the second rarely, and then only under pathological conditions. The pulsations of the fœtal heart, when distinctly heard, not only determine the existence of pregnancy, but leave no doubt of the presence of a living and usually healthy fœtus. Observers have claimed to have heard it as early as the fourteenth week, but all authorities agree that it is seldom heard before the eighteenth to the twentieth, and Scanzoni says rarely before the twenty-fourth week.

The auscultation may either be direct or mediate.

There are many objections to the direct, as uncleanliness or contagious disease of the woman, the impracticability of applying the ear during the earlier months, when the fundus has arisen but a short distance above the symphysis, the necessity of pressing the ear in so deeply if the woman is fat, or there is an excess of liquor amnii, or the uterus is separated from the abdominal walls by intestinal convolutions; the natural distaste of the lady for the close proximity of the examiner's head, and the various bruits of the observer's hair, whiskers, clothing, etc., interfering with the clearness of hearing.

These objections are all avoided by the use of the stethoscope. It is undoubtedly much easier to find and localize the sounds to one region by the direct method, while the stethoscope aids in counting. If we apply the ear to the abdomen of a pregnant woman directly or mediately, after the fifth month, we can usually hear the rapid dicrotic beat of the fœtal heart similar in rhythm to that of the mother, but much fainter and nearly twice as fast, and therefore need not, with proper care, be mistaken for the pulsation of her abdominal aorta. The fœtal pulsation when once heard is always recognized, and has been compared to the ticking of a watch heard through a pillow.

The pulsations vary from 120 to 160—the rapidity remaining the same during the whole period of pregnancy, though they become stronger with the growth of the child.

As this peculiar sound is producible by no other condition, or not attributable to any other organ, its presence is the only infallible sign of existing pregnancy.

It must be remembered that its absence at any time is no indication of death of the fœtus, as from the position of the fœtus, with the back removed from the anterior wall, the presence of excess of liq. amnii, or anterior attachment of the placenta tumors in anterior wall, or exceedingly loud uterine murmur, it may not be heard. From the peculiar position of the fœtus, it is evident that the pulsations (excepting in face presentation) are heard over its back; if, then, the back be turned to one side or backward, the pulsations will become inaudible or very indistinct.

In vertex presentations, we generally find the pulsations audible on either side opposite to that where the feet are felt. In face presentations, as

we have seen from the approximation of the thorax to the anterior wall, the sounds are heard and the feet felt upon the same side.

In breech presentations the sounds are heard on either side above the umbilicus. In transverse positions we hear them near the umbilicus, generally toward the side where the head is situated.

Since the discovery of the pulsations and their varying frequency, it was seen that the greater rapidity was invariably associated with female children, and the contrary with male. Upon this, Frankenfeld proclaimed the theory, in 1859, that the sex of the fœtus in utero could be foretold as soon as the pulsations were distinctly countable. In fifty cases he predicted the sex correctly in all, twenty-two being boys and twenty-eight girls. The average pulsation for the boys was 124; for the girls, 144. It has been found later, however, that the size of the child has much to do with the frequency of the pulse. My observations in the Philadelphia Hospital lead me to place great reliance upon the table formulated by Dr. Wilson, of Louisville, which is as follows:

From 110 to 125 almost certainly male.
" 125 to 130 probably male.
" 130 to 134 doubtful; chances in favor of a male.
" 134 to 138 doubtful; chances in favor of a female.
" 138 to 143 probably female.
" 143 to 170 almost certainly female.

PRACTICAL OBSERVATIONS ON TETANUS.

BY J. M. F. GASTON, M. D.

Among the obscure disorders of the physical organization, that derangement of the nervous system known by the name of tetanus has received a large share of attention from pathologists and from therapeutists during the past quarter of a century. It is supposed to occur at times idiopathically or from general causes; but the recognized fact that very slight lesions may give origin to this disturbance of the nervous system, leads to the suspicion that all cases may spring from some local injury in one or another part of the peripheral nerves. Various divisions of this affection are recognized by authors, according to the mode in which it is manifested or the portions of the muscular supply to different regions which are involved in the clonic contractions. The disease may be considered in its general characteristics as one and the same, developed in greater intensity in the regions where its effects are most manifest, and the study of its different phases leads to the conclusion that the modifications depend rather upon the intensity than the quality of the impression upon the nervous system.

The comprehensive definition given by Bouchut and Després can only be properly appreciated in the original, as follows: *Une contracture généralisée, commencant par les muscles des mâchoires, gagnant les muscles du tronc a ceux des membres, puis enfin le diaphragme, constitue le tétanos.* This covers the ground, and yet indicates nothing of the nature of the causative element in the contraction of the various muscles involved in this disordered nerve power; and the authors proceed to state that *Le tétanos causé per une lésion du cerveau de la moelle et des cordons nerveux que nos moyens d'investigation ne permittent pas encore déterminer.*

In corroboration of the same view, another authority of equal note may be quoted: "*Le mot tétanos,*" says Littré, "*n'indique que le symptôms essentiel de cette affection, la rigidité musculaire; car du ignore encore quels sont le siêge e la nature intérne de la maladie.*"

"Of the true pathology of tetanus," says Gross, "nothing whatever of a satisfactory nature is known; that it is essentially an affection of the nervous system or of the nerves of particular muscles, must be admitted from the symptoms which characterize it; but in what the peculiar change consists, or to what extent it is carried, are points in the history of the lesion of which we are completely ignorant."

Other authors might be adduced to show that no satisfactory explanation has been presented as to the modus operandi of superficial lesions in the production of the grave disturbance constituting tetanus, and hence the way may be considered open for any suggestion that may throw light upon this subject.

In referring to the paper of Mr. Lister in the Phil. Trans. of 1858, Paget remarks that his experience would render it probable that "there is a co-ordinating ganglionic apparatus in the part itself, which under special conditions of direct irritation is capable of independent action." And he goes on to state, "We have therefore, in these experiments, direct evidence of the influence exercised by the nervous system over the proper cellular elements of a texture." One effect is the counterpart of the other, and consequently a modification in the local cellular structure may be propagated from this *ganglionic apparatus* through its conductors to the general nervous system, and set up the train of disordered action observed in tetanus.

The experiments of Brown-Séquard recently have served to establish the fact of the existence of an independent action in the peripheral development of the nerves; and the correlation of

the nerve fibrils and capillaries with the nerve centres, gives a plausible explanation of the transmission of local lesions to the general nervous system supplying the muscles in the various parts of the body. The excito-dynamic function of the nervous system is a legitimate inference from the data afforded by experimental physiology, and presents a satisfactory clue to the series of rigid muscular contractions which characterize tetanus. Thus, an apparently insignificant vice of nutrition in the *cutaneous ganglia* begets a disturbance that extends to the spinal column, and by a kind of reflex action operates upon the general nervous system, and through this upon the tissues of the various muscles implicated. Why an injury in a superficial part should produce trouble in one case and none in another, depends upon primordial modifications that our present knowledge of the elementary structure fails to reveal; but there is no question as to the fact of such changes being impressed under certain conditions of the organization, and the sequences must be accepted as the regular significance of cause and effect.

The relation of the peripheral ganglia to the internal nerve centres is made subservient to the development of tetanus. Like the congeries of developments in hydrophobia, springing from the local introduction of the rabid virus, it is found that characteristic disturbances result from the vitiated tissues implicated in the peripheral lesion that gives rise to tetanus; and it is clear that some process of decomposition, quite distinct from the ordinary course of inflammation, leads to a depraved state of the cellular elements which enter into the structure of the part affected. As a rule, an injury accompanied with the phenomena that terminate in suppuration does not lead to tetanus, and hence the unknown quantity must be sought in changes outside of the usual inflammatory process in vital structures; but what constitutes this transformation, and why it occurs under certain circumstances, doth not yet appear.

The morbid influence being developed and propagated to the nervous system, the effect continues independent, to a great extent, of the cause; and whatever modifications are made upon the primary source of trouble, it does not generally or frequently arrest the disorder. It persists apparently by an automatic abnormality in the nerve fibres received by a sort of induction from the disturbance in the peripheral ganglia, and this latter is not essential for the maintenance of the derangement already set up through its agency.

If the character of the local lesions could be so operated upon at the outset as to prevent the very peculiar transformation of the inflammatory process which is precedent to the disorder of the nervous ganglia of the part, the access of the disease would certainly be prevented; and such abortive measures as may be available upon the discovery of the premonitory symptoms should be promptly resorted to, so as to mitigate, if not arrest, the full development of tetanus.

In Bannister's theory of the pathology of tetanus, which appeared in the *Journal of Mental and Nervous Diseases* for January, 1876, the ganglionic element of the peripheral nerves was entirely overlooked. He states that "it is impossible, of course, to anatomically prove the initial nervous lesions in many cases of tetanus, and to follow it through the nerve trunks to the nervous centres, from which the first manifestations of serious trouble generally appear. The only thing that can be done is to take the facts that are known, and find a hypothesis which will satisfactorily account for them both singly and in their connection with each other in the general *symptom-complex* of the disease."

"1. A peripheral wound involving the sensitive nervous fibres and causing an irritative local lesion—a neuritis.

"2. Transmission of this irritation, either merely as such, or as actual inflammation, through the nerve trunk and the gray matter of the cord to the medulla and pons, and possibly to the higher reflex centres in the optic thalamus and corpus quadrigemina, or perhaps even to the cortical motor centres of the brain.

"3. Reflection of this irritation along the motor nerves, at first only the trigeminus and accessary, then gradually involving other and spinal nerves, and producing tonic contraction of nearly all of the muscles of the trunk. This is the condition till death in many cases of the disease, but in others convulsions appear in a late stage of the disease."

This hypothesis infers the cause from observing the effects. In a paper presented by Coats to the Royal Medical and Chirurgical Society in 1877, the actual modifications in the tissues are thus given: "In tetanus the central nervous system shows hyperæmia, and certain appearances in the corpus quadrigemina and corpus striatum, with the pons, but chiefly in the cord and medulla oblongata, indicate an exudation of 'a granular material around the vessels.' 'In the medulla oblongata it is noted that a longitudinal vessel in the posterior part is particularly affected, and that here, as well as in other parts, there are occasional

hemorrhages. In the convolutions there is an exudation of a yellow fluid outside the smallest vessels, the medium-sized ones (which are then affected in the end, and the medulla oblongata) having mostly escaped."

"The irritation seems to centre in the medulla oblongata, and in a particular region of it, the localization being probably determined by the anatomical and physiological relations of the nutrient vessels." An abstract from *Deutsche Medicin*, in the *British Medical Journal* of May 18, 1878, states that Dr. E. Aufrecht, of Magdeburg, gives an excellent account of the morbid appearances found in the spinal cord of a case of tetanus.

(*To be continued.*)

SULPHATE OF SODIUM.

BY T. CURTIS SMITH, M. D.,

Of Aurora, Indiana.

In your editorial, page 666 of the MEDICAL AND SURGICAL REPORTER for June 16, 1883, you make the following statement, viz.: "We further learn from Nothnagel's observations, that sulphate of sodium acts far more promptly on the intestines than the sulphate of magnesium, and that it is also far less irritating in character; the redness and local exudation following the application of the latter remedy being invariably more intense than the same symptoms caused by sulphate of sodium."

The rapidity and thoroughness of the action of sulphate of sodium I have very often demonstrated clinically. Given on an empty, or comparatively empty stomach it acts with marked promptness, producing large, free watery passages, without griping or special uneasiness.

As to the palatable salutation of this remedy, as compared with sulphate of magnesium, I can hardly agree with your statements (*loc. cit.*) unless you permit the soda sulphate to have special preparation before being taken into the mouth. Epsom salts may be taken simply dissolved in water, or better still, steeped with ground coffee. But whoever takes sulphate of sodium in either of these methods will have a most nauseous solution to swallow. Besides, the latter salt is not nearly as soluble in cold water as the former; and, taken in this way, a much larger drink must needs be swallowed to secure a sufficient quantity of the salts than will be pleasant or desirable, or than would be needed with the Epsom salts.

If, however, the soda sulphate is powdered, and a half ounce or an ounce is added to a gill of *hot* water, and to this is added aromatic sulphuric acid, gtts. xx. to xxx, and an ounce or two of sugar, the whole will be taken easily and usually with much less nausea or tendency to it than is produced by a dose of magnes. sulph. taken in water or coffee. Decidedly the best time for taking it is when fasting. If taken on a full stomach it is almost sure to produce nausea and vomiting.

If a dose is taken, prepared as above directed, on first rising in the morning and swallowed while hot, it will generally operate freely and very thoroughly, yet without pain or special distress, in from one to two hours—often in a half hour. The stools will be watery and abundant.

The addition of the arom. sulph. acid removes the bitter nauseous taste to a very large extent, and the sugar, freely added, does much to cover up the unpalatable character of the dose. If taken hot, it is still less unpleasant.

Now, by this, I do not mean to teach that it is a fearful dose to swallow. I repeat the statement that when properly prepared it is more readily and easily swallowed than the Epsom salts taken in the common way. Furthermore, its operation is easier, more certain, and it does much as an eliminator that sulphate of magnesium cannot do. It causes the free elimination of bile, as testified by Fothergill, and eliminates the unassimilated products of digestion to a liberal extent.

Fothergill names a number of agents that he deems to be excellent hepatic stimulants, as ipecac, iridin, euonymin, as vegetables, and sulphate of sodium as a saline laxative or purgative according to the dose. "By the use of these agents the liver is stimulated; a fact quite corroborated by clinical observation. Sulphate of magnesia is a stimulant to the intestinal glands, and a purgative; but it will not clean the tongue and unload the liver like the sulphate of soda. It is this fact that led me to substitute 'sodæ sulpat' for 'mag. sulpat' in so many prescriptions in the second edition of my 'Practitioner's Handbook of Treatment, or the Principles of Therapeutics.'" (Indigestion and Biliousness, p. 9.) Again in the same volume, p. 71, he says, "Soda and its salts are found to act potently upon the liver. Consequently, while sulphate of magnesia is a capital purgative when the intestinal glands alone require stimulating, this salt acts little, if at all, upon the liver; when it is desirable to 'rouse the liver,' as the phrase runs, sulphate of soda, its bitter taste notwithstanding, should be prescribed. The experiments of Rutherford countenance and corroborate the conclusions at which clinical empiricism had arrived. Potash for the

kidneys, ammonia for the lungs, soda for the liver; these are the bases of the salts to be used, according to the circumstance. Sulphate of soda is best taken in the morning, first thing on getting out of bed."

In sulphate of soda we have a most excellent remedy in those cases of full habit who suffer greatly from lithæmia. In a common, severe cold, where the sudden chilling has retarded the process of waste and repair, and therefore, of assimilation, and thus left in the blood much digested yet unassimilated material, that can only be eliminated or cause illness until it is eliminated, sulphate of soda will prove itself to be a most excellent remedial agent. In renal congestion, or in the albuminuria of scarlatina, in sudden, active cerebral congestion, it is well worth using for its revulsive power.

In addition to the manner of giving it above described, the juice of a lemon may be substituted for the aromatic sulp. acid, but it does not cover the nauseous bitterness as well as the latter. As a diuretic, it may be given with bi tart. potass.

Bartholow barely mentions this salt as a substitute for epsom salts, and of the same character of action. Waring says, "It operates (Thompson) upon the whole length of the intestinal canal, stimulating the orifices of the exhalant vessels, and consequently causing serous discharges in the form of watery stools. * * * Therapeutic uses similar to those of magnesiæ sulphas, for which it may be substituted."

It may be so substituted, but as an eliminator of urea and of bile it is vastly superior to epsom salts.*

In acute articular rheumatism, occurring in plethoric subjects, or in those of full habit, and in strong muscular subjects, I have found it to be a most excellent remedy. It is a very rapid eliminator of the lithates, and quickly drains from the blood much of its water, by its rapid action on the liver and intestinal glands, and seems to carry with it much that ought to be expelled from the blood. Its revulsive power in this way is very considerable. Just how it relieves the class of cases of rheumatism above described, I cannot say, unless it be by the kind of action here indicated; but it is a remarkably good remedy to commence with in the onset of the disease in plethoric subjects, in some cases affording complete relief in a short time. In old and habitually rheumatic subjects I have not found it to be beneficial to any considerable extent. It is by no means a cure-all. It does, however, deserve more respect from the profession than it commonly receives.

*See also an article on the use of this remedy in rheumatism in the MED. AND SURG. REPORTER for Aug. 5, 1882.

SEVERE WOUNDS, THE RESULT OF GUNPOWDER EXPLOSION.

BY W. H. BLAKE, M. D.,

Of Blake's Ferry, Ala.

On the night of August 11, I was called to see Julia B——, aged four years. The following is the history of the case:

Patient was playing near the fire with a bottle of gunpowder—an ounce vial almost full—which exploded. The hands and face were slightly burned, and the eyebrows and hair on front of head were singed. Patient wore only a single garment of thin cotton cloth; this was not burned. The fragments of glass inflicted twenty-seven wounds. The bottle was held in the right hand, and in such a position that the fragments impelled directly against the body inflicted wounds in the upper right-hand corner of the umbilical region. There were several of these. One of them, a wound, irregular in shape, about eight lines in its long diameter, communicated with the abdominal cavity.

When I reached patient, there was a hernia of the great omentum one and a half inches in length, protruding from this wound. This I did not succeed in reducing.

Dr. Thomas Northern was called in consultation. On his arrival, we resorted to anæsthesia, and again made an unsuccessful effort to reduce the hernia. We then placed a silk ligature around the protruding omentum and excised it, leaving the ends of the thread on outside of wound.

Of the other wounds the most severe was in the right hand. A wound between the thumb and forefinger extended from the annular ligament to within two lines of the metacarpo-carpal articulation, severing the adductor pollicis, flexor brevis pollicis, and abductor indicis muscles, also the superficialis volæ artery. From this wound hemorrhage was profuse.

I visited patient each afternoon at about five o'clock. During the first four days there was but little fever; appetite good; but on my fifth visit I was told that patient's fever had been high during the day. On examination, I found the heart's action weak, and the rhythm irregular. During night, patient reacted, but on following day she again had fever. Quinine was given. There was no more fever.

On the eighth day the ligature was removed from wound in abdomen.

On ninth day patient was dismissed, convalescent.

Hospital Reports.

CLINICAL LECTURE.

BY J. B. HUNTER, M. D.,

Professor of Gynæcology in the New York Polyclinic.

Epithelioma of the Cervix Uteri.

The first patient that presents herself to us this morning is a colored woman, sixty-three years of age, who was married at the age of fifteen, and has had eighteen pregnancies, three of which miscarried. She ceased to menstruate when forty-nine years of age, since which time she was well until a year ago. She then began to flow, and the discharge has continued ever since. At first the discharge was free from blood, but latterly there has been at intervals some blood mixed with it. Upon vaginal examination, we find almost complete destruction of the cervix; the finger passes apparently directly into the cavity of the uterus. The case is one of advanced cervical epithelioma, occurring as it seldom does in the colored race.

The points in the case are, that the woman has had, in the first place, a great many pregnancies. In many cases of epithelioma of the uterus we find that the patient has been pregnant a large number of times. One that presented herself at this clinic a week ago had borne nineteen children. The fact that this patient was well for eight or ten years after the menopause corresponds also with the history of the other case. The disease then began to manifest itself in an insidious manner; a little flow appeared at first, and later there was a slight discharge of blood. A watery discharge with an offensive odor is one of the characteristics of the disease. Many cases run their course without any pain at all. I think that as a rule where the disease is confined to the cervix there is not likely to be much pain, but when the body of the uterus becomes involved there is almost always a great deal of pain. There are, however, exceptions to this rule. In some cases pain is the first and the chief symptom, even where the disease commences in the cervix. In other cases still, profuse hæmorrhage will be the chief symptom. But in nearly all, whatever else is or is not present, you will find a peculiar watery discharge which stiffens on the linen. If the patient be very careful of herself, and use an injection of carbolic acid, or of something else, which destroys the odor, she may not notice that; it may not be a distinguishing feature of the disease; but if the woman take no more care of herself than is usually the case after ceasing to menstruate, the offensiveness of the discharge is apt to be the first thing to call her attention to the trouble. That may precede hæmorrhage for some time. Indeed, hæmorrhage may not come until the last, but when it occurs after the menopause it is significant, and should always lead to a careful examination.

In the present case there is little to be done for the patient. In case of hæmorrhage an application of nitric acid, for example, might be demanded. An injection of carbolic acid solution, and of some anodyne to relieve pain, is about all that can be done. It is better to give codeia, if an anodyne is required, as it produces less unfavorable results than does morphine.

Sterility.

This woman was here at a previous clinic, suffering from laceration of the cervix, retroversion, and a leucorrhœal discharge. She had passed two menstrual periods, and we did not consider it perfectly safe to introduce the sound, although it is not at all probable that a patient with laceration, retroversion, and a discharge, could be pregnant. One can not be too careful about passing the sound into the uterus in the case of dispensary patients; some of them are well enough informed to know that by this means abortion is produced, and they tell the physician a story with regard to their symptoms, in order that he may be misled to pass instruments and bring on abortion. Such a case occurred at the clinic some years ago, when we introduced the sound into the cavity of the uterus on three different occasions, not knowing that the patient was pregnant; and yet, very strangely, pregnancy went on to full term. Doubtless the sound had passed outside of the membranes, and had not injured them. We will not change the treatment in this case at present.

Prolapsus.

This woman was given at a previous clinic a cup-pessary to support the completely prolapsed uterus. She says the pessary retains the organ in position perfectly, but that it chafes slightly. If one of these instruments does not fit properly, it chafes, just as does a badly-fitting shoe or harness, and causes more or less suffering. In some instances this is due to the fact that the patient fails to put cotton under the stem where it lies over the vulva. In a number of cases at this clinic, patients who before were unable to get about because of great prolapsus, have found themselves nearly as well able to walk and to do their daily work as when in perfect health, simply by the support given the prolapsed organ. They soon learn to remove the instrument at night on retiring, and to replace it again the next morning before rising, without any difficulty. We will readjust the pessary, and possibly be under the necessity of furnishing a new one for this patient.

Retroversion; Prolapsus.

Patient thirty years old; has borne three children, the eldest aged eleven. It is with difficulty, as is often the case with these patients, that we get at the principal symptom, the most important symptom from which they suffer. She has pain in the left side, and profuse flow. Bimanual examination is unsatisfactory, because of the great thickness of the abdominal walls. The first thing which strikes the attention on introducing the finger into the vagina, is almost complete absence of the perineal support; the sphincter is there, and nothing else. The cervix rests almost at the vulva, and that fact in itself almost necessarily signifies retroversion. This supposition is confirmed on further examination. There is hyperplasia of the cervix, and erosion. The sound

passes in only to a normal depth. The patient complains somewhat of difficulty in micturition.

If the uterus is found not bound down, but movable, a gentle attempt may be made at this examination to replace it, by turning the sound introduced up to the fundus, gently and slowly with the right hand while it rests upon the finger of the left hand as a fulcrum, and lift the uterus carefully up, if possible, but if it is not easily movable cease your efforts. We find the organ bound down by some bands passing posteriorly, so that when it is lifted forward and then let go it springs back again. By making hot injections, say twice a week, we may in time relieve congestion to some extent, soften the adhesive bands, and be enabled to replace the uterus. But at present, efforts at replacement would probably prove worse than useless. The congestion is kept up by faulty circulation due to displacement, and this condition and that of hypertrophy of the cervix never will be relieved entirely as long as the uterus is out of place. Some European gynæcologists think that hypertrophy and congestion being first treated, the uterus will replace itself; but the true method, I think, is to seek to replace the uterus, first resorting to preparatory measures, and then the congestion will probaby disappear. In cases like the present one, put the uterus in position, and keep it there, and you will find that in three weeks the congestion will have been greatly diminished, the cervix will have decreased in size, and later, the hyperplastic condition will still further disappear. On the other hand, all sorts of applications, as of nitrate of silver, etc., alone will not do much good. As to a tampon of cotton placed behind the uterus, it is not likely to keep it in position and do much good, although much depends upon how often you can see the patient. If you could see her once or twice a week, and introduce the tampon, and let her take it out the second or third day, it might be of some benefit, but it would prove of more benefit for prolapsus of the ovary. But this patient would not tolerate even a cotton tampon at present. The use of a cotton tampon was one thing that led originally to the use of the pessary; at first the soft pessary, and afterward the hard pessary.

Laceration of the Cervix, and of the Perineum, etc.

This woman has given birth to six children; has had no abortion; she complains of pain in the back, and of flowing too often and too freely; has a feeling of bearing down in the pelvis, indigestion, and is extremely nervous. She is so thin that the abdominal aorta can be felt through the abdominal walls, being in that respect quite unlike the last case. There is laceration of the cervix, and of the perineum, and retroversion, which probably occurred soon after getting up from confinement. There is a condition of the mucous membrane of the uterus which leads it to bleed at the slightest touch; considerable hæmorrhage follows the passage of the sound. It is doubtful whether the pessary will be of much benefit in retaining the uterus in its normal position, since the perineal support is so completely destroyed; but we have succeeded in replacing the organ at least temporarily in its normal position. We should not attempt to do too much for the patient at one sitting. On a future occasion it will be necessary to get rid of the granulations on the lining membrane by scraping with the curette. A permanent cure can be accomplished only by an operation for repairing the lacerated tissues.

She also complains of dyspepsia, and, as we had supposed, she says that she is in the habit of drinking a good deal of tea. It is by this means that many of these patients aggravate and prolong a dyspeptic condition. They feel weak, but have not an appetite, and in order to sustain themselves they drink strong tea, both at meal-time, and between. Now, if she will quit drinking tea, and eat meat once or twice a day, and good nourishing food, and take an aperient medicine to get the bowels in good condition, her state will be very much improved in the course of a few weeks. Her principal complaint relates to the stomach, but that is only a consequence of her anæmic state, from the too great loss of blood at her frequently recurring periods, and from her manner of living. With regard to the use of the stem pessary, in some cases, properly selected, doubtless it does good; Dr. Thomas, and others, make use of it in a few instances; but it is the most dangerous of all pessaries, and should be very carefully watched. We hope to give this patient much relief, but it will take time.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Dietetics for the Sick.

BY CHARLES M. SELTZER, M. D.

[Read September 12, 1883.]

In presenting this paper it is but justice to state that it has been prepared during the leisure of the past week as a substitute for one by another member, who was unable to keep his engagement. The subject has been selected more from the hope of eliciting some practical ideas, and a desire to emphasize its importance, than to announce anything new, or to exhibit the best paces of a hobby. Close attention to the methods of our most successful general practitioners, convinced me that in dietetics was their stronghold. At the same time there was plainly to be seen a distressing lack of knowledge as to variety of foods and the preparation of them. In order to find out whether there was a practical remedy for these two great faults, I have gone over a thorough course of preparation of diet for the sick, under the instructions and guidance of Mrs. S. T. Rorer, in whom are combined the practical attributes of cook, chemist, physiologist, and nurse; and I can safely say that if every member of this Society were to do likewise, their *armamentarium*, success, and self-satisfaction in the practice of medicine would be increased many fold.

It would be almost an endless task to discuss the literature of this subject. Let us condense the opinions of physiologists, chemists, hygienists, and all others in authority, by stating that food is divided into nitrogenous or albuminous; hydrocarbons or starch, sugar and fats; and mineral or the various salts of the alkalies. Of these, the nitrogenous and minerals are the building ma-

terials, and the hydro-carbons are the heat- and force-producers. Food may also be classified into liquid, semi-solid, and solid; and as the sum total of digestion is a matter of absorption and assimilation, it follows that the more liquid or dissolvable food is, the more readily will it be absorbed; hence, this is the form to be chosen when it is desirable to obtain nourishment at the least possible expense of organic action. There are also conditions in which bulk and solidity are necessary, and here we select the semi-solid or solid food, or even indigestible matter.

Nitrogenous food, in its natural combination with mineral matters, is mostly made absorbable by stomachic digestion—it rebuilds the tissues, and the waste and refuse are excreted by the kidneys and skin as urea and uric acid and its salts.

Hydro-carbons are digested in the mouth and small intestines, are burnt up by union with the respired oxygen, thus supplying heat and force to the body. The waste and refuse are excreted by the lungs and bowels.

About three ounces of nitrogenous and twenty ounces of carbonaceous food are necessary to sustain the life of an adult man in idleness. With these epitomized facts in mind, let us consider the importance and use of dietetics in the treatment of disease. The importance has been signalized by Bence Jones, who has said that the effect of diet is far beyond any known remedy. This fact has been so well known for the past century, that volume after volume has been written on "Dietetics," "Diet Cures," etc. A few of these have become standard works of authority, because of their exhaustive treatment of the subject, while hundreds of others have had but an ephemeral existence. All have had to reiterate the same facts, because very few new ones have been learned, and aside from the knowledge of artificially digested food, the student of a hundred years ago knew as well as the student of to-day about what diet was necessary for the sick. True, theirs was an empirical teaching; they knew nothing of the physiological actions of diastes, pepsin and pancreatin, but they were all the more practical for that. Our present scientific reasonings on digestion are but the formation of rules and theories for very old facts. The importance of the subject is made more manifest when we consider how much of the sickness that we are called upon to treat is the result of some error in eating or drinking; and as "removal of the cause" is the first step towards the promotion of recovery, it is easy to perceive how essential it is to know what constitutes proper and improper diet. Life depends upon diet, and the restoration of health depends upon the same principles as its preservation. Disease is the result of the violation of the laws of health, hence the first step towards recovery is to re-establish those laws; and as the material for repair and support must come from diet, we, as thorough physicians, should have a complete *practical* knowledge of dietetics, and a proper appreciation of their curative value. But almost a decade of experience among physicians compels me to acknowledge that this is not the case, and that the most lamentable deficiency is in the practical application of the subject. Nature's simple and easily understood remedies are either lost sight of or ignored in the blind endeavor to find a medical specific for every human ill, or to establish an ideal notion, theory or pathy. For the treatment of chronic affections, some good points may occasionally be gained by even observing the *modus operandi* of quacks, homeoquacks, and proprietary medicines; for in connection with either a depurative or inoperative preparation, such dietetic and hygienic directions are almost invariably *insisted* upon as would, in themselves, relieve temporarily, and perhaps permanently, some of the most obstinate cases.

The methods of dietetic treatment of diseases are as various as are the ills that flesh is heir to, but all of them contain some of the following principles as essential features: In acute diseases, *rest* is of primary importance; it is the fundamental principle of their medical and surgical treatment, and the same idea must be carried out in dietetics by remembering what part each organ serves in absorption, assimilation and excretion, and by avoiding such food as would cause the performance of that function. Of course this plan is only to be pursued while the disease is advancing, and as soon as recovery begins, there must be a gradual return to a promiscuous diet, very little at first, just enough to slightly exercise the crippled organ, using as great care as we would in instituting passive motion in a limb that has been fractured. Nature enforces this principle by the loss of appetite that marks the onset of nearly all acute diseases. The dietetic rest of an organ does not necessarily imply a depletory diet, for while it is non-active, other organs may be made to perform a compensatory amount of work, and thus sustain or even increase the patient's vitality—so great is the versatility of our organic functions. It is upon this idea that we must act when we obey the command of Graves to feed fevers. In chronic diseases—those in which the natural course is direct from bad to worse, until death or some interposing process puts an end to them—every organ must be made to do its utmost; the whole system must be awakened to the threatening destruction. Herein lies the broadest field of action for our subject. No time should be lost; food should be administered as frequently as assimilation and proper amount of organic rest will allow; the appetite should be kept active, by using liquid, semi-solid and solid food, prepared in such a variety of ways as to allow no charge of monotony or disgust. Surprise is frequently a useful element. Instead of leaving the patient to vacillate over his or her likes and dislikes, the nurse should be privately instructed how and what to prepare for each time, and how to serve it in the most appetizing manner. A valuable aid, usually lost sight of, is condiment. Think but for a moment how a savory dish will sharpen our appetites while in health, and I am sure you will perceive its stimulating influence upon a debilitated patient, to whom the flat and insipid preparations usually offered are loathsome or even nauseating. This disgust might frequently be avoided, and the amount of prescribed medicine be lessened. Many of the bitter tonics and carminatives of our materia medica are the same as are used in cookery, and are none the less efficacious in a palatable dish than in the nauseous pill or draught. Therefore let the delicate aroma of herbs, celery, and bay

leaves pervade the soups; use India curry on starchy foods, and when desirable add *Capsicum*, *Piper nigrum*, etc., to animal broths and substances. In so doing, if necessary, you can satisfy the qualms of your professional dignity by remembering that in catering to the palate you reflexly stimulate the organs of digestion.

Some articles of diet may be administered simply for their curative effect. A five-ounce cup of strong coffee contains about sixty-six grains of extract, or an equivalent of about two grains of *Caffeine*—quite sufficient to relieve a neuralgia, or a headache and sick stomach after a dose of opium. Beef tea, made red-hot with red pepper, is the very best treatment for delirium tremens. A patient to whom I once administered such a dose, made so strong that I would not have dared to taste it myself, afterwards told me that it was the most refreshing and *cooling* drink he had ever taken. A London surgeon to the police told me that he had treated a hundred and fifty cases of delirium tremens with this remedy *alone*, and had not lost one. The use of *chloral* in these cases is criminal, and many a death certificate of "delirium tremens" ought to be "heart failure from chloral poisoning." Mucilaginous teas and drinks made from gelatine, isinglass, Irish moss and flaxseed, are very soothing to any inflammation within the digestive track. Green vegetables are necessary to cure as well as prevent scurvy.

An old practitioner, who had spent his early professional life in the country, told me that when he first commenced practicing he used all the ordinary remedies in typhoid fever without any satisfactory results, until the introduction of turpentine by the late Prof. Geo. B. Wood. In it he soon discovered a useful ally—not so much in the drug *per se*, but because convenience and time compelled him to use a thick flour gruel as a vehicle, and the patients were nourished sufficiently to live through the attack.

In the science and art of preparing sick diet there is a most lamentable lack of knowledge, especially among physicians. They know the preparations by name, but not by nature; and the only way to learn the latter is to don the apron and take a practical course from a practical and scientific cook. Such a course was inaugurated last winter in this city and in Boston, with a very satisfactory result. The prospect for this season in this city is that the course will be very well attended. It is the only way to learn. I could read you receipts by the score, but it would be as useless as reading off that many medical formulæ.

DISCUSSION ON DIETETICS FOR THE SICK.

Dr. L. Turnbull, in opening the discussion, said: In reference to these questions, my opinions are rather of the old-fashioned kind, and I believe in courses of instruction on cooking, which will be of much use to physicians. Dr. Benj. Rush was accustomed in his lectures to remark that "a physician should spend six months in a kitchen before entering upon his practical career." He desired to heighten the importance of a knowledge of the effects of food, and also the correct way of preparing it. All these advantages could be combined with a course of pharmacy. Physicians should learn how to make beef-tea, extract, etc., and similar articles. The important preparations of mush, of Indian and oatmeal, for instance, are rarely properly made. They should be prepared over night, so as to be thoroughly gelatinized; if made in the morning just before being served, they will not be digestible. In cases of very weak stomachs, many articles of diet may be peptonized with great benefit by using a small amount of a mixture of sodium carbonate and pancreatin, these being allowed to act for a short time at a temperature of about 80° F. Fairchild, of New York, prepares powders containing these peptonized materials in convenient amount. Such peptonized foods are like the old-fashioned preparations made with rennet and warm milk, and will be well borne by delicate stomachs. An article that is often wrongly prepared is barley. It may be softened and extracted with water, or it may be torrified so as to make a sort of malt extract. In the latter form it is very suitable as a substitute for the diastase-like principle of the saliva in cases where that secretion is deficient. It can easily be given mixed with other food, as in puddings, for instance.

This summer we have been very successful in relieving the irritability of the stomach and bowels of both children and adults, due to temporary indigestion, by substituting first barley-water alone, and after a time a wine-glassful of barley-water with half a tumbler of milk, or its equivalent of condensed milk.

Too little attention is given to character of water. It is sometimes very bad, containing either injurious mineral or vegetable matter. The Boston water supply was much injured lately by certain sponge-forms.

Butter is an article of food which is often impure, and besides, objectionable substitutes for it are often sold. The mixtures of animal fats known under the names of oleomargarine and butterine should not be used in the preparation of food.

Beef-tea contains often but little nourishment, and in debilitated conditions, such as most cases of typhoid fever, beef essence made, not from the round of beef, but from the neck, in which blood is found, will be much more nourishing. A valuable form of beef-juice can be prepared by cutting up in pieces fresh beef, and placing it under a block of ice until, by the pressure, all the blood has been extracted. With the addition of a little salt it has been found to be retained by the most delicate stomach, and is very useful in cases of great exhaustion.

Dr. Albert H. Smith: The older we get, the less disposed we are to rely on medicine and the more on diet. The remarks in the paper in reference to the importance of teaching physicians the art of cooking, are deserving of full endorsement. On one point, however, I cannot agree with the author of the paper. He seemed to advocate the use of highly stimulating food in acute diseases; in other words, the methods advocated by Dr. Thos. King Chambers in his fascinating work—a work, however, which has done great injury. Dr. Chambers' idea was that all disease was due to depression, and therefore the remedy was to stimulate the system. This is an attractive theory, but is not true. In cases of disease attended with high temperature, we only add fuel to the flame by the use of stimulating food.

Nature has admirable powers of taking care of herself, even under a starvation regimen. The use of a low form of diet, with refrigerants and depressants, may often be of the greatest benefit. I can look back on my early experience, and recall cases in which, after operative measures, patients have been treated on the theory that plenty of pabulum should be furnished in the system, but such patients have perished. A strong patient will in such cases do much better on a low diet. Adhesive inflammation will be secured more satisfactorily on the low diet system.

Dr. J. M. Barton: I had under my charge during three years a patient who sustained life on about a pint of milk a day—never more than a quart a day. He was a physician, who had his own views on questions of diet and therapeutics. Dr. A. H. Smith is right in his position as to the importance of low diet after operations, but in typhoid fever we have a very different indication. In the first case, *i. e.*, after operations, food frequently acts as an irritant; but in the low fevers the patient is exhausted and needs support.

Dr. Forbes: I am reminded of a compliment which I heard the younger Larrey pay to Orfila, the great French chemist. He said that he (Orfila) was the greatest cook that ever lived. He said Orfila understood the disintegrating power of hot water. The effect of thorough boiling is most important, and since the days of Washington it has been an article of war that beans should be boiled for six hours. In the Crimea marked difference was seen between the French and English troops, on account of the superior attainments of the French officers and surgeons in reference to many of the details of a soldier's life, and especially in cooking.

Dr. Seltzer, in closing the discussion, said: I did not wish to include in the paper a discussion of the methods of preparing food, but merely to express the idea that it is important that doctors should know what to cook and how to cook. Many articles of food that as ordinarily prepared are unfit for the sick, can be cooked so as to be palatable and digestible. Mrs. Rorer's method of cooking liver is an instance of this. She exhausts it with water to remove blood, then places it on ice until required, when it is cut into thin slices and toasted; sweetbreads are somewhat similarly prepared.

As to the use of stimulating food, we must judge Dr. Chambers' views by his own method. He draws the line between acute and chronic diseases, not making time the basis of the classification, but the tendency of the disease. Acute diseases tend to recovery, and these he leaves undisturbed; chronic diseases tend to fatal results, and in these he uses a highly nutritious diet, stimulating when a depressed state exists.

In reference to the suggestions made by different speakers as to the importance of systematic instruction of physicians in the art of cookery, I may say that such courses are now being organized. I do not think that such instruction can be advantageously given with pharmaceutical teaching. A woman's taste and tact are esssential to the art.

(*To be Continued.*)

Editorial Department.

Periscope.

On Doses.

In the *Med. Times and Gaz.*, June 30, 1883, Dr. John C. Thorowgood publishes an article based on Dr. Smith's lecture on "The Frequent Repetition of Doses," of which we published some extracts last winter. As being appropriate and practical, we reproduce it:

A short time back there appeared in the *Medical Times and Gazette* a report of some very instructive remarks on doses of medicine, by Dr. A. A. Smith, of Bellevue Hospital. The experience gathered by an observant physician among actual patients of the effect of large and small doses of various medicines cannot fail to be of great practical interest.

From such experience as has fallen to my own lot, I have come to the conviction that the doses of many medicines as set forth in books are often needlessly large, when we seek, not an eliminant or evacuant effect, but a gradual alterative or specific action from the remedy. There is probably no medicine regarding the definite action of which physicians agree better than iron; but is it necessary for the cure of facial neuralgia to give an insoluble powder like the hydrated oxide of iron in a dose ranging from thirty grains up to three or four drachms? The subnitrate of bismuth, another insoluble powder, has been given for the relief of gastric pain in such large doses that, after death, large, hard, black masses of concrete subnitrate and sulphide of bismuth have been found blocking the intestinal canal. The gentleman who made the *post mortem* said the masses he removed looked like lumps of metal. *Corpora non agunt nisi soluta*, say some. If this be accepted as a principle, what can be expected but painful intestinal obstruction as a result of perseverance in the administration of large doses of insoluble substances?

Calomel and other preparations of mercury have, given in repeated small doses, in my experience proved valuable in the treatment of peritonitis, pleurisy, and pericarditis, but I have never once salivated a patient. Some years ago I saw a lady lying with knees drawn up in bed, rapid small pulse, black tongue, and incessant vomiting. She had been confined about five days previously, and was taking repeated doses of opium. I advised in this case the withdrawal of the opium and the

administration of one-third of a grain of calomel every two hours. Under this treatment the vomiting ceased and convalescence set in, though when the treatment was commenced her condition was so critical that an experienced man who was in attendance said to me: "Give what you please—I do not think anything can save her."

The British Pharmacopœia gives the dose of tincture of aconite as from five to fifteen minims, but I am sure I have seen better results from a dose of one or two minims every two hours in commencing inflammation, than I have seen from the larger doses. I have had house-physicians who have started at once by giving five-minim doses of tincture of aconite, and they have told me they had tried aconite in the case, but it did not suit, as faintness came on after a few doses. My advice has been, "Try next time with two minims instead of five."

I know of no drug so generally useful in the treatment of asthma as arsenic, and could give, from fifteen years' experience, a great many cases of spasmodic asthma that have seemed to me to get quite well under the influence of small doses of arsenic. I have never exceeded the dose of three minims of either Fowler's solution or of liquor sodæ arseniatis three times in the day, and have never seen any symptoms of arsenical poisoning, except in one case where a very susceptible gentleman finds that one minim of the liquor sodæ arseniatis taken twice daily for a week brings on inflammation of the eyes and pain in the stomach. Twice within the present year I have had brought to my notice examples of the sudden development of very unpleasant symptoms in the instances of persons who were taking five-minim doses of liquor arsenicalis three times daily.

I could give examples of the excellent results that may be obtained from a persevering use of very small doses (one-fiftieth of a grain) of strychnia in promoting the restoration of exhausted nerve-function, while larger doses do but add to irritation and eventually increase the exhaustion. Tincture of nux vomica, taken in doses of one to two minims, fasting, every morning, appears to me very useful in the cure of chronic constipation of the bowels, but I am pretty sure that five- or ten-minim doses three times daily act very much like quinine in checking the action of the liver and causing disturbance of system. Of some other drugs—for example, tartrated antimony, digitalis, and cantharides—I could say something, but would wish to get some more experience about them first.

Diet in Diabetes.

The *Med. Press and Circular*, September 5, 1883, says:

Professor Ebstein, of Göttingen, in the *Aerzlich. Vereinsblatt*, May, 1883, discusses at some length the subject of diet in diabetes. Cantani's method of treatment is based on the opinion that the excretion of sugar in diabetics mounts constantly in direct proportion to the quantity of food consumed, even if it be wholly composed of flesh. He promulgates the law: the patient should not eat too freely if he is to avoid excreting sugar, but at the same time he should not eat too little, lest he die of inanition. In the choice of food Cantani permits all kinds of flesh, and places no restriction on the mode of preparation; but every particle of starch and sugar is forbidden, as well as butter, as it contains a trace of sugar of milk. In the way of fat he recommends olive oil and all kinds of animal fats. He permits the largest possible quantities of the latter; to those who are thin, or whose digestive organs do not act normally, he recommends it pancreatized. M. Traube long ago demonstrated that diabetics actually digested the greater part of the fats consumed by them.

If the sugar does not disappear after the employment of a restricted exclusively meat diet—if loss of weight does not forbid—total abstinence from food for periods of from twenty-four to thirty-six hours is to be enjoined, a similar fasting to be undergone eight to fourteen days afterwards. The sugar then disappears. In cases in which total abstinence from food is not well borne, Cantani gives three portions of meat broth *pro die*, each prepared from 400 grms. of meat.

Ebstein himself considers the most important point in the whole therapeutics of diabetes to be the limiting as much as possible of the quantity of food consumed. The patient should, however, suffer from feelings of hunger as little as possible. Both these objects can be attained by allowing large quantities of fat—the more, the thinner and weaker the patient is. Such treatment is not contra-indicated even in diabetes occurring in obese patients; for, says the writer, "If the diabetic treatment be carried on with intelligence, even in the case of fat patients, the excretion of sugar in the urine and the obesity of the patient will be seen to disappear, with simultaneous increase of capacity for labor and bodily strength." Along with fresh meat and fats of good quality, in the proportion of two to one, he gives cabbage, leguminous vegetables, coffee, or tea (without milk or sugar), and at the most an average of 100 grms. of bread daily. Potatoes, sweets, and all kinds of starchy foods, are absolutely excluded. He does not exclude butter, as Cantani does, as he does not, like him, fear the hydro-carbons. He further recommends lard, fat, meat-broths, or the marrow of bones. He has given up the substitutes for bread; the best of them he considers to be Seegen's improved Pavy's almond bread. He lays great stress on bodily movement and muscular activity. He has obtained good results from riding, but quite as good from passive muscular movements, such as massage, in which exertion on the part of the patient is avoided.

Prognosis in Cases of Refusal of Food.

The following propositions were laid down by Dr. Sutherland in a paper read before the Medico-Psychological Association (*Brit. Med. Jour.*, June 2, 1883):

1. The prognosis is good when there is only a disinclination for, and not a distinct refusal of, food; proguosis is bad when there is a persistent refusal of food.

2. Prognosis is good when disinclination and refusal of food depend upon some removable bodily cause; prognosis is bad when the bodily cause is irremovable, and most unfavorable cases of general paralysis of the insane, complicated with some severe bodily disorder.

3. Prognosis is good when the refusal of food occurs during a first attack of mental alienation; prognosis is bad if the refusal occur during a second or subsequent attack.

4. Prognosis is good, if, after once being fed artificially, the patient take his food naturally; prognosis is bad if the patient require to be fed more than once, the recovery to mental health being less likely to occur in cases which have been fed a great number of times.

5. Prognosis is good if the health and weight of the patient remain about the same; prognosis is bad if the patient lose flesh, although fed daily, the tendency to death being very marked in such cases; it is also bad if the patient gain much flesh under the feeding, at least as regards the recovery to mental health, such patients drifting usually into a contented state of dementia.

6. Prognosis is good if the patient wish to recover; prognosis is bad if the patient have persistent suicidal tendencies.

7. Prognosis is good if the treatment both by drugs and by feeding be resorted to early; prognosis is bad if the treatment by drugs and proper feeding be delayed.

The paper concluded in the following words: From what has been advanced, it will be readily seen that the therapeutic value of food administered against the patient's inclination, depends far more upon the condition of the patient himself than upon the mode of administration or the kind of food administered.

Rupture of Liver—Death Three Days After.

The following case is reported in the Buffalo *Med. and Surg. Jour.*, September, 1883:

Male, æt. 35; body well nourished; in left side of frontal bone a wound one cm. in diameter penetrating to brain; anchylosis of left elbow-joint at right angles, from old injury; over back of joint a scar.

Brain not examined.

Chest.—On opening, found diaphragm on right side reaching to space between third and fourth ribs: liver close to it and invisible under ribs; transverse colon also far up under costal cartilages and xyphoid appendix; stomach pushed up; left lung in a state of engorgement, with here and there fibrin exudate in lobules; in both pleural cavities a small quantity of bloody serum; upper lobe of right lung normal, but middle and lower completely atalectatic by pressure from below; heart normal; chronic atheromatous disease of arteries generally, aorta throughout, and bifurcations; simple fracture of eighth and ninth ribs on right side.

Abdomen.—In peritoneal cavity, one and one-half litres of blood; spleen normal; liver exceedingly fatty; and, besides displacement upwards, a large radiating rupture near suspensory ligament, on convexity, deep into liver substance and entirely through the capsule; on under surface, near gall-bladder, an old cicatrix, possibly from an old tumor cavernosus or echinococcus cyst; stomach and intestines normal; bladder normal; in left kidney several small cysts, otherwise both normal.

Remarks.—This man was thrown violently from a vehicle by a runaway team, and lived three days after the perforation of his skull and rupture of the liver, with internal hemorrhage. The fatty degeneration, so marked, was naturally subsequent to and a result of the rupture. Still this is not so astonishing when we consider that the liver has been known to degenerate to an equally marked degree in phosphorus poisoning in twenty-four hours.

Extirpation of the Larynx.

We take the following from the *Med. Times and Gaz.*, July 14, 1883:

We learn from the May number of the *Indian Medical Gazette* that the Hindoo, whose larynx Surgeon-Major Dr. Macleod extirpated in December on account of a growth which filled up the rima glottidis, is progressing very favorably. The power of swallowing has been restored by winding a narrow rubber bandage round the neck, which supplements the deficient wall, aids by its elasticity the transmission of the food, and prevents the escape of this by pressing firmly on the edges of the aperture. Another apparatus constructed of vulcanite plugs the aperture, the food being passed through a hollow scooped out of the inner aspect of the plug. Feeding is accomplished partly by these apparatus, and partly by a soft catheter passed into the œsophagus and connected with a tin funnel and India-rubber valve. The restoration of the voice was a less easy matter, but after various methods had been tried, a pipe containing a reed was inserted into the roof of the tracheotomy-tube, and with this the voice and vocal articulation was restored; Mr. Woods adapted this to a vulcanite shield, which prevented the escape of air. The tracheotomy-tube served when unclosed for breathing and discharge of phlegm; and when its outer surface was stopped, the air passed through the vertical tube into the oral cavity, and voice was easily produced. The advantages of this arrangement are:

1. That sound is produced without much effort.
2. Its great simplicity and the ease with which it can be placed in position.
3. That breathing can be accomplished with great ease.
4. That the reed is not apt to become clogged with mucus.
5. Different sizes of reed, producing different pitches of voice, can easily be placed in the tube.

Removal of a Piece of Steel Embedded in the Loin for Twenty Years.

The following case is reported in the *Lancet*, August 18, 1883:

John H——, seaman on the s. s. "Lord Gough," American liner, came to consult me on June 27, during our voyage from Liverpool to Philadelphia. He complained of great pain and hard swelling in the left lumbar region, which prevented him from attending to his duties. I examined the spot, and found it very much inflamed and hard, and something black protruding from the centre. I then questioned the man as to whether he had received a hurt of any kind, and he stated that about twenty years ago he was a sailor on an English ship named the "Henrietta," and was lying in Shanghai, and alongside of them were a number of Chinese junks. He went on board one of them, and when returning to his ship was set

upon by some foreign police, and stabbed by one of the same in the back with a cane-sword. He was under the doctor's care for about three weeks suffering from what he thought to be a fractured rib, but after that time he was considered cured, and did not feel any pain or inconvenience until May last. Having received this history, I proceeded to make a closer examination, and found a piece of sharp-pointed steel about three and three-fourths inches long and three-sixteenths inch wide, corroded about one and one-half inches from the point, and presenting at the other end an old fracture. This had become encysted in the muscles of the back. I at once extracted it, and then applied linseed poultices to draw away the pus which had formed, and after a few days' treatment the man was perfectly well, and able to go back to his duty.

Rupture of the Vagina During Labor.

Dr. D. Berry Hart thus concludes a paper on this subject in the July issue of the *Edinburgh Medical Journal*:

1. During labor the uterine muscle exercises an upward tension on the cervix and pelvic floor segments.

2. The fœtal head exercises a dilating power on the cervix and pelvic floor segments, this dilating force acting at right angles to the long axis af the cervix and vagina.

3. The vaginal walls are constructed so as to bear longitudinal tension and eccentric strain. This is provided by the rugæ and the felted structure of the vagina.

4. The anterior vaginal wall, from its close incorporation with the urethra and loose union with the bladder, is the strong wall.

5. The posterior vaginal wall is structurally weak at its upper half inch, is more elongated during labor than the anterior one, and therefore—

Rupture of the vagina is most common where the posterior vaginal wall is covered by peritoneum, and when it occurs is a tension tear like cervical rupture.

The precise conditions under which such a vaginal tear happens will vary with each case. The preponderance of the frequency of cervical over vaginal rupture is marked, and is due in part to the head entering the cervix first. Finally, it is evident that a knowledge of the force necessary to tear this part of the vaginal wall would give us a force under that necessary to complete a full-time labor.

The Furrows and Folds of the Skin.

From *Virchow's Archiv.*, April, 1883, we note the following:

The cause of the minute cross-markings on the skin, which are found more or less universally, has always been a matter of interesting speculation. Lewinski has made these the subject of careful investigation and has proved that they are all due to foldings, as a result of repeated muscular action. The connection between folds and movements is a double one. By an approximation of the sections of the body as a result of movement, the skin is compressed and arranged in folds, which lie in one direction. On the other hand, movement may cause tension, which furrows the skin in the line of traction. The more extensive and complicated the movements are in any given part, the more elaborate will be the patterns in which these lines and markings are arranged. The arrangement can, however, always be traced back to the two factors of compression or tension. These folds implicate the superficial portions of the skin only, the epidermis and the papillary layer of the corium; the reticular layer of the latter takes no part in their production. Did these cross-markings not exist, the epidermis would be in constant danger of being separated from the corium during the movements of the body; for in these movements the corium is subjected to constant variations in tension, at one time being stretched, while at another it recovers itself.

External Urethrotomy.

Dr. John Brownrigg, of Columbus, Miss., reported this case to the last meeting of the State Medical Society, and we take it from the published transactions:

Jim Hines, black, aged about 30 years, applied to me on the 23d of October, 1882, with stricture of the urethra near the scrotum. The smallest bougie could not be introduced at the time. An abscess discharging pus, through which urine trickled, was situated on the top of the penis, near its junction with the pubis above the stricture. There was great induration and swelling of the penis around the abscess. On attempting to urinate, only a few drops escaped from the meatus, as well as from the fistulous opening. There was constant dribbling of urine from both places, with the characteristic odor about his person; much reduced in flesh, and painful expression. After several efforts, succeeded in passing the smallest bougie, strengthened by a small wire, through or nearly through the stricture, which was an inch in length. Slipped over this down to the stricture a larger bougie with the end cut off. Guided by the end of this large bougie, I cut down on the urethra and split it for an inch and a half, when I found an open canal on both ends of the stricture, above and below it. I then closed the wound with adhesive plaster and sutures. These soon gave way, and the urine flowed freely from the cut. This however closed in ten days by granulation, and on introducing a No. 12 bougie, American scale, I found a good urethra re-established.

The Indications for Hysterectomy.

Dr. M. Polk thus concludes a paper on this subject in the *New York Medical Journal*, August 25, 1883:

"I may sum up by saying that in cancer of the cervix, the common form of uterine carcinoma, Freund's operation is contra-indicated; for the disease, if local, can be eradicated by the amputation, if necessary, of the entire cervix; whereas, if glandular infection has occurred, a cure is impossible, palliative measures being then all that are justifiable. From this category I would exclude Freund's procedure, for it is, in my opinion, less useful and far more dangerous than a combination of the many now in vogue. In primary cancer of the body of the uterus it is justifiable, provided the diagnosis be made before glandular

infection has occurred; but this is a difficult, and, in some instances, an impossible question to determine, and that, too, in a rare disease.

"In sarcoma of the uterus it is fully justified, and the conditions calling for it can be determined with reasonable certainty, yet the disease is far from common. Consequently, the field open to the operation is very narrow."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——As a reprint from the *Medical Record*, July 21, 1883, we have received an article by Dr. C. L. Dana, entitled "On the Pathology and Treatment of Certain Forms of Nerve Weakness." The author wisely concludes that "it is not an easy thing to touch the stops and strings of an enfeebled nervous system so as finally to evoke harmonies. He who succeeds is more than a specialist; he is a true physician."

——We have received a very interesting "Report on Diseases of Women, from the First Congressional District." This paper was read before the Medical Association of Georgia by Dr. R. J. Dunn, of Savannah, Ga., and is a valuable contribution to the literature of this all-important subject.

——Dr. Joseph Parish, of Burlington, New Jersey, is the able editor of the "American Psychological Journal," issued by the National Association for the Protection of the Insane and Prevention of Insanity. It is a most excellent monthly, two dollars a year, and is published by P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia.

——"Notes on the Use of Hydrobromic Acid in Nervous Affections" is the title of a reprint from the *Journal of Nervous and Mental Diseases* for July, 1883, of an article by Dr. C. L. Dana, which concludes as follows:

"In all the milder affections for which the bromides are used, the acid can be substituted. It is, in moderate doses, agreeable, non-irritating, and will cause no eruption or other symptom of bromism. It has appeared to me to be especially efficient in producing vascular and nervous sedation in the post- and præ-hemiplegic conditions. Unless given in very large doses, it takes several days to get its best sedative effect."

——We have received a most elaborate and exceedingly valuable pamphlet from Messrs. William Wood & Co., New York, consisting of a paper by Dr. Ambrose L. Ranney on "The Topographical relations of the Female Pelvic Organs." It is a most carefully prepared and exhaustive study of the subject, and is well illustrated with twenty-two wood-cuts.

——In a little pamphlet received from James R. Osgood & Co., Boston, Dr. Joseph H. Warren describes three interesting cases occurring in private practice, as follows: 1. A somewhat rare disease of the spermatic cord, testes, and scrotum. 2. Encysted cancer of the spermatic cord. 3. Case showing family hereditary tendency to hydrocele and diseases of the scrotum—remarks.

——As a reprint from the *Medical Record*, August 18, 1883, we have received a very good article entitled, "The Corpora Quadrigemini, with remarks concerning the diagnosis and localization of lesions affecting sight," by Dr. Ambrose L. Ranney.

——We have received as a reprint from the *Cincinnati Lancet and Clinic*, July 21, 1883, a paper entitled "Parasites and their Effects upon the Human System," by Dr. George Sutton, of Aurora, Ind. We have already made some extracts from it.

BOOK NOTICES.

Elements of Histology. By E. Klein, M. D., F. R. S., Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London. Pp. 352. Philadelphia: Henry C. Lea's Son & Co., 1883.

Within the limits of three hundred and fifty-two pages Dr. Klein has produced a most excellent manual for medical students; it is illustrated by one hundred and eighty-one engravings, all of which are very fair, some very excellent.

The text is full without being burdensome, and the book, taken all in all, presents the elements of histology in an attractive form.

The Roller Bandage. By Wm. Barton Hopkins, M. D., Surgeon to Penn, Episcopal, and University Hospitals (out departments), etc., etc. Pp. 95. Philadelphia: J. B. Lippincott & Co., 1883.

Dr. Hopkins' connection with numerous surgical institutions has enabled him to gain an unusual experience in surgical dressings, manipulations, etc. He has endeavored to make this of use to others in his little book, trusting to illustrations rather than elaborate description to make the methods of applying the roller clear to the student.

The book is of value to the early beginner in surgical dressings, and may be read with advantage by older men, for good bandaging is an exceedingly important adjunct of good surgery.

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SCIENCE VS. RELIGION.

Is it true, as some would hold, that deep scientific study has a tendency to weaken one's faith in religion and in the existence of a *God*—of a supreme power, possessing unnatural or supernatural attributes? or is this an erroneous notion, born of a superficial perception of scientific truths only, and not shared in by truly scientific men.

It is a question of importance; for the mass of humanity blindly follow a few supposed leaders; and to those who desire to be scientific, the denial of religion and of God become necessities, if they consider that it is scientifically fashionable to so deny, and that by so doing they are following in the footsteps of those whom they have set up to themselves as models.

In the first place, let us see whether science really warrants the disbelief in a supreme power.

Have scientific pursuits, wonderful as have been their advancement of late years, really altered our position towards the phenomena of nature? Although we know more to-day than did our ancestors of the workings of nature's laws, are we really any more capable of originating similar laws than were the early Christians, who blindly believed in their divine origin? Can it be possible that intelligent men and women would for one minute attribute the origin of these marvellous laws to *chance*? and if we deny this origin, and if thousands of years have been unable to produce a *human* being possessed of this requisite power, must we not, simply for the want of some better explanation, to say no more, attribute their existence to some agency possessing even greater power than the greatest human being who has ever yet lived, or who is likely to live—to a God?

If certain things are done, and we cannot do them, we must perforce admit that some person exists who has greater power than we have; and by this process of reasoning, common sense leads us up to God.

Now if science does not teach against God—and it does not—do *truly* scientific men disbelieve in his existence? No, a thousand times no; all the leaders of scientific thought concur in the state-

ment that there is nothing in the teachings of science opposed to the belief in a supreme power. The greatest infidel of the day, he who has done so much to popularize infidelity, is he a *scientific* man? By no means. The very power that he derides has endowed him with the strong weapon of ridicule, the really powerful weapon in the hands of a man who lacks strong substantial arguments for his case. Vanderbilt and Gould are *smart* men; they are smart enough to make money; but would we, for one minute, take our religion from either of them? So this apostle of infidelity is a smart man, smart enough to ridicule and make light of religion because the world of to-day does not like the restraints religion imposes upon them, and to fill his pockets. But does he, or can he, bring forward any really scientific arguments for his infidelity? Why, he never even tries; his arguments are all *ridicule*, and any man who possesses the ability can *ridicule* any subject.

Do our really scientific men deny God? By no means. We have already published Darwin's belief on this subject, in which he holds that there is nothing in the teachings of science opposed to Divine existence; and now read what the great Harvey says:

"We acknowledge God, the supreme and omnipotent Creator, to be present in the production of all animals, and to point, as it were, with a fing-r, to his existence in his works, the parents being in every case but as instruments in his hands. In the generation of the pullet from the egg, all things are indeed contrived and ordered with singular providence, divine wisdom, and most admirable and incomprehensible skill; and to none can these attributes be referred save to the Almighty First Cause of all things, by whatever name this has been designated; the Divine Mind by Aristotle, the Soul of the Universe by Plato, the Natura Naturans by others, Saturn and Jove by the ancient Greeks and Romans; by ourselves, and as is seeming in these days, the Creator and Father of all that is in heaven, or earth, on whom animals depend for their being, and at whose will and pleasure all things are and were engendered." (*On Generation*, p. 462.)

These isolated examples could be indefinitely multiplied, but it is unneeessary; it would take volumes to exhaustively discuss this subject; we wish merely to call attention to the fact that it is neither correct nor fashionable, according to the *true* interpretation of scientific teaching, to disbelieve in God.

We have merely thrown out a few hints, upon which common sense can build.

TINCTURA GELSEMII IN NEURALGIA.

The number of women complaining of a localized pain in their left side is considerable, and this pain is usually so annoying and persistent that it makes the person affected with it forget all the other symptoms, which possibly might explain to the physician the real cause of this neuralgia. The relation which exists between this intercostal neuralgia and a morbid condition of the utero-ovarian apparatus has comparatively least been studied by those who profess to occupy themselves specially with gynæcology. But what is still less known is an efficacious treatment of this neuralgia, which makes life more miserable than the uterine or ovarian affection alone does.

One can surely say: *Sublata causa tollitur effectus.* Most of the symptoms and signs accompanying such lesions of the sexual organs develop themselves as slowly and hidden as the original disease itself. And as the treatment of the latter, at least as regards slowness of effect, goes generally hand in hand with the progress of the malady, the symptomatic and functional disturbances of the other more or less remote organs must, to cause their disappearance, be subjected to a special treatment addressed directly to them. To combat therefore with more or less success the neuralgia, which has mostly its seat in the mammary line not far from the nipple on the left side, quinine, aconite, morphia, atropia, the bromides, and many other remedies have been tried, but usually in vain.

It is J. Chéron who, in the *Rev. Méd. Chir. des Mal. des Femmes* (August 5), reports that he thinks to have found a remedy which, in the cases where he made use of it, has answered better the pur-

pose and has met with a more uniform and certain result than any of those we mentioned. This is the tinctura gelsemii sempervirens, which he gives in the following manner:

He lets the patient take from three to five tablespoonfuls of the following mixture daily, either half an hour before the midday meal, or three hours after the same:

℞.	Tinctur. gelsemii,	♏ c
	Syrup simplic.,	fl. ℥ x.
	Aquæ destillat.,	q. s. ad ℥ viij.
M.		

This way the patient takes from fifteen to twenty-five drops of the tincture per day. It is not necessary to increase the dose still further. Should any special points of neuralgia exist, he touches them every third day with the tincture of iodine.

The latter procedure we cannot recommend. To apply the tincture only every third day is almost useless; more effect is produced by employing the same three times every day; but the best remedy, and one which invariably will cause a disappearance of the pain, at least for some time, even without any internal treatment whatever, is the application of a small fly-blister, say of from two to three inches in size. But the emplastrum cantharidis should be left on the skin for eight hours, and be sprinkled over with morphiæ gr. iss. to prevent dysuriá, easily happening in women, and must then be followed by a hot poultice, applied for about one hour only, as then any blister that wants to raise will do so, and besides the certainty of the success of the operation the patient saves herself from the annoyance of seeing every day develop another small blister. Care should also be taken not to tear the skin when removing the plaster, to dress the sore twice daily with benzoated zinc ointment, to which Peruvian balsam has been added; and if these precautions are made use of, the patient will not only be rid of her pain, suffer little from the inconvenience of the blister, but find the sore healed within three or four days.

Lycopodium sprinkled over oiled silk prevents the fabric from adhering.

Notes and Comments.

Double Sciatica in a Cancerous Patient.

The *London Med. Record*, July 15, 1883, tells us that Charcot (*Le Prog. Méd.*, No. 18, 1883), in a recent clinical lecture, described the case of a woman, aged 61, operated on several times for scirrhus of the breast, who developed severe double sciatica, together with pain in the regions of both anterior crural nerves; the pains were exasperated by the erect position, so that walking was impossible. There was tenderness in the lumbar and sacral region of the spinal column; there was no muscular atrophy, alteration of reflexes, or disturbance of the functions of the bladder or rectum. Double sciatica is always symptomatic, a statement which does not deny that unilateral sciatica may be also. The causes of double sciatica are (*a*) diabetes, but in this the urine was free from sugar; (*b*) certain spinal affections, locomotor ataxy, and meningo-myelitis, but which would present symptoms that were absent in this case; (*c*) some alteration in the nerves themselves. This would be most readily accounted for by cancerous invasion of the vertebral column causing pressure on the nerves; as there was no evidence of any tumor in the pelvis. Secondary cancer of the spinal column was held by Cazalis to be very common, especially after scirrhus of the breast, but it may also be found in those affected with cancer of the stomach. The presence of double sciatica should contra-indicate operation for tumors of the breast, as metastasis may be inferred. Intense neuralgia in patients at the age for cancer should suggest careful examination of the breasts, the stomach, and the uterus. Pseudo-neuralgic pains are the ordinary clinical signs of vertebral cancer; but a fungous mass may project from the spine, in which case the vertebræ are infiltrated, and the consequence will be similar to those of Pott's disease.

Reduction of Temperature by Cold Baths.

In the *Medical Annals*, June, 1883, Dr. Henry Hun has an article on this subject from which we take the following conclusions:

First. The cold bath will reduce the fever several degrees.

Second. The temperature will remain low for two or three hours.

Third. As to the effect of the cold bath on the other symptoms of the disease: The pulse is very slightly lowered, the patient is roused out of his condition of sopor. This rousing of the patient

seems to be in great part due to the excitement attendant on the baths, and this excitement also produces a condition of nervousness in the patient which, I think, is unfavorable. So much, I think, we have seen from our case, and this is about what is claimed for cold baths by their advocates, except that they add that there is a general parenchymatous degeneration of the organs of the body produced by the fever, and which does not occur when the fever is moderated by cold baths. The parenchymatous degeneration, which consists in the deposition of solid albuminous matter in the cells seems to me to be due to the want of fluid in the tissues in typhoid fever, and it can be obviated, I think, quite as well by giving plenty of water to the patient to drink as by cold baths. In typhoid fever there is an increased production, not a diminished loss, of heat, and by cold baths the loss of heat is increased, and consequently, since the average temperature remains the same, the production of heat is increased, and there is increased oxidation of the tissues.

Lesion of the Foot in Tabes.

The *Med. Times and Gaz.*, August 25, 1883, says:

The changes which take place in long bones and large joints of the body in tabes are, thanks to the labors of Charcot, now universally known and recognized. To these we have now to add a somewhat similar affection of the bones of the foot, owning the same cause. At a recent meeting of the Société Anatomique de Paris (*Progrès Médical*, 1883, No. 31), MM. Charcot and Féré read a communication on "The Tabetic Foot." The clinical characters of this condition are briefly the following: The inner border of the foot shows a considerable thickening from the ankle to the tarso-metatarsal articulation or thereabouts, so that the arch of the foot disappears; the metatarsus appears to be dislocated outwards, so that an angular projection is formed on the inner side of the foot. Pain is hardly ever present, and neither redness nor crepitation in the joints has been hitherto recognized. MM. Charcot and Fêré have had the opportunity of examining one foot post mortem, when they found that the inferior articular surface of the astragalus and the articular surface of the os calcis were eroded and worn, their margins presenting small vegetations; there was a transverse fracture of the astragalus through the neck; the scaphoid and cuboid were so much worn as to be hardly recognizable. The first cuneiform bone was increased in thickness from above downwards, as also was the first metatarsal bone, to which it was anchylosed. The second cuneiform bone was likewise distorted and anchylosed to the second metatarsal bone. The third cuneiform bone was represented simply by a number of small fragments. All the bones of the tarsus and metatarsus had a spongy appearance, and were unusually light and friable.

The Diagnostic Value of the Bacilli Tuberculosis.

Dr. J. E. Graham read a paper on this subject before the Ontario Medical Association, in which he detailed a number of investigations made by him. We extract the following from his address as published in the *Canadian Practitioner*, for July, 1883:

1. That bacilli are found in the sputa of almost, if not all cases, of phthisis. It is doubtful if there is any case of active disease in which bacilli will not be found, provided the sputa come from the lungs, and five or six different examinations are made.

2. They are found on the first examination in three-fourths of the cases.

3. The presence of the bacilli is a positive evidence of the disease.

4. There are doubtful cases in which the examination of the sputa for the bacilli will be of decided value in arriving at a correct diagnosis. In three or four of the cases given, the presence or absence of bacilli was to me of great assistance.

5. As to prognosis, the number of bacilli is in proportion to the amount and rapidity of the process of destruction. There are cases in which there is a rapid formation of miliary tubercle, in which the sputa will show a small number of bacilli. As soon, however, as in such cases breaking down commences, the bacilli will be found in very great abundance. This fact was shown in No. 2.

6. It might be said, as a general rule, that in the more chronic cases the bacilli are fewer in number and, I think, smaller.

Tumor of the Brain.

A man, æt. 49, till then always of vigorous health, and so far never having had need of the services of a medical man, felt about two months and a half before his death a peculiar weakness, attacking first his left leg, then the left arm. The region supplied by the facial nerve normal; the special senses perfectly intact; not the least headache; no neuritis optica. Finally, a moderate disturbance in speech, a peculiar difficulty he experienced in uttering articulate words; deviation of the tongue towards the left side; coma; death.

In the middle of the anterior right central convolution, posteriorly, not passing over the fissure of Rolando, a focus of softening (of the size of a five-dollar gold piece) of the gray cortical substance was met with, extending to and including the posterior ends of the three frontal convolutions. A frontal section through the anterior central gyrus brought to view below it in the centrum ovale a round tumor (glioma) of the size of a small orange, and extending as far as the ventricle. The rest of the brain was healthy. This is one of the rare cases in which a perfectly circumscribed lesion, confined to the motor area, not only explains clearly every symptom, but proves also the truth of the modern theory of localization of functions in the brain. (Bernhardt in *Centrl. f. d. Med. Wissensch.*, August, 1883, from "Brain.")

The Treatment of Chorea.

The *Med. Peess and Circular*, August 29, 1883, tells us that in the course of a clinical lecture on chorea, Professor H. Nothnagel remarked that when the disease followed articular rheumatism, salicylate of soda was given; but this treatment had to be pursued empirically and carefully, as nothing was yet known of the nature of the disease. Opiates had no effect, neither had Calabar bean. Nowadays potassic bromide was almost always given, but without any good result. As calmatives, and for the purpose of procuring sleep, morphia and chloral might be given. He had convinced himself by numerous experiments that propilamine was useless. Arsenic, in the form of Fowler's solution, was still the most effective remedy. It could be given by itself or in water. He suggested the folowing:

℞. Liq. Fowleri, grm. v.
Aq. destill., grm. xv.
M.

Five drops to be given in a tumbler of water immediately after meals, and the dose to be increased by three drops every day until it reached thirty drops, after which it was to be slowly diminished. The constant current was another effective remedy in chorea, combined with tepid bathing or the application of ice-bags to the spine.

Melituria after Scarlatina.

In *Jahrbch. f. Kindhlkde.*, xix. B., 2 H., Zinn says:

"Diabetes in children, though more frequent than some suppose, is still rare enough to make every case of interest. On January 27, a fine, healthy four-year-old boy sickened with severe scarlatina, accompanied with extensive diphtheria of the fauces and posterior nares. On the thirteenth day otitis made itself known, and on February 11th began an acute nephritis, which ran a very severe and stormy course, but yielded, and the patient seemed to be doing well. In spite, however, of a good appetite, the child did not gain strength, and during the whole of March could not leave the bed. At the first of April it was found that there was a paretic condition of the right leg, but this gradually passed away. Ten weeks after the beginning of the sickness, the slight trace of albumen still existing in the urine, and the *increased* heart's action led to a more careful examination of the secretion, and it was found to contain a large quantity of sugar. Under proper diet and the use of salicylate of soda, the sugar gradually diminished, the quantity of urine became normal, and the child regained his strength and spirits. Repeated examinations since the middle of June have discovered no sugar. The diabetes may be said to be entirely cured. The case is interesting both in its etiology and in its result. There is in the literature of the subject no case known to the author of melituria following scarlatina. Of 111 cases of diabetes in children from various causes, Gerhardt reports only seven ending in recovery. The case should at least make us careful, in all cases of retarded recovery from scarlet fever, to examine the urine for sugar."

A Clinical Study of the Action and Uses of Caffeine and Convallaria Majalis as Cardiac Tonics.

In the *Therapeutic Gazette*, August 15, 1883, Dr. Beverley Robinson, of New York, thus concludes a paper on this subject:

Summary of Cases Seems to Show:—1. In caffeine and convallaria we have two efficient heart tonics.

2. Diuretic action of caffeine is more marked than that of convallaria.

3. Convallaria is well borne by the stomach of most patients suffering with chronic cardiac disorders.

4. When not well supported, rejection of medicine by the stomach is probably due to the uræmic condition already commencing.

5. As cardiac tonics it is difficult, as yet, to assign a decided superiority to either of these drugs, they both giving increased cardiac power.

6. Cumulative effects do not occur from their continued use during a period of ten days or more.

7. Their power of restoring the rhythm to the cardiac pulsations, and increasing the bulk of urine, is not equal to that of the infusion of digitalis.

8. In this latter drug we have still the most efficient heart tonic and regulator which has been discovered.

9. Digitalis is a more powerful diuretic than caffeine.

Removal of a Foreign Body from the Womb of a Consumptive Woman, Followed by Recovery.

After reporting this case in the *Cincinnati Medical News*, June, 1883, Dr. Wade M. Logan, says:

The later history of this case, dating from the cancellation of its gynæcological feature, involving, as it does, the gradual but constant improvement in all of the bodily functions until the complete arrest of the consumptive complication, and recovery, whereas prior to that no treatment was at all availing, illustrates quite felicitously a matter that Dr. James Henry Bennet, of London, has frequently pointed out, viz.: that many consumptive women, having a neglected female complaint, are frequently unsuccessfully treated for the pulmonary malady, until after due attention to the uterine disorder. He says: "Through the usual morbid reaction of the uterus on the stomach, they have no appetite, are tormented with nausea, and can neither eat nor digest. They all invariably perish, if I am not able in time to remove the uterine malady, and thus to restore the tone of the stomach, the natural desire for food, and the power of eating and digesting."

Pneumonia Without Fever.

We take the following from the *Med. Record*, September 8, 1883:

Although in aged or cachetic individuals it is not very uncommon to see a pneumonia run its course without any noteworthy elevation of temperature, such an occurrence under other conditions is rare. Dr. Mazzotti reports a case of this kind in a robust and well-nourished porter, sixty-three years of age. The patient was suddenly seized with sharp pain in the side, cough, and bloody expectoration. Physical examination revealed the presence of a croupous pneumonia involving the left lower lobe. During the entire course of the disease, which terminated favorably, the temperature never exceeded 99.5°, and reached this height but once, being normal the rest of the time. A similar case has been recorded by Korányi. —*Centralbl. für Klin. Medicin.*, July 14, 1883.

Treatment of Diphtheria by Cold Water.

Dr. A. Worthington was led to use cold water in diphtheria, because he had successfully used it for twenty-seven years in all forms of scarlatina, and he says that he has not been disappointed. A cold wet cloth, large enough to cover the entire body, is wrapped around the patient, and it is covered with dry flannel; it is changed every half-hour for a fresh one. In the *Canada Lancet* for June, 1883, he thus concludes his article:

1. The treatment of diphtheria must be begun with the invasion of the disease to secure any safety to the patient—not a moment's time should be lost.

2. The cold water applications should be made on the first appearance of a rise in temperature, and its continuance governed by the tendency of the extremities to become cool.

3. The most careful attention should be given to the nourishment of the patient from the first.

4. Adynamic symptoms should be anticipated by the free use of stimulants and tonics, and the application of artificial heat if necessary.

Position in Labor.

Dr. A. Drummond Macdonald read a paper on this subject before the British Medical Association which concludes as follows:

In conclusion, you will understand the meaning which I wish fully to convey when I say that upon the integrity of the pelvic floor a great measure of the health and happiness of woman depends. What we have to think of is not how to repair, but how to prevent, laceration, both of its pubic and perineal, but chiefly of its perineal, segment. I have shown that a more or less sigmoid position tends to produce these lacerations, whereas a rectilinear position tends to prevent them. Is it not, therefore, advisable that we should abandon the "established" in favor of the straight-bodied position, as being more in accordance with the upright arrangements of nature?

Fatal Cyanosis in a Boy Aged Seven, with Post-mortem.

Before the Baltimore Academy of Medicine. (*Maryland Med. Jour.*, June 30, 1883), Dr. McKew reported the following case:

A boy, æt. 7, the subject of cyanosis, who had had scarlet fever recently but was entirely well of that, complained of vague pains about the joints. This was followed by gradual exhaustion, he refused to take nourishment, and died in convulsions. On opening the chest *post mortem*, there was intense lividity of the lungs; the ductus arteriosus was patent, and the size of a pencil; the foramen ovale was closed; there was very marked thickening of the right ventricle. This patient's

intellect was good, and he had no apparent disease to account for the symptoms.

The Treatment of Whooping-cough.

The *Boston Med. and Surg. Journal*, September 6, 1883, says that Dr. Archambault (*Gaz. des Hôpit.*, No 28, 1882, and *Progrès Méd.*, Nos. 48–52, 1882) recommends that children suffering from this disease should be kept in-doors, and that special attention should be paid to keeping the temperature of the rooms they occupy uniform. He states that by means of such precautions "it is almost certain that such lung complications as capillary bronchitis and broncho-pneumonia may be prevented." In support of his advice he points to the fact that summer attacks of the disease are always milder than those occurring in winter. The drug he recommends is sulphate of atropine, 1-1000, one drop thrice daily for children a year old, two drops for two-year-old children, and so on.

Epidemic Religious Excitement.

The *Brit. Med. Jour.*, August 18, 1883, says that the *Journal de Ploërmel* reports a curious example of one of those outbreaks of epidemic nervous disorder which were characteristic of the middle ages, but are now rarely heard of. Of fifty pupils of the Girls' Congregational School of Saint Marlo des Trois Fontaines, upwards of thirty-five have been attacked by a nervous disorder having all the symptoms of St. Vitus's dance. The school has been closed by order of the local authorities.

With the system in vogue in our country of educating the mind at the expense of the body, we wonder that such hysterical demonstrations are not very common.

A New Uterine Supporter.

As a means of giving tone to the vaginal walls, supporting the uterus, curing leucorrhœa and preventing intercourse, Dr. H. S. Humphrey recommends the use of the following powder, in the *Medical Age:*

Amylum . . . . . } āā ʒj.
Sacch. alb. . . . . }
Finely pulv. chloride of sodium. . . ʒj.

M. Triturate thoroughly and put in a bottle; cork tightly.

A large speculum is introduced, Douglass' cul-de-sac packed, and as the speculum is withdrawn, the vaginal walls are well smeared with this powder.

Co-existence of Diphtheria and Typhoid Fever.

After reporting a case in the *Brit. Med. Jour.* July 14, 1883, and commenting on the identity of the causative agent of these two diseases, which is claimed by some authorities, Dr. G. E. Paget says:

"The recorded cases of co-existence of diphtheria and typhoid fever are not numerous. If they were, they would afford some countenance to the view that the poison of diphtheria is identical with that of typhoid. It is, of course, conceivable that they might be. But so many epidemics of typhoid fever occur without diphtheria, and so many of diphtheria without typhoid, that the evidence at present is strongly against the identity of these essential causes."

Effect of Alum Gargles upon the Teeth.

M. Young (*Courier Med.*), prescribed a gargle containing a small proportion of alum for a woman suffering from chronic pharyngitis with catarrh of the middle ear. The patient, finding relief, continued its use for some three weeks. But perceiving that, at meals, her teeth began to crumble into little pieces, she consulted her dentist, who considered it due to the alum gargle, as when the enamel is removed from the teeth, the alum breaks down the dentine. To prevent this it is best, immediately after using an alum gargle, to wash the mouth out with a solution of bicarbonate of soda or an alkaline water.

Extract of Quebracho in Dyspnœa.

Dr. Mariani y Larrion, in *Il. Sentida Catal.*, March, 1883, asserts that this substance diminishes the frequency of respiration and of cardiac contraction in a very short time. It proves of especial advantage in dyspnœa of nervous origin, and perhaps also in that observed in acute affections of the thoracic organs.

He has found also that it may be used for a long time without injury to the system.

Some of the conclusions of the author must be received with reserve, for certain of the alkaloids obtained from quebracho are toxic, as proven by the recent experiments of MM. Huchard and Eloy.

Rupture of Uterus, Caused by Ascites of Fœtus.

Delay in delivery, when position and everything else seemed favorable, caused Dr. A. Chevallier Preston (*Lancet*, July 7, 1883,) to marvel. The pains were good, yet the fœtus was not expelled. Considerable traction on forceps was futile. Introduction of the finger revealed enormous ascites of the fœtus; the abdomen was punctured, and the child delivered. The uterus

was ruptured, and considerable hemorrhage occurred, which was controlled. On the fifth day it recurred suddenly, and the woman died before assistance could be rendered.

Is there a Voluntary Muscle Controlling the Pharyngeal Meatus of the Eustachian Tube?

Dr. Thomas F. Wood asks this question in the *Annals of Anatomy and Surgery* for July, 1883. He answers it by saying that in one case, which he reports in the journal (himself), he is firmly impressed with the belief that there is such a set of voluntary muscles, and it may be possible by minute dissection to determine this. He does not think that his case is unique, and believes that a larger observation will show this condition to be not uncommon.

A Case of Early Recurrence of Measles.

Instances of early recurrence of zymotic diseases in the same subject are so comparatively rare as to be worthy of passing note. Dr. Alexander Stewart reports a case in the *Glasgow Med. Jour.* for September, 1883. The patient, a child seven months old, had measles in May of this year; a perfect recovery ensued, when on June 5, thirty-three days after the commencement of the first attack, a typical case of measles again manifested itself. The recovery from the second attack was slow, but ultimately complete.

The Diseases of Monkeys.

In a communication on this subject to the *Lancet*, August 18, 1883, Dr. J. B. Sutton furnishes a weapon for the opponents of the popular idea of Darwinism, *i. e.*, *our descent from monkeys*, for he forcibly notes the three following points:

"1. The infrequency of tubercle. 2. The remarkable absence of tumors. 3. The absence of kidney disease of any description." While the great frequency of these diseases among human beings is well known.

For Cramps.

In the *Brit. Med. Jour.*, September 1, 1883, a correspondent recommends the following for cramps: Extract of hyoscyamus 3 grains, camphor 2 grains, bromide of morphia $\frac{1}{12}$ grain, in a pill at bedtime; while another writer claims good results from small doses of bichloride of soda.

A Successful Injection of Saline Solution.

Prof. Nothnagel and Herr Ritter von Hacker recently injected into a vein in the upper part of the arm about two pints and three-quarters of a solution of common salt of 0.6 per cent., rendered alkaline by two drops of a concentrated solution of soda. The patient was a young man who was in imminent danger from weakness of the heart, consequent upon loss of blood by reason of an abscess in the stomach. He is getting well.

Manaca in Gonorrhœal Rheumatism.

Dr. George Herschell says in the *Lancet*, August 18, 1883, that he has successfully treated many cases of gonorrhœal rheumatism with five minim doses every three hours of fluid extract of manaca (Franciscea uniflora). He has also used it in *simple* acute rheumatism, and his results have been equal to those derived from salicylate of soda, while in some cases, manaca has succeeded when the former has failed.

Postponed Syphilis.

Dr. Laffan records in the *Lancet*, August 18, 1883, a fatal case, in which syphilitic necrosis of the frontal bone occurred in a man aged thirty-four years, seven years after he had contracted the disease, he having been comparatively free from manifestations during most of the interim. Mercury had been freely used in the early treatment.

Traumatic Tetanus from Railroad Injuries.

Dr. F. W. Beard, of Vincennes, Ind., believing this condition to be almost universally fatal, says (*Ft. Wayne Jour. Med. Sci.*, July, 1883,) that he would recommend chloroform in violent cases, not with a curative idea, but merely to smooth the path from time to eternity.

Correspondence.

A New Remedy for the Nausea of Pregnancy.

Eds. Med. and Surg. Reporter:—

Your recent article on "Pop-corn for the Vomiting of Pregnancy" reminds me that a domestic remedy in repute in this locality may be of value to some of your readers. It is prepared by charring kernels of the common Indian corn and making a "tea" of them. A sip of this "tea," either cold or warm, is taken when feeling the nausea, and in every case in which I have seen it used it seems to answer the purpose.

I record this not because I consider this remedy a "specific," but because in such a peculiar and obstinate trouble as this, the physician's quiver should be supplied with every arrow that is at all likely to do execution, and I have never seen it mentioned in any print. Illinois.

West Jersey, Ill., September 25, 1883.

News and Miscellany.

Tri-State Medical Society of Indiana, Kentucky, and Illinois.

This society met in its ninth annual session in Indianapolis, September 18, 19, and 20, and the following papers were read: "Torticollis," by Dr. D. S. Booth, of Sparta, Ill.; "Treatment of Compound Fractures," by Dr. Ap Morgan Vance, of Louisville, Ky.; "Nerve-Stretching," by Dr. J. B. Wright, of Olney, Ill.; "Fracture of Os Frontis of Eighteen Years' Standing," by Dr. W. S. Haymond, of Indianapolis; "Myelitis Due to Arsenical Poisoning," by Dr. A. W. Brayton, of Indianapolis; "Syphilitic Interstitial Keratitis," by Dr. H. M. Post, of St. Louis; "Resection and Amputation: Their Relative Value," by Dr. R. E. Haughton; "Physiology and Pathology of Insanity," by Dr. N. Field, of Jeffersonville; "Some Mental Problems in Questions of Medical Jurisprudence," by Dr. C. G. Commegys, of Cincinnati; "Insanity," by Dr. Hays, of Chicago; "Sponge-Grafting," by Dr. Edward Borck, of St. Louis; "Stone in the Bladder," by Dr. H. H. Mudd, of St. Louis; "The Anti-pyretic Treatment of Typhoid Fever," by Dr. G. C. Smythe, of Greencastle; "Diseases of the Fallopian Tube, with Tait's Operation as a Means of Cure," by Dr. Thomas Harvey, of Indianapolis; "Chloroform in Labor," by Dr. G. V. Woolen, of Indianapolis; "Notes on Tracheotomy," by Dr. William H. Myers, of Fort Wayne, Ind.; "Errors of Refraction and Defects of Accommodation," by Dr. L. J. Jones, of Chicago; "Hutchinson's Inhaler," by Dr. William Byrd, of Quincy, Ill.

The officers elected for the ensuing year are as follows:

President—Dr. B. N. Griffith, of Springfield, Ill.

Vice-Presidents—Dr. J. W. Matthews, of Louisville, Ky.; Dr. C. G. Commegys, of Cincinnati, O.; and Dr. J. E. Link, of Terre Haute, Ind.

Secretary—Dr. G. W. Burton, of Mitchell, Ind.

Chairman of the Committee on Arrangements—Dr. F. L. Matthews, of Springfield, Ill.

Chairman of the Committee on Programme—Dr. C. P. Pearson, of Indianapolis, Ind.

It was decided to hold the next meeting of the Association at Springfield, Ill., within two weeks of the middle of September, 1884, the exact date to be given at an early day.

The Tribulations of a Country Obstetrician.

The *Journal of the American Medical Association* says:

Under this title a Dr. Pierre gives, in the *Gazette Med. de Picardie*, a very amusing account of his experiences. In one of his cases, where he assists at the birth of a child born out of wedlock, the mother of the mother is highly indignant, not at the condition of her daughter—that is a small matter—but that the mother of the father is not present at the birth, an indignity which she could not brook, but which was finally condoned by the arrival of the offending party. One case can well be given in his own style: "I was on duty at the Hospital Saint Antoine. One night, about one o'clock, I was awakened to receive a patient. She brought with her in her arms an infant that was nearly naked. I received her as an urgent case. The next day she gave me her history, but I will let her speak for herself: 'I am a very gay person, sir. I love the ball. I have not absented myself during my pregnancy, which yesterday passed the seventh month. At ten o'clock last evening I was one of the first at the dance, near the Place du Trone. I did my best. After several country dances I felt pains. So much the worse, said I, if it is coming this evening, as I have not reached my full time. I will leave the hall as late as possible. But the pains continued. The more I suffered, the more I danced. In the *cavalier seul*, which at our balls leaves the ladies to dance alone, seized with sharp pains, I made some astonishing contortions while dancing. I had a remarkable success. Then the *galop* followed, in which I seized my partner with a vigor I did not know I was capable of, when suddenly the waters broke. The accident was observed, but was attributed to a different cause. The jokes rained on me. I tried to escape; they pursued me. I ran out; they followed me. I passed down the Boulevard Mazas; some thirty of them were at my heels. Where the Mede Charenton branches off, I climbed over the board fence of a wood-yard. Fortunately, my pursuers had lost track of me. I sat on the ground; it was time; the child came five minutes afterwards. I have wrapped it up in my handkerchief; and small as it is, I think it will live.' She was right; both mother and child did well, and she left the hospital ten days later without any disagreeable complication."

Some Objections to the Employment of Boracic Acid for Preserving Food.

The *Chemist and Druggist*, August 15, 1883, says:

"Boracic acid has of late been much talked about, and either alone or mixed with other substances, actually employed as a food preservative. In a paper by J. Foerster, sent to the *Berichte der deutchen chemischen Gesellschaft*, July 23, 1883, he points out that, from the results of diet experiments carried out under his direction, the protracted consumption of even small quantities of boracic acid with the daily food is, in his opinion, detrimental to proper nutrition.

"The author found that, living upon a diet consisting exclusively of milk and eggs, with and without the addition of boracic acid, and carefully examining the fæces in all cases where boracic acid had been consumed, there was an increase in the excretion of dry substance and nitrogen; that more than the normal quantity of bile was excreted, and that albuminous constituents of the food were unnecessarily lost."

Health Aphorisms.

The following wise sayings are formulated by Frank H. Hamilton:

The lives of most men are in their own hands, and as a rule the just verdict after death would be *felo de se*.

Light gives a bronzed or tan color to the skin; but where it uproots the lily it plants the rose.

Mold and decaying vegetables in a cellar weave shrouds for the upper chambers.

A change of air is less valuable than a change of scene. The air is changed every time the direction of the wind is changed.

Calisthenics may be very genteel, and romping very ungenteel; but one is the shadow, the other the substance, of healthful exercise.

Blessed be he who invented sleep; but thrice blessed the man who will invent a cure for thinking.

Milk drawn from a woman who sits in-doors and drinks whisky and beer, is certainly as unwholesome as milk from a distillery-fed cow.

Dirt, debauchery, disease, and death, are successive links in the same chain.

American Climatological Association.

This new Association, having for its object the study of the diseases of the respiratory organs, together with the influence of climate upon them, was organized in New York, September 25.

Drs. Tyndale, of New York, Bruen, of Philadelphia, and Garland, of Boston, were appointed a committee to draft a Constitution and By-laws, to be submitted to the next meeting, and the same committee was appointed temporarily a Board of Censors.

Drs. Garnett, of Washington, Donaldson, of Baltimore, Bosworth, of New York, Shurley, of Detroit, and J. C. Wilson, of Philadelphia, were appointed a Committee of Arrangements for the annual meeting, which will be held in Washington either immediately before or after the next meeting of the American Medical Association.

The following officers were then elected:

President—A. L. Loomis, M. D., New York.

1st Vice-President—F. I. Knight, M. D., Boston.

2d Vice-President—W. H. Geddings, M. D., Aitkin, S. C.

Secretary and Treasurer—J. B. Walker, M. D., Philadelphia.

Papal Honors to a Medical Man.

His holiness, the pope, has just conferred the Knight Commandership of the Illustrious Order of Pius on Dr. Anthony Colling Brownless, K. G. G., Vice-Chancellor of the University of Melbourne, and Senior Consulting Physician, Melbourne Hospital. This decoration carries with it a patent of nobility. The order is a temporal one, and is conferred upon members of all religious creeds who, for their distinguished attainments, high official rank, or great public services, are considered worthy of the honor. Dr. Brownless, who received his professional education at St. Bartholomew's Hospital, is an M. D. of the University of St. Andrews and of Melbourne University, and is a Member also of the Royal College of Surgeons of England.

Opposition to Homœopathy in Austria.

According to the Austrian papers, a medical man, named Schmidt, left a sum of $12,500 some years ago for the purpose of establishing a chair of homœopathy at the Vienna Medical College. The Minister of Public Instruction invited Professor Seidelmann a short time since to report upon the technical value of hoinœopathy. His somewhat lengthy treatise (the views of which are fully agreed in by Professor Rokitansky) expresses the opinion that the teaching of homœopathy at the institution in question would be unworthy of the present situation of medical knowledge. Acting on this report, the Government is said to have refused to accept the legacy, the ultimate disposal of which is now a matter of some uncertainty.

Artificially Colored Pickles.

The Court of Appeals in Brussels has decided that the objection to pickles artificially colored green by the contact of the vinegar with copper utensils is a mere prejudice. Some manufacturers of pickled gherkins in that city having been condemned in December last to a fine for having, in the technical language of the judgment, "sold or exposed for sale certain substitutes affected by copper verdigris of a nature to cause the death of the consumer, or at least to produce effects injurious to health," one of the condemned appealed, and the case necessitated the examination of scientific witnesses. Professors in chemistry gave evidence on both sides, but it was of such a conflicting character that finally judgment, free of costs, was given for the appellant.

The Drainage of Paris.

The *Med. Times and Gaz.*, July 14, 1883, says that a French paper thus comments on this question:

"The bad sanitary condition of Paris, the recent and serious epidemic of typhoid fever, and the bad smell at the present day still the characteristic of the capital of France, have provoked the nomination of a special technical commission to report upon the ameliorations that might be possible to apply to this state of things. * * * It is absolutely evident to all who have studied the question, that energetic measures ought to be adopted to preserve the health of the inhabitants of, and visitors to, Paris."

Monmouth County (N. J.), Medical Society.

At a meeting held October 1, the following officers were elected:

President—Dr. Edward Field, of Red Bank.

Vice-President—Dr. C. D. W. Vandyke, of Perrineville.

Secretary—Dr. D. M. Forman, of Freehold.

Treasurer—Dr. I. S. Long, of Freehold.

A Good Example for Us to Follow.

The *Lancet*, July 18, 1883, has the following:

For using improper mortar in the erection of houses at Highgate New Town, a builder has been fined $500. The magistrates thought a summons should be taken out against the defendant, to compel him to pull the houses down.

Items.

—Dr. Robert Park (*Lancet*, June 15, 1883,) recommends jaborandi or pilocarpine in collapse of scarlatina maligna.

—A Chinese doctor, in Arizona Territory, was fined $100, because his diploma turned out to be only a laundry list.

—In the *Lancet*, June 16, 1883, Dr. Charles H. Carter publishes a report of ovariotomy twice successfully performed upon the same patient. Cyst ruptured both times.

—The Hartford Hospital is reported to have had bequeathed to it by the will of the late Mr. David Gallup, property which it is thought will exceed $20,000 in value.

—One of the young men who was sent to Egypt under the auspices of M. Pasteur to study cholera, has died from that disease. His name is Thuillet, and it should be remembered gratefully, for he died for science and humanity.

—The smallpox hospital of San Francisco is filled with lepers. The papers of that city advocate the building by the Government, on an island, of a lazaretto, where all cases of leprosy throughout the country might be removed.

—In the *Brit. Med. Jour.*, June 2, 1883, Dr. William Julius Mickle reports a case of fatal acute peritonitis following intestinal perforation, with a duration of twenty-four hours and a half; such cases generally proving fatal in from five to ten hours.

—It has been decided to build the new Ohio State Asylum on the outskirts of Toledo. One hundred and fifty acres of land have been obtained for the purpose, and the cottage plan will be adopted. It is said that the non-restraint system will be enforced.

—M. L. de Wecker (*Comptes Rendus*) shows that the infusion of the seed of the jequirity (*Abrus Precatorius*) contains a bacillus which, if applied to the human eye, produces purulent ophthalmia. This is the first instance of the transmission of an infectious disease by a plant.

—M. V. Burq (*Comptes Rendus*) confirms the reported immunity of workers in copper from cholera and typhoid fever. The *Bon Accord* trade society, consisting of 300 to 400 bronze-turners, fitters, etc., has not, since its foundation in 1819, lost a single member by either of these diseases.

—It was an unfortunate metaphor, that of the London doctor, who, having been sent for by a lady in Chelsea, remarked, on her apologizing for asking him to come such a distance, "Don't speak of it. I happened to have another patient in the neighborhood, and can thus kill two birds with one stone."

—The canton of Gournay, in Normandy, famous for its excellent butter and soft cheese, is remarkable also for the decayed teeth of its inhabitants. No less than eighty per cent. of the conscripts from this canton are declared unsuitable for military service from this infirmity, and the cause is a great mystery.

—M. Deherain, the French chemist, has made known the results of his experience on sewerage applied to soils; such induced fermentation in the ground, and developed myriads of M. Pasteur's little beings, the microbes—the cause of typhoid fever and contagious diseases.

—At Sacramento a discovery has been made which will be likely to bring about similar investigations in other towns and cities of the Pacific coast. The fact has been brought to light that in that city the dead are deposited in the cemeteries in graves so shallow that the coffins are in many instances but a few inches below the surface of the ground, whereas the law plainly directs that the top of every coffin shall be at least four feet below the natural surface of the ground.

—On October 1st, a School of Pharmacy for Women opened its doors in Louisville, Ky. Miss Kate Palmer is to be the botanist of the school, and Mrs. Rachel Lloyd the chemist, but all the other instructors will be men. The promoters of this enterprise believe that women are specially qualified for the operations of the pharmacy, and that in training them for a new field of work a public benefit is conferred.

—The death has been announced of Dr. Hermann Muller, of Lippstadt, at Prad, in the Tyrol. He was probably the foremost authority in the world on the subject of the relation of insects to the fertilization of flowers. He had also devoted much time to the study of the genesis of the colors of flowers. A translation of his "Die Befruchtung der Blumen," has just been published by Macmillan & Co.

QUERIES AND REPLIES.

Wanted—"A Black List."

EDS. MED. AND SURG. REP.:—

Our County Medical Society wishes to introduce some plan whereby *dead-beat* patrons can be made known to the members. Somewhere I have seen it spoken of as a *black list*. Can I get the information I need through your columns—the workings, success, etc., etc.?

Lockport, N. Y. H. C. HILL, M. D.

Inquirer.—Yes. The *Quarterly Compendium of Medical Science* for October is now ready. No. We never publish articles in the *Compendium* that have appeared in the REPORTER; the one supplements the other.

MARRIAGES.

BRUBAKER—NEEDLES.—At the First Unitarian Church, Philadelphia, September 27, 1883, by the Rev. Wm. H. Furness, D. D., Dr. Albert P. Brubaker and Miss Edith Bentley Needles, both of Philadelphia.

CORBOY—PHIBBS.—In Cincinnati, September 20, 1883, by the Rev. A. B. Morey, Dr. C. S. Corboy, of Winchester, O., and Miss Inez Phibbs, of Cincinnati, Ohio.

USILTON—STEVENSON.—At the residence of the bride's mother, 1802 South Thirteenth street, Philadelphia, September 26, 1883, by the Rev. Alex. M. Wiggins, Charles A. Usilton, M. D., and Sarah Ella Stevenson, both of this city.

PAINE—REDDEN.—At the residence of the bride's father, Dr. R. D. Redden, of DeLeon, Texas, September 26, 1883, by the Rev. W. R. D. Stockton, Dr. C. F. Paine, of Comanche, Texas, and Miss Sallie C. Redden.

DEATHS.

ANNIN.—At the Sheldon House, Ocean Grove, N. J., September 26, 1883, J. D. Annin, M. D., aged seventy-six years and ten months.

NEWTON.—In Pittsburgh, Pa., September 15, 1883, Dr. O. E. Newton.

STROUD.—In this city, September 25, 1883, Dr. William D. Stroud.

WILLIAMS.—In Louisville, Ky., September 20, D. J. Williams, born April 17, 1817.

DONOHO.—At Triune, Tenn., August 14, 1883, Dr. Charles R. Donoho, aged forty-six years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1390.] PHILADELPHIA, OCTOBER 20, 1883. [Vol. XLIX.—No. 16.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PRACTICAL OBSERVATIONS ON TETANUS.

BY J. M. F. GASTON, M. D.

(*Continued from page* 399.)

"The patient, a laborer, aged 41, got a compound dislocation of the thumb, which was treated by Lister's method. Eight days afterwards spasms of the muscles of the jaw and neck set in, for which Dr. Hagedorn stretched the median nerve, but with no good results, as the patient died two days after the first appearance of the tetanic symptoms. At the *post mortem* examination, the sac of the spinal dura mater contained a considerable quantity of serum, and the cord, both gray and white matter, was obviously hyperæmic. After hardening for three months in a solution of the bichromate of potash, which was changed every day or every second day, sections were made and carefully examined with the microscope. Throughout the cord, the vessels were found distended with red-blood-corpuscles; this hyperæmia involved arteries, veins, and capillaries, as was proved by careful isolation. Around the large vessels, especially in the lumbar region, there were found masses of a hyaline-looking substance, which appeared either dull or with short bright transverse striation. This material adhered to the adventitia even when the vessels were isolated. He is inclined to regard this material as fibrin, but is bound to point out that it was present also in the cavity of the central canal. More frequently dark granules of pigment and fatty-looking molecules were present in the adventitia. In the white he found many granules of pigment, etc., and many of the nerve-fibrils had fine granules in their medullary sheaths which gave these latter a dusty appearance. The most marked changes were found in the cells, those of the cervical region having the lesion most pronounced, while on passing down the cord to the lumbar region, the departures from the normal became less and less, although even in the latter region the morbid appearances were still manifest. These alterations were diminution in the size of the cells, increase of pigment, loss of their processes, disappearance of nuclei and nucleoli, the cells becoming of a diffuse yellow color and containing refractile drops, or looking like structureless yellow lumps. The cells of the anterior horns of the lumbar region were quite normal, except perhaps a slight excess of pigmentation; those of the posterior horns were in various stages of degeneration. In the cervical region, not one single normal cell could be seen; they were represented by rose-colored lumps without nuclei, nucleoli, or processes. In addition to the changes in the cells themselves, the gray matter contained many fine granules and coarser angular-colored grains, which quite resembled the pigment-grains of the cells. These were grouped especially round the central canal, which seemed wider in the cervical region. The epithelium of the central canal was normal, but the lumen was in many places narrowed, an appearance he believes not due to his mode of preparation. There were also around the central canal many globular bodies without any contour, which resembled oil-globules."

The inference drawn by Aufrecht from the granular degeneration in the cells differs from

that of Lockhart Clarke, in considering their cell-changes as primary, in fact as a parenchymatous inflammation, and not as secondary to the vascular disturbance; and his observations go to support the view that the lesion consists in an acute central myelitis.

Whether the departures from the normal condition of these tissues are to be regarded as in any way the constituents of the disease or to be viewed simply as its concomitants, must be considered in connection with another solution assigning them to the category of consequential phenomena. In how far the disease belongs to the class of nervous excitation and irritation or to that of an inflammatory nature involving the substance of the nerve fibre as neuritis, has not been elucidated by the various autopsic reports which have appeared from time to time, and more especially as some observers have failed entirely to discern anything abnormal in the tissues of the brain or spinal cord or in the membranes of these parts, which are undoubtedly implicated in the disturbance.

In traumatic tetanus (and perhaps all cases should be included under this head, though the seat of lesion may not be known), the primary or initial element is doubtless a perverted action of the peripheral ganglionic appendage of the nerve fibrils.

There are instances of relief to the spasmodic contraction of the muscles after full development by the application of local measures to the seat of injury; and while many cases progress in all their inensity notwithstanding this kind of treatment, the favorable results from some curative dressings to the lesion, should encourage a reliance upon certain steps at the outset of this disease, that may jugulate the septic process in the part affected.

It is generally recognized that punctured wounds, such as those of nails and thorns in the extremities, involving the tendons, are more prone to induce tetanus than others implicating the muscular structure or the deeper-seated tissues. Yet the unfailing condition to the morbid state is the implication of the terminal development of the nerve fibres; and it matters not in what part of the body the wound is inflicted, if this *sine qua non* is fulfilled, the disturbance may be propagated to the general nervous system.

Some authors have supposed that the disease was more prone to ensue with males than females, and if I am to be influenced by my personal observation, my opinion would corroborate this view, as among the numerous cases of the disease which have been treated or been brought to my attention under the treatment of others, I have met with but one instance of tetanus in the female. This may be in part due to the greater liability of males to receive injuries, or to their greater exposure to the vicissitudes which aggravate the state of such wounds, yet it cannot be taken as a sufficient explanation of so large a proportion of male cases that protective circumstances attend all the classes of females, as among the laboring population they are not exempted from accidents or personal exposure. If the greater frequency in the male among whites could be satisfactorily accounted for by such surroundings, it would not meet the occurrence in like manner of such a preponderance in males among the negroes, where slavery puts the sexes more upon an equality as to the mode of living, as in Brazil. I have treated upon a single plantation in this country four negro men with aggravated cases of tetanus, and two negro men on another place, without having any case of the disease in the person of a negro woman among the slaves at any time upon these or other plantations.

The extraordinary number of cases among the slaves pertaining to these coffee establishments within a few years cannot be attributed to a lack of the precautions requisite for their comfort, as the proprietor looks more to the welfare of his people than most of the fazendeiros in this region, so that it must be put down to the greater prevalence of the disease among this class from unknown causes, and yet of a traumatic origin in all four that came under my care.

I have been informed that at the least one and perhaps another case of tetanus occurring there, besides those above referred to, were treated by another physician, during the period of six years which elapsed between the first and last of the four treated by me, but none of the details have been communicated to me, and they are only given as an additional evidence of a remarkable proclivity to this form of diseases among the slaves of that special locality, owing doubtless to some peculiar circumstances that operated upon the animal economy or vital forces.

Whatever may be the remote causes of tetanus, or rather the predisposing conditions precedent to its development, the disorder involves secondarily the nervous system, and the spasmodic contraction of the muscles is an effect of this, just as it is in the action of the galvanic battery through the nerves. If we have reason to think that complications exist in derangement of the secretions or other functions of the body, it will be a prerequisite for other treatment, to apply some corrective

for this disturbance at the outset; but the prominent indication for relief is the want of tone in the nerve centres. Should a vomit, a purge, or a sudorific be required in entering upon the treatment of a case of tetanus, it can only be regarded as a preparatory step for the cure of the disease by measures addressed to the nervous system; and though a warm bath may serve a good purpose in relaxing the rigidity of the muscles, chloroform is a much more efficient agent in the control of the spasmodic action, until internal remedies may be resorted to for the correction of the source of the disturbance in the nerve centres.

It will perhaps devolve upon the medical attendant in most cases of tetanus to lay open the tissues involved in the original lesion, and to make applications calculated to induce suppuration in the part so soon as possible, this being an essential preparation for the success of constitutional measures of treatment.

Such steps being taken as the local indications may require in the case presented, and the preliminary internal remedies adapted to the correction of urgent complications, the tetanus should then be treated upon general principles, calculated to allay the disturbance of the nervous system, and relax muscular spasm, by the various agents belonging to the class of anti-spasmodics. A preference has been given to one or another article by different practitioners, and a long list of remedies has been tested with variable results; commencing in the distant past with blood-letting and tartar emetic, with the more recent adoption of opium and India hemp, while these have ultimately given way to inhalations of chloroform and the internal use of chloral hydrate and bromide of potash. In the meantime, many other agents have given satisfactory results in the hands of physicians who were not tied down to the schedule of the schools; and among others I had the good fortune many years ago to effect a cure of traumatic tetanus by persistence in the use of the lobelia inflata. This case, originally reported in the *South Carolina Medical Journal*, is referred to by Drs. Wood and Bache in the *U. S. Dispensatory*, under the heading of the article lobelia. Not having at hand a good specimen of this plant for use in a subsequent case, I resorted to enemata of tobacco, with a salutary effect: and yet this powerful agent is not free from danger by its sedative and even prostrating effects upon the vital powers. In these latter years my reliance has been upon chloroform for temporary relaxation of the clonic contractions, and the internal administration of chloral hydrate, bromide of potash, camphor water, and syrup of ether for a lasting sedative action.

In connection with these measures, I have resorted to subcutaneous injections of morphine and friction along the spine, with camphorated spirits of turpentine so often as the aggravation of the cases indicate a demand for them, and generally with a satisfactory result. A purgative dose of castor oil and the essence of turpentine given at the outset and in the course of the treatment, has seemed to work advantageously; and when this has not been retained in the stomach, it has been combined with chicken or beef soup, and thrown up into the colon by a long tube attached to the nozzle of a syringe.

Nourishment has been applied in the same manner when it was not well taken by the mouth, and it is a matter of importance in a protracted case to sustain the forces by enemata of beef tea.

I have found it necessary in several cases to keep up vigorous measures of treatment for ten, fifteen, or even twenty days, giving for days in succession so much as two drachms of chloral hydrate with half an ounce of the bromide of potash in the twenty-four hours. This treatment has been occasionally suspended, with use in the interval of large doses of the sulphate of quinine, combined with sulphate of morphine, and I am convinced that a modification is thus impressed upon the disease, of a salutary nature.

In most of the cases attended with persistent clonic spasm of the muscles along the spinal column, I have resorted to inhalations of chloroform, for temporary relief, and the relaxation of the contraction by this means has appeared to favor the more permanent action of other agencies applied by the mouth or by the rectum or by subcutaneous injections or by external frictions.

Since the report of Brown-Sequard's experiments illustrating the inhibitory effects of the local applications of chloroform, I have resorted to the saturation of long strips of flannel with chloroform over the whole length of the spinal column covered by impermeable cloth to prevent evaporation, and this repeated from time to time, yet without any marked effect upon the contraction of the muscles, and certainly without securing any decided control of the disease.

The deductions from my varied treatment of different grades of tetanus in a considerable number of patients, during many years of observation in the United States, and more especially in Brazil, corroborate the favorable reports which have been presented by practitioners in regard to the administration of bromide of potash and hydrate of

chloral for quieting the nervous excitation and relaxing the muscular contractions. And if I were reduced to the necessity of using but one class of agents, my preference would be for this combination carried to the extreme point of tolerance, so as even to reach their toxical influence over the organization, rather than allow the disease to have its sway in exhausting the forces of the system. When doses of one drachm of the bromide with one-half drachm of the hydrate, are repeated every two or three hours for three or four periods, there will generally ensue a calm in the paroxysms of tetanus; and if the medicines are pushed beyond this point there is prostration of the vital powers with lowering of the pulse, and cold extremities, which are premonitions that proclaim in unmistakable terms, "thus far shalt thou go, and no farther." For the salutary effect of these remedies in three obstinate cases it has been requisite in my observation to reach this point, and I think their escape from a fatal result by the disease was due to the modified poisoning by the medicines.

These depressing effects of large doses of the bromide of potash and hydrate of chloral gradually disappear when the medicine is suspended, and there have not, in my experience, been any unpleasant consequences; but from the toxic indications of a sedative nature lowering the tone of vital energy, which have been witnessed, I am impressed with the importance of arresting their administration when this influence upon the nervous system is manifested, as otherwise the depression of vital force might reach a point which would preclude the reaction of the nerve centres, upon which all this class of remedies operate. The risk of fatal prostration from this medication is not so great as that from enemata of infusion of tobacco, since the influence of the latter in different individuals is variable, and the extent of its operations cannot be anticipated in a given case.

Among the first cases of tetanus treated by me with this remedy, while residing at the city of Faxina, in the eastern part of the province of S. Paul, Brazil, was a robust negro man who had suffered from an injury of the foot and presented decided febrile excitement. A purgative of calomel followed by the continued use of small doses of tartar emetic, with the whole body kept for some hours in a warm bath, which admitted of being extended at full length, gave only partial relief to the tetanic rigidity of the muscles, and in the lack of the lobelia inflata, there, I determined to resort to clysters of one drachm of tobacco to the quart of water, given in portions of one-fourth every two hours. The effect was signally manifested in great relaxation of the muscular contractions and in general prostration, so as to deter me from further applications of this powerful sedative to the nervous system. There was no return of the clonic indications, and the victory over the disease was gained, so that with such antispasmodics as assafœtida, camphor, ether, etc., the cure was completed, after having slighter spasmodic indications for the course of a week.

In resorting subsequently to the enemata of tobacco, I have been so apprehensive of the grave consequences that are liable to ensue, that the quantity has been so reduced as not to afford any decided result, and my chief reliance in these latter years has been upon the chloroform inhalations with internal use of bromide of potash and chloral hydrate.

I have no experience in the local application of chloral hydrate to the orignal seat of injury, nor of its use hypodermically in the treatment of tetanus, but the reports given by others satisfy me of their efficacy, and it is highly probable that the early local use of chloral hydrate may succeed in warding off the access of this terrible malady, and thus avert the irritation or inflammation that involves the nerve centres and exhausts the vital forces.

OBSTRUCTION OF THE BOWELS—LIFE PROLONGED FORTY-THREE DAYS BY NUTRITIVE ENEMAS—DEATH —AUTOPSY.

BY ISAAC N. SNIVELY, M. D.,
Of Waynesboro, Pa.

[Read before the Franklin County Medical Society.]

MR. PRESIDENT AND GENTLEMEN: Last November I had a unique case of obstruction of the bowels, which I promised to report to this Society, believing that it will be of interest to you. I will proceed to give a detailed history of the case, with its unfortunate result, and autopsy, verifying our diagnosis.

Nov. 5, 1881, I was called to see Miss B., an estimable maiden lady, aged 50 years, who was suffering from great pain in her stomach and upper bowels since the previous day. She informed me she first felt an unnatural sensation in this region on the 16th of October. Since then she had several attacks of cholera morbus, and pyrosis came on regularly every morning at 4 o'clock. On Friday evening, the 4th of November, she ate fried oysters and a few dates. This morning she had what she considered a free movement of the bowels, but pain continued all day in her epigas-

tric region. I ordered sinapisms over the painful parts, which was followed by warm fomentations, which were continued all day. Anodynes and anti-spasmodics were also prescribed.

Nov. 6. There was a good deal of vomiting.

Nov. 7. Periodical pains in her bowels, and general flashes of heat, and occasional nausea and vomiting. I gave morphia hypodermically, which procured immediate comfort. Gave castor oil freely, and through a rectal tube threw large quantities of fluid as high in the bowels as was possible, without any good results; hypodermic injection of morphia at night.

Nov. 8. Sick at her stomach periodically; heart-burn, and stercoraceous vomiting; gave crushed ice and beef-tea; continued large enemas; forced all the fluid into the bowels that I could.

Nov. 9. More pain and tenderness; continued hypodermic injections of morphia at night; pulse has continued from 80 to 88 per minute.

Nov. 10. Vomiting less frequent; nutritive enemas and small quantities of diluted spt. frumenti per mouth.

Nov. 11. Vomiting ceased at 4 a. m., and she is more comfortable.

Nov. 12. Comfortable; pulse 80; temperature a little below normal.

Nov. 13. She continued comfortable.

Nov. 14. Pulse 100; great distension of the abdomen; sinapisms and warm fomentations continued; borborygmus very great.

Nov. 15. Drew off large quantity of urine at 5 a. m.; retention for the first time; pulse 80.

Nov. 16. Pulse 80. Hypodermic injection of morphia twice to-day. Drew off urine twice.

Nov. 17. The nutritive and stimulating enemas are continued, and are well retained.

Nov. 18. Patient comparatively comfortable.

Nov. 24. There has been no perceptible change since the 18th inst. She threw off a little bilious matter daily, mixed with mucus. She passed a small quantity of fluid matter from her bowel, very similar to that she vomited.

Nov. 25. Pulse 88. Temperature 97°.

Nov. 30. She continues the same, and has good nights under the use of hypodermic injections of morphia. No action of the bowels since she was taken ill, except what was below the obstruction, which I locate in the small intestines.

Dec. 1. Comfortable, and treatment the same. Beef tea enemas and spt. frumenti continued every two hours. Catheterism and hypodermic injections of morphia twice a day.

Dec. 2. She continues the same. Pulse 100 per minute.

Dec. 3. She continues the same.

Dec. 4. The same. Urine voided in twenty-four hours, thirty ounces. The first few days I used the catheter, she passed from forty-five to fifty ounces in the twenty-four hours. To-day she is cheerful, and receives a few friends into her room. She vomits small quantities of bile and mucus once, twice, and thrice daily.

Dec. 5. She continues the same. I consulted the distinguished Prof. Alan P. Smith, of Baltimore, who thinks it a rare and remarkable case, and suggests the persistent use of large enemas of water through the rectal tube.

Dec. 6. Dr. Vanbibber, of Baltimore, recommends the use of the galvanic battery. To-day she used the usual quantity of nutritive enemas. Vomited a little bilious matter this morning, as is usual each day. She received several friends, and seemed cheerful. Pulse 100.

Urine drawn in 24 hours, 25 ounces. Specific gravity, 1020. Temperature, 99°.

Dec. 8. She continues the same, with the exception of cough, which came on several days ago and now results in a little hoarseness. This somewhat alarms her. She fears pneumonia. She has had a chronic cough for thirty years, and has been expectorating a yellowish, tenacious matter ever since, and many of her friends had been under the impression she was suffering from chronic phthisis.

Dec. 9. Pulse 100. Temperature 99¾°. Respirations have been nearly normal until now; she breathes 28 times per minute. Urine drawn in 24 hours, 25 ounces. She received a pint of beef tea and a small quantity of spt. frumenti per rectum. Have used electricity freely over her bowels, producing violent contortions of the bowels and borborygmus, but all to no purpose.

Dec. 10. Last night was spent very uncomfortably by my patient. A violent cough continued through the night, which was followed at 6 a. m. by vomiting and the breaking of an abscess in her lungs, which was gradually emptied without much effort. The quantity of pus was about two ounces. No bleeding followed. Hoarseness somewhat relieved. She had bilious pleurisy over thirty years ago; previous to this attack of pleurisy she was healthy, but she never enjoyed perfect health since. She had a slight hemorrhage whilst recovering from this pleurisy. Since then her respirations have not been full and deep as before, and occasionally there was slight bleeding from the lungs. Slight attacks of pleurisy also occurred from time to time. In 1870, I attended her for several weeks for pleuro-pneumonia, from

which she recovered and enjoyed her usual health until two years ago, when she had an aggravated attack of coughing, which was followed with about a half a pint of hemorrhage from her lungs. Last September she had some stain of blood in her expectoration.

Dec. 11, 9 a. m. Respiration, 25; temperature, 97: pulse, 100. Bed-sores have developed; urine drawn—fourteen ounces in the morning and ten ounces in the evening. The usual quantity of nourishment by enemas was administered; but she is weaker at 10 p. m. Hypodermic injections of morphia are continued twice daily.

Dec. 12. Rectal tube used, and large quantities of fluid thrown into the bowel. Pulse, 110; temperature, 98½; respiration, 25. Urine drawn to-day, twenty-five ounces. Petechial eruption on hands, ears, and abdomen. She bore the large enema well.

Dec. 13. Respiration, 24; temperature, 98; pulse, 110. Urine drawn in morning, fourteen ounces. Some swelling of the hands and feet; some purulent expectoration, perhaps one ounce. Evening, respiration, 24; temperature, 99; pulse, 112. Urine drawn, eight ounces. Hypodermic injection of morphia.

Dec. 14. Respiration, 24; temperature, 98½; pulse, 100. 9 a. m. Urine drawn, ten ounces. Expectoration, purulent. 9 p. m. Bed-sore on back, painful.

Dec. 15. Respiration, 24; temperature, 98; pulse, 112. Urine drawn, twenty-four ounces. Purulent expectoration continues. Bed-sores improving and less painful. We have been using chlor. potass. and tinc. ferri chloridi solution by enemata; also quinia sulphas. and beef-tea and spt. frumenti.

Dec. 16, 9 a. m. Pulse, 108; temperature, 98; respiration, 24. Used the battery. Drew off the urine and used morphia hypodermically. 8 a. m. Patient much prostrated; gave aromat. spt. ammonia and alcohol hypodermically. 10 p. m. Reaction; pulse, 120; temperature, 99¾; respiration, 28. Hypodermic injections of morphia and alcohol. Used catheter.

Dec. 17, 8 a. m. pulse, 120; temperature, 99; respiration, 24; very weak, but extremities continue warm, and she is comparatively comfortable, some fluid passing involuntarily from the bowels, showing the end is near; great prostration; urine drawn and morphia used hypodermically. 12 m. She is growing weaker; continued use of alcohol hypodermically. Pulse, 120; respiration, 28; temperature, 99. 4.30 p. m. Pulse, fluctuating; temperature good, but clammy perspiration developing. She is sinking; death will soon relieve her suffering. 5 p. m. She breathed her last peacefully on the forty-third day of her obstruction of the bowels.

Dec. 17, 1882, at 9 p. m., four hours after death, I made an autopsy in presence of Drs. Benj. and Joseph Frantz. Great emaciation—almost total absence of fat. Small petechial or ecchymosed spots nearly all over the surface of her body. Mesentery and omentum very much atrophied. We find the obstruction in the ileum, eighteen inches above the ileo-cæcal valve, a mass of hard substance of gritty material, reminding me of clay and sand mixed and let harden—wedge-shaped and of the size of a hen's egg. This matter is very hard, almost like stone. Gangrene and ulceration of this portion of the bowel has commenced, but no perforation as yet has taken place. We took a fine saw and opened it and found as the nucleus of this mass of hard material some date seeds.

In the chest we found extensive pleuritic adhesions of the upper and outer portion of the right lung, also more or less in the posterior portion of this lung.

A small cavity was found in the upper portion of the left lung, which was very superficial. This is where the purulent matter came from. Some hepatization was found in the lower part of the left lung, resulting from the pleuro-pneumonia of 1870. Chronic inflammatory trouble of the bronchial mucus surface, and extending some little into the upper lung substance of the left lung, around the small abscess and cavity. Liver small and pale, but in good condition, except the gall bladder, which was found completely packed with small biliary calculi. One of considerable size was lodged in the beginning of the duct, which prevented the others from passing out. Heart small and normal. Kidneys small but normal. Bladder normal. Pancreas and spleen small and normal.

DOES THE MATERIA MEDICA AFFORD AN UNOBJECTIONABLE LAXATIVE REMEDY?

BY F. C. HERR, M. D.,
S. W. Hospital, Philadelphia, Pa.

Our apothecaries are filled with useless and worthless drugs. The late Professor of Chemistry in the Jefferson Medical College, B. Howard Rand, endeavored to impress upon his pupils the utter futility of prescribing remedies which time and experience have shown to be without virtue, or have shown to be more potent for evil than good.

The indispensable materia medica, he said, embraced about twenty-five articles. As students, many of us felt that his words were words of wisdom; as practitioners, many of us realize that his instruction might profitably be put into practice. And his parting injunction to his class, "Trust in God, and keep your bowels open," has to me frequently had a deep significance. I am confident that if men and women realized how much happiness they miss in failing to comply with such an injunction, they would make haste to obey it, not by the employment of *energetic* drugs, but by every other means conducive to the end. I have always felt that the profession urgently needed a remedy or remedies which would be certain correctives of constipation—habitual or acute. The remedies in vogue for the treatment of this condition are legion, and it is no Utopian idea that more injury has been wrought by their routine employment than by any other class of agents in the materia medica. The exercise of a due regard for the welfare of those who suffer the ills of constipation would save many individuals much injury. A proper care, also, for one's professional reputation would lead often to a different line of practice; for is it not true that physicians to-day, as nearly as they can, imitate the practice of generations ago? Some even affect a blind faith in the inexcusable blunders of those who have taught that all diseases originating in the liver must be treated with calomel. Every physician knows that colocynth or gamboge or aloes or podophyllin, etc., etc., will produce free intestinal evacuation, but it is too often forgotten in practice that all of these agents are capable of vast mischief; and I am very confident that in the treatment of habitual constipation with these and similar agents of the materia medica, the last state of the patient is often worse than the first. And here arises the necessity for the employment of anti-constipation remedies, which shall be minus any deleterious action. It is not sufficient that the bowels should be moved with medicine; it is equally important that such action should be followed by no enervating reaction. How many physicians have afforded the relief sought by that large class of people in every community who suffer from the evils of habitual constipation? I could count them on my fingers' ends.

When I was a student at the Jefferson Medical College, Prof. S. D. Gross taught that we should use our influence to have our patrons educate the bowels. "Educate the bowels, gentlemen, educate the bowels," was the injunction of the venerable professor.

It is true that the bowels can be educated, but the care and diligence required to do so, few persons are willing to exercise. Hence, the necessity for the use of so much medicine to maintain this important function in some sort of action. Let us see whether pharmacy has not met the demand of the medical profession for a certain, palatable, painless cathartic remedy. We think it has. In that elegant preparation made by Parke, Davis & Co., known as "cascara cordial," the most fastidious doctor or patient can find just what they want. It pleases the taste, produces gentle and salutary action of the bowels, is free from the property of griping, and is devoid of any injurious secondary action. In that type of cases where muscular atony is *the* factor in the production of constipation, relief is speedily effected with cascara cordial, and its continued use will produce permanent cure.

(*To be continued.*)

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, FEBRUARY 17TH, 1883.

BY WILLIAM PEPPER, M. D., LL. D.,

Provost of and Professor of Clinical Medicine in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M. D.

Enlargement of the Bronchial Glands. Emphysema of the Lungs, with Valvular Disease of the Heart.

GENTLEMEN: This boy has been brought to us by his mother in order to obtain an opinion in regard to a pain which he has had for the past five or six months. He is sixteen years old. He is pale. The tongue is large, pale, and coated with a light fur. His appetite is good. He occasionally has a pain in the stomach, but there is no belching of wind or eructation of food. He had ever since he can remember a hacking cough, accompanied with the expectoration of a little phlegm.

The pain of which he complains began last fall. It is felt in the back between the scapulæ. It is only felt when he lies on his back. If while he is suffering from this pain, he turns on his side, it soon disappears but again returns if he resumes the dorsal position. On one or two occasions he has had a catch in his breathing, but this has been felt in front.

This pain in the vertebral gutters between the scapulæ is certainly peculiar in its relationship to the dorsal decubitus and in its disappearance on changing the position of the body. The first thing which we would think of would be some cause of mechanical pressure. This is the kind of pain that is frequently met with in aneurism, and in other forms of tumors within the chest. A

hasty examination of the heart shows that its action is perfectly regular, and that the sounds are normal. The impulse is in its natural position, or possibly it is a little further to the left than it should be. There is no prominence of the sternum and no dullness on percussion over that bone. The voice is perfectly clear, and there is no evidence of pressure on the trachea.

If we find no mechanical cause for this pain, it will be difficult to explain why it should have the peculiar features which he has so clearly described. No ordinary rheumatic or neuralgic pain would present these characters.

We may at once say that the first thing to do is to exclude the possibility of there being any source of mechanical pressure within the thorax. We have seen that the heart's action is regular and free from murmur, and that the apex beat is perhaps a little too far to the left. This, however, does not indicate any marked degree of enlargement. The præcordia is a little prominent Contrasting the costo-sternal junctions of the third, fourth, and fifth ribs on the left side with those on the right, it will be seen that there is a slight prominence on the former side, and that this extends into a sort of fullness beneath the left clavicle, as contrasted with the right, which looks somewhat depressed. This boy being right-handed, we should expect to find the right side, if anything, more prominent than the left.

Examining the chest by inspection as he breathes freely, I can detect no difference in the mobility of the two sides. As far as he knows, he never had an attack of pleurisy. Percussion gives us resonance all over the front of both lungs. On auscultation, I hear a few bronchial rales at the left apex, but no evidence of organic trouble. On the right side there is no evidence of any disease.

Let us now turn to the back. There is neither to inspection nor to palpation, any difference between the two sides. On the left side, there is, on percussion, good resonance all over. On the right side, when I come to the spot which corresponds to the bifurcation of the bronchi and the root of the lung, there is a little impairment of the resonance. There is a want of volume to the resonance on the right side. Over the lower lobe of the right side the resonance is normal. There are no rales on this side, but at the left apex posteriorly there are a few bronchial rales. There is no bronchial breathing on either side.

A point of even greater importance is to decide whether the respiratory murmur is equally strong on the two sides. When the boy breathes regularly and with equal force for several successive respirations, I find a marked difference in the respiratory murmur of the two sides. On the left side it is much stronger than on the right, posteriorly. In front, there is no difference.

I have called attention to the fact that there is no prominence of the sternum in front. I shall now examine the heart a little more critically. Its sounds are perfectly normal. Is the heart hypertrophied sufficiently to cause the prominence of the præcordia which we have observed? The apex beat is one-half inch inside of the nipple, in the fifth interspace; almost in its normal position. Percussion shows that the superficial dullness of the heart is scarcely, if any, increased. The deep area of the heart seems to be slightly increased in extent. This apparent increase in the size of the heart is not sufficient to explain the prominence of the præcordia.

My opinion is that most of this disparity is due to contraction of the right side. The left side represents the natural contour of the chest, but from some cause the right side has become contracted. This is probably the result of some old pleurisy, with adhesions, which have prevented the full expansion of the lung. There is not sufficient plastic deposit to cause dullness on percussion. There is no effusion.

Would this explain the pain? Long-standing pain may remain after pleurisy. The adhesions may involve delicate nerve twigs, and by pressure, or by exciting perineuritis, cause pain which may last for a long time. Such pains radiate in the course of the affected nerves, or are fixed at the seat of the trouble. They do not present the peculiarities of the pain, which we have here; and this boy is too intelligent and too old to have overlooked a pleurisy which might have caused this pain, which began only five or six months ago. The pain cannot be explained as the result of pleurisy. The slight impairment of expansion on the right side might be explained in this way.

As to the existence of any cause of pressure, of course an aneurism of considerable size would be unheard of in a boy of fifteen. Nor is there any evidence of aneurism. There is no prominence, no pulsation and no localized dullness. Another cause of pressure is a tumor in the posterior mediastinum. Such a tumor may be due either to new growths or enlargement of the bronchial glands. Neoplasms in this situation, as sarcomas and the like, are nearly always attended by very grave symptoms of pressure. Such tumors forming in the loose cellular tissue may press on the nerves, but more frequently, they present themselves anteriorly, so that in such cases, slight dullness is usually found over the sternum. They also give rise to serious symptoms of pressure, which are wanting in this case. The boy is also too young to have such a condition.

Enlargement of the bronchial glands in the posterior mediastinum is quite common, and it may be excited in children disposed to scrofulous trouble by any slight pulmonary inflammation. These enlarged glands may present themselves anteriorly, but more commonly, they form masses about the roots of the lung posteriorly. They rarely give rise to serious symptoms of pressure on the trachea, œsophagus, phrenic or pneumogastric nerves. The parts most frequently pressed upon are the primary bronchial tubes, and the spot at which they usually come in contact with the chest-wall so as to produce dullness on percussion, is about the root of the lung; so that impaired resonance at the root of one or both lungs, with evidence of pressure upon the bronchial tubes and interference with the entrance of air, without evidence of aneurismal or other real tumor, may be taken as indicating enlargement of the bronchial glands. This is especially true, if it be found in young children and in those with a scrofulous diathesis. I am inclined to refer the symptoms in this boy to that cause. I think that we have here hyperplasia of the bronchial glands,

chiefly on the left side, associated with subacute bronchitis, in a child who has formerly suffered from a slight attack of plastic pleurisy. This would explain the peculiar character of the pain.

In making the diagnosis, we must, of course, consider whether or not this pain is only by a mistake referred by him to the back, while in reality it is a gastralgic pain coming on when the stomach is empty. Neuralgic pain in the stomach is very often referred to the back. The boy does not have this pain before dinner, but only at night, and it is relieved by change of position. It is clearly not associated with any marked evidences of gastric irritation or disturbance, and it is associated with physical signs which would seem to indicate some more tangible cause for it. it is to be observed that the mother gives the history of a sister of this boy, who, after suffering from some chronic pulmonary trouble, died from what was said to be typhoid fever. This would certainly not be opposed to the diagnosis which has been suggested, and might, perhaps, be taken as favoring it. The father and mother are living and healthy. They have two other children who are living and well.

This boy should be treated by counter-irritation along the spine. I should prefer for this purpose the use of repeated blisters. Internally, I shall give small doses of the bichloride of mercury, with iron and chloride of ammonia, in combination with glycerine, as follows:

℞. Hydrarg. chloridi corrosivi, gr. $\frac{1}{10}$
Ammonii chloridi, gr. v.
Tincturæ ferri chloridi, gtt. vi.
Glycerinæ, ʒ ss.
Sig.—To be repeated three times a day.

Emphysema of the Lungs with Valvular Disease of the Heart.

The next patient who presents himself for examination is one sent from the Dispensary by Dr. Musser. He has stridulous respiration, husky voice, and a hard, barking cough. He is forty-seven years old. First came under observation, October 19, 1881, complaining of shortness of breath on exertion or excitement. The dyspnœa was particularly marked at night. With this, there was a dry, ringing, hoarse cough, with which he raised only a little mucus. He came to the Dispensary off and on during the winter of 1881–82, and took iodide of potassium with apparent relief. He again returned on fifth day of this month, with his symptoms much aggravated. He stated that the breathing is now more difficult—that the dyspnœa occurs even on rising in the morning—and that it is very great on exertion or excitement. He has also noticed a shrill stridulous sound with the breathing. There is a hard cough with slight mucus expectoration. There has been no fever; he has not lost much flesh, and he can sleep well. As you observe, his voice is pretty clear.

An examination of the larynx made by Dr. Musser shows no inflammatory changes and no paralysis of the vocal cords.

The chest, as you can see when he removes his clothing, presents a globular form, and looks as though there were some emphysema of the lungs. I ask him to cough. You hear an almost croupy cough. It is distinctly laryngeal or laryngo-tracheal in its character, as distinguished from a bronchial cough. It has a hard, ringing sound. On deep breathing, there is a stridulous sound. This is very marked when he has spells of dyspnœa. He has no difficulty in swallowing, and never strangles on swallowing liquids. He has occasionally a little pain on the left side, posteriorly. On exertion or excitement there is some acceleration of the heart's action.

Here we are forced to decide as is usual in these cases, between emphysema with chronic bronchitis and some secondary affection of the heart on the one hand, and some deep-seated cause of pressure within the chest, obstructing respiration and irritating the bronchial tubes, and this giving rise to very much the same train of symptoms, on the other hand. The history of this case would seem to indicate that it was one of chronic bronchitis with advancing emphysema, with secondary disturbance of the heart, rather than one of primary intra-thoracic pressure; but it of course would not be right to form an opinion from the history alone.

The evidences of pressure are not marked. There is no distension of the veins of the face, or of the neck, no clubbing of the fingers, no distention of the veins of the thoracic walls, no difficulty in swallowing, no affection of the intrinsic muscles of the larynx, and there is no difference between the two pupils; they are equal in size, and equally movable.

Let us now turn to the physical examination. I shall at first call attention to the heart. The impulse is a little outside of its normal position; it is one-half inch to the left, but on the proper level; the cardiac sounds are heavy, but without murmur; the second pulmonary, that is to say, the second sound as heard at the second interspace on the left side, is strongly accentuated, showing that the pulmonary artery contracts with great force, thus closing the pulmonary valve with emphasis. At the aortic interspace, a high-pitched, whistling bruit is heard in the diastolic time. This gains in intensity as I pass over the manubrium of the sternum, and reaches its point of greatest intensity at mid-sternum, where it is very shrill. This bruit is not audible posteriorly, nor is it heard along the thoracic aorta.

Is this bruit associated merely with disease of the aortic valves, or is it associated with dilatation of the arch of the aorta? and if so, is it a general dilatation of the vessel, or is it a saccular aneurism? Is there dullness, prominence, thrill or strong pulsation, in any part of the chest? None of these are present. This man has had a comminuted fracture of the right clavicle, which has caused thickening and induration of the tissues beneath the clavicle. There is therefore some dullness in this situation, but it is no more than can be easily explained by this condition. This is not the situation in which we should look for dullness on percussion in aneurism. We should expect to find it about the manubrium. There is no dullness of sufficient extent to justify one in saying that there is a sub-sternal tumor.

Our diagnosis must be valvular disease, roughening of the aortic valves, and atheroma of the lining of the arch of the aorta; and it is not at all unlikely that there is a considerable amount of uniform dilatation of the vessel, but the symptoms are not sufficient to justify the suspicion of

aneurism. The radial arteries are quite hard; there is only a slight trace of arcus senilis.

The man has emphysema following some old bronchial trouble. The dyspnœa on exertion is largely connected with the emphysematous state of the lung. The dilatation of the aorta may be such, that excitement of the heart's action increases the dilatation to such an extent as to cause slight pressure on the trachea increasing the dyspnœa.

These cases are frequently met with, and it requires a careful weighing of the evidence on both sides to decide how far the symptoms are explicable on the supposition of emphysema, and how far we have to assume the existence of pressure on the bronchi. The diagnosis cannot always be made out as easily as in the present instance.

The treatment of this patient is that suitable for emphysema: care to avoid cold, a quiet life, avoidance of exposure to bad weather as far as possible, light work, and the like. Internally I should recommend strychnia in full doses, with iodide of potassium in ascending doses, according to the tolerance.

Under this plan of treatment, I should hope to see improvement.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(*Continued from page* 405.)

A Case of Amputation of the Breast, With Remarks.

Read September 12, 1883, by Henry Leaman, M. D.

Mrs. J. J. W., æt. 48, married twenty-nine years. is the mother of eight children still living, and has been the recipient of ten severe miscarriages. She presented herself at my office on the first of September, 1882, complaining of a tumor in her breast, which she had noticed for the first time three months previous. At that time a small pimple upon the surface of the skin served to call her attention to the swelling that lay beneath in the substance of her breast. Examination showed a tender enlargement, the size of an English walnut, situated deeply in the inner, lower quarter of the left breast. She stated that during the past week she had experienced for the first time frequent, sharp, retracting pains shooting through the nipple. Menstruation had ceased with her six years previous, without giving rise to any trouble. She now had no *cachexia*, and was apparently in her usual health.

On the eighteenth of the same month she called again; the growth had not perceptibly increased, but she spoke of having pain in her breast bone. Amputation of the breast was recommended. The effect of this advice was to send her upon a blind pilgrimage through the desert of therapeutics. Now electricity, now pow-wowing, now homœopathy—each in its turn was tried with results equally gratifying to the patient.

The *ignis fatuus* which I had lighted brought her again to me on the twenty-third of April, 1883. The tumor then was of an oval shape, and about four inches in length. From its inner anterior surface were extending two cornua, slightly ulcerated, about three-fourths of an inch in length. The skin over the tumor was deeply congested, red and inflamed, as was also the skin for several inches around. The tumor in front rested upon the cartilages of the rib, but was movable. The glands in the axilla were slightly involved. With the assistance of Drs. Hatfield, Brubaker, Welch, and R. Leaman, the breast was removed under the spray, on April 26, 1883, and Lister's dressing applied.

One nodule of hardness was removed from the axilla. At the sternal end the cut surfaces could not be approximated within two inches, owing to the necessary ablation of tissue.

April 27.—Patient doing well. Temp. 99½°, pulse 112 at 10 a. m.

April 28.—Temp. 99°, pulse 104 at 10 a. m.

The breast was dressed under the spray at 10 p. m. Temp. 99°, pulse 104.

April 29.—Temp. 98½°, pulse 96 at 10 a. m.

April 30.—Temp. 99½°, pulse 96 at 10 a. m.

May 1.—Temp. 98½°, pulse 92.

May 2.—Temp. 97°, pulse 84; dressed the wound the second time under the spray; the drainage tube was removed, as were also some of the sutures.

May 3.—Temp. 97°, pulse 80 at 4 p. m.

May 4.—Temp. 97, pulse 100. Dressed again under spray.

May 6.—Dressed under spray; removed the sutures and two ligatures. Temp. 98°, pulse 104.

May 7.—Temp. 98°, pulse 104. Patient sitting up.

May 8.—The posterior three-fourths of the incision entirely healed and healthy. The anterior one-fourth was perfectly healthy and granulating rapidly. All sutures and the remaining ligatures were removed.

On and after May 10 the wound was dressed with iodoform, cosmoline, and salicylated cotton, under which treatment the wound rapidly healed. Dr. Brubaker made a histological study of the growth, and pronounced it carcinoma.

As soon as the cicatrix was complete, neuralgic pains began to be felt in the left arm, right leg and body. At first the cicatrix remained perfectly healthy in appearance. Subsequently, however, a nodule appeared in the lower part of the neck behind the left sterno-clavicular articulation. Next, the left axilla, the posterior and healthy part of the cicatrix, both began to show hardening. At present there is a chain of nodules along the whole cicatrix—one large and painful is felt over the cartilage of the third rib on the left side. The left axilla is but one hard pyramid. The left hand and arm are swollen. A pain of a lancinating, burning character is referred to the left scapula, arm and axilla, occasionally shooting in the course of the incision.

The apparent freedom from involvement of the axillary glands at the time of the operation, and the rapid development of the disease after the healing of the cicatrix, would seem to point to the idea that the original tumor was but a local enidus for a constitutional trouble, and that this having been destroyed, a general efflorescence of the disease ensued. A kindred idea is found in the popular belief that a manifestation of phthisis may follow the operation for the cure of anal fis-

tule. The observations on the change of life in women would seem also to bear upon the same point.

Dr. Brubaker's Analysis of the Tumor.—"Upon section the tumor is firm and hard, and presents a white, glistening surface, from which can be scraped a small quantity of fluid matter. Under the microscope the connective tissue stroma is seen to be abundantly developed; in its meshes are developed epithelial cells, some of which have undergone degeneration. In some situations the cells are arranged in a linear manner, whilst in others they form groups or nests."

DISCUSSION ON AMPUTATION OF BREAST.

Dr. Baldwin: I remember that the late Dr. Atlee spoke of the effects of arsenic in carcinoma and gave a number of cases in which he used it with the apparent effect of preventing the return of the tumor. I employed it in a case on which operation was performed in 1875, the patient being put on the use of Fowler's solution, continued until 1876, when the growth redeveloped and a second operation was done in 1878; no return has occurred to this time. The use of arsenic was discontinued after the second operation. During the formation of the second growth some trouble occurred in the lung, and cancer of that organ was feared, but it disappeared after operation.

Dr. Forbes: Dr. Leaman speaks of a period of efflorescence after operation, by which I understand a general development in different organs; this, as he remarks, does not always occur after first operation. In 1864 I removed a cancer from the breast of a lady. In 1867 a hardened growth appeared in the cicatrix. It was not removed at once, as it was then giving no pain. In a short time, pain having developed, it was removed. It returned a number of times and was each time removed until it developed an attachment to the interosseous cartilage and the muscles, and then I declined to remove it, although the patient very much urged me to do so. It continued to increase, and in eighteen months it involved the integument on the clavicle and sternum. Its condition was much aggravated by various caustic applications. Finally some irregular parties attempted to remove parts of the diseased mass, and this was followed by an efflorescence, and a number of organs in the thorax and abdomen became involved. The patient died eighteen months after the last attempted operation.

I have heard Dr. Geo. W. Norris speak of this condition of efflorescence and its likelihood to occur in patients upon whom the cauterizing and escharotic treatment had been practiced. After such treatment he advised non-interference with the knife.

Dr. J. M. Barton: I have been interested in examining the advertisements and circulars of the empirics who claim to cure cancer without operating, and I find them reporting cures of cases of over forty years' duration. Now, as scirrhus if left untreated does not usually last more than four years, it must be that these long cases are benign tumors.

Even when the knife does not cure, it may prolong life—make it more tolerable. Operation offers us ten per cent. of recoveries. Dr. Leaman's case can be regarded as typical. The almost immediate return in the axilla is suggestive of the possibility that some affected gland had escaped removal. The removal of the entire breast in the earlier stages gives chance of total recovery, and in the later stages, with ulceration, operation is also useful; but in the intermediate periods, when the tumor is extensive and adherent to the adjacent structures, non-interference is best.

Dr. Albert H. Smith: I am glad to hear Dr. Barton advocate the repeated use of the knife; I believe in attacking the tumor every time it appears, for, at the least, life may be prolonged and made comfortable, and the patient may be spared the suffering and loathsome discharges of the advanced stages of the disease, conditions which make her a source of misery to herself and to those around her. Cancer is doubtless a local disease, although a constitutional taint or tendency is probably inherited. Yet, if the tumor be removed early, a cure can be obtained. Dr. Leaman's patient did not do well because she did not follow the advice he gave at first. Removal of the breast should be complete; every reappearance should be met by operation. I recall the case of a patient from whom, at the first operation, no axillary glands were removed, but at the second twelve were taken out. Two more operations were subsequently performed; at the last one a very large amount of tissue was removed, but perfect union was obtained. Operation should cease when the condition is such that union by the first intention cannot be obtained. In this particular I cannot agree with Dr. Gross, who pays no attention to the size of the cicatrix or the question of union by first intention. The patient just referred to has been well during this summer, but is not beginning to manifest infiltration, and the condition is such that primary union cannot be obtained, and I do not consider operation permissible. Under the modern advances in antiseptic surgery, operative interference in cases of cancer becomes simple and entails little suffering, and the after-treatment is not difficult.

Dr. Barton: The important point in operation is to make a complete cleaning out of the affected glands, and the obtaining of this must not be interfered with by consideration of the amount of tissue to be removed, or by the desire for primary union. Where much tissue is removed, the after-treatment is more simple than where flaps are made; no counter-openings are needed; no drainage tubes; no pockets of pus are formed: but little, if any, fever occurs; the wound usually goes on uninterruptedly to full cicatrization. In hospital practice I rarely have to see a case after operation, from which the breast has been thus removed. I cannot recall a case in which the disease returned in the cicatrix so formed, though it often returns in the axilla. I remember a case in which three operations were performed upon secondary axillary growths in a period of four years—the last operation being amputation of the arm, ligation of the axillary artery, and removal of the growth—yet the resulting cicatrix from the first thorough breast operation remained perfectly soft and healthy.

Dr. Leaman. The case I have reported is an ordinary one, and the operation was certainly performed with ordinary care. The axilla was opened, and all present agreed that no glands

were affected except the one removed. The first symptoms of return were shooting pains in the fingers, referable to a nodule near the insertion of the sterno-cleido-mastoid muscle, behind the left sterno-clavicular articulation. Subsequently the axillary glands were involved. A few small nodules have since appeared over the seat of the first tumor.

I think it important to remember that surgeons may make mistakes; that some of the cases diagnosed as cancer, and apparently cured by operation, may be benign tumors.

In my experience arsenic has not been of use in carcinoma.

A New Use for an Old Instrument.

Dr. Leaman called attention to the fact that he had found the hooked end of Dr. Gross's ear and nose instrument the best and safest means of rupturing the membranes in labor.

Remarks on the Chicago Beef Wire Skewer.

Read September 12, 1883, by Wm. R. D. Blackwood, M. D.

The supply of good, wholesome meat to a large city is a problem involving many points of great importance. Many cattle are slaughtered within a few hours after reaching the abattoirs, before the feverishness and excitement resulting from a long railroad journey have abated, and the meat under the circumstances is not nearly so good or suitable for food as it would be even in healthy and prime animals, were it killed after a due time of rest. For a short time past, beef slaughtered in Chicago and brought here in refrigerator cars, has attracted the attention of those able to judge the article according to its merits, and for quality it is pronounced fully equal to any heretofore put on the market, and far ahead of the great bulk previously sold in the city so far as a wholesome, sound, and moderate-priced beef is concerned. The animals are selected from approved droves, and well fed, watered, and housed for a definite and proper time before killing, and the product therefore is not only in its appearance perfect, but in the vital point of fitness for wholesome, nutritious, and palatable food, it is unrivaled.

Some weeks ago a sensational attack was made on this variety of beef in the interest of a clique of butchers in this city, who, knowing the value of the Chicago article, were afraid of the effect on their business when it became better known to the public, and the silliest pretext; amongst others, advanced, was a supposed danger to consumers from the novel skewers employed to fasten the labels on the hind- and fore-quarters, these being of barbed wire such as I exhibit to you tonight. It was predicted that an epidemic of harpooned tongues, tonsils and pharynxs would ensue from swallowing unawares by consumers the numerous wire skewers concealed in the meat, and I am informed that for a time a serious falling off in sales actually resulted from fear on this point. You will readily see that any one who would try to gulp down a morsel of meat large enough to hide this fastener must at the same time be in a famishing condition, have the appetite of a tiger, and need lessons in table etiquette, to put it mildly.

The labels which are attached—one to each quarter only—are removed by the butcher before cutting up the meat, and could not, even if allowed to remain, fail to attract attention of both cook and eater. Mr. Bradley, of the Great Western Market, is the largest dealer in this city of this excellent beef, and he has kindly supplied me with samples of the barbs. The claims which he makes for the particular beef under consideration are worthy of notice, as his experience in business for some years past is unequaled in this city, and the enormous quantity which he distributes to a large section of surrounding country fully justifies the high value he places upon it. I am glad to confirm what he says, from personal experience in my family. The meat is simply delicious, and excels anything we have previously had from the best butchers of the city.

Editorial Department.

Periscope.

The Indigo-Carmine Test for Sugar.

Dr. George Oliver thus writes to the *Lancet*, May 26, 1883:

The length of my paper, which appeared in your issue of last week (see Reporter, p. 689, vol. xlviii.) precluded the publication of the following *résumé* of my notes of the behavior of the indigo-carmine and of Fehling's test when boiled in the presence of various substances.

1. *Constituents of Normal Urine.*—No reaction with either test; urea, urates, chlorides, phosphates, sulphates, lactates, oxalates, ammonia, unoxidized sulphur (precipitated B. P.). Indigo carmine unchanged, but Fehling reduced; uric acid, hippuric acid, lactic acid, oxalic acid. Both tests reduced by unoxidized phosphorus. I am preparing inosite, creatine, and creatinine, and the results of the testing will appear in a reprint of my paper; I have, however, obtained parallel reactions with the diluted expressed juice of beef, but the blood is probably a source of fallacy. I have not yet experimented on the coloring matter of urine; clinical evidence is, however, strongly against any probable action therefrom on the indigo test, for the diabetic urines examined were generally but slightly colored, while the reaction was in proportion to the amount of glucose; and in the non-diabetic there was no proportional relation between the color and the reaction—e. g., two equally-tinted urines often gave widely different glucose reactions, and a pale urine would now and then react after the addition of the second

drop, while a dark one would often fail to give a violet tint even beyond the sixth drop.

2. *Constituents of Abnormal Urines.*—No reaction with (*a*) leucine and tyrosine; (*b*) albumen—purified ov-albnmen (after Wurtz), purified ser-albumen, and albuminous urine free from sugar (after boiling the indigo carmine test with albumen, a drop of diabetic urine reacted as freely as in the absence of albumen, and glucose was detected by it in mixtures of any proportions of albuminous and diabetic urines *); (*c*) peptones; (*d*) bile—non-saccharine, bile-charged urine (jaundice), and ox-bile added to water in which the test was boiled; (*e*) blood, pus, and mucus in non-saccharine urine.

3. *Carbohydrates.*—No reaction with either test; cane-sugar, pure glycerine, mannite, boiled starch, gum (acacia), glycyrrhizin, salicin. Both tests were reduced by milk-sugar and dextrin. These were the only carbohydrates tried.

4. *Medicinal Agents, etc.*—No reaction with either test; quinine, morphia, codeia, atropine, caffein, santonin, strychnine, balsam of copaiba, benzoate of lithia, hypophosphites, iodides, liq. pepticus (Benger), ether. Reaction with both; gallic acid merely turned the carmine green, produced no play of colors, and there was no return of color on shaking (therefore no reduction), but reduced Fehling: gelseminum reacted green with carmine on admixture, but the color was not further altered by boiling or shaking (no reduction), while it also turned Fehling green, and reduced it on boiling. Carmine unaffected, while Fehling reduced; chloroform, tannic acid, resina (B. P.) and jalapin, carbolic acid, salicylate of soda (green, not reduced), chloral (green, not reduced), guttapercha solution. Turpentine merely decolorized the carmine, did not produce the play of colors caused by glucose, and did not disturb Fehling. Both tests unaffected by gelatin. Of the fifty-eight substances experimented upon, seventeen affected Fehling, and out of these fifteen reduced it, while six altered the appearance of the carmine solution, two turned it green, one merely decolorized it, and only three produced the characteristic color change of glucose—namely, unoxidized phosphorns, milk-sugar, and dextrin, which likewise reduce Fehling, and are, moreover, not likely to appear in urine so as to disturb the glucose test. My inquiry so far shows that indigo carmine is not reduced by (*a*) all carbohydrates, but only by such of them as will affect Fehling; by (*b*) the inorganic matter, or indeed, any of the non-saccharine constituents, of normal urine; by (*c*) substances other than glucose, which appear in morbid urines; or by (*d*) medicines which may pass into the urine.

But apart from these facts, which of course can be easily verified, and which to my thinking support a strong position, we must rely on clinical experience, which will sweep away mere assertion not derived from personal observation and will retain that which is true and useful, and thus decide the working value of this as of any other instrument of clinical inquiry. Fehling has proved itself a trusty and valued servant; I have no wish to assail or to dismiss it from service; it has yet good work to do. For instance, the green reaction from inosite has yet to be utilized clinically. I am thankful for its true guidance while putting the indigo carmine test on its trial, and I will continue to rely on its aid. Any one possessing a practical knowledge of indigo must know why it has not hitherto come to the front for clinical work, for a solution of it or of indigo carmine cannot be made without heat in the presence of an alkali, and the mixture is on several grounds objectionable in the working; the test papers, however, meet these defects, and will preserve from neglect or reclaim from obscurity a valuable reagent.

*When the quantity of glucose was small, while that of albumen was large, Fehling could not discover the former.

The Internal Administration of Iodoform in Constitutional Syphilis.

The *Journal of Cut. and Ven. Dis.*, January, 1883, says:

Mracek gives the results observed, some three years ago, in a large number of hospital cases, from the internal use of iodoform under the direction of Prof. v. Sigmund; the object being to ascertain, first, *the effect of the medicine, when thus administered, upon the progress of syphilis*, and secondly, its *proper dose* in such cases.

Freshly-prepared pills were made use of, each containing 0.1 of iodoform.

In the eruptive stage of the complaint, it was employed chiefly against the insomnia, and the pains in the head, limbs, and respiratory muscles. The favorable effect of *iodine* on these symptoms being borne in mind, much was naturally expected from the iodoform containing 95.8 per cent. of that element. The action of iodoform in small doses (0.5) was found, however, to be far from prompt in any case, and it sometimes failed to exert any sedative influence whatever. On the other hand, larger doses (1.0 and 1.5) while operating with more certainty as narcotics, sometimes gave rise to very disagreeable affections of the head.

The secondary manifestations of syphilis, as maculo-papular eruptions, papular syphilides on the genitals and anus, papulæ in the mouth, pustules on the hairy scalp, iritis, palmar and plantar psoriasis, etc, proved still more refractory under this mode of treatment. In most of these cases it was necessary to fall back upon mercurial inunctions, either to shorten the course of the original disease, or to combat the effects of the iodoform. Even when the latter was tolerated, so that its administration could be continued to a cure, the patient's general condition was less satisfactory than when mercury was relied on.

The course of the disease in the gummatous stage was more favorably influenced; but unfortunately, owing to increased debility, the remedy was less easily borne than at an earlier period, and often produced such troublesome symptoms as to compel its speedy discontinuance.

Gastric disturbances were the most frequent results from the administration of iodoform. A daily dose of one gramme almost uniformly gave rise to loss of appetite, nausea and vomiting, and sometimes to diarrhœa. Less frequent but equally characteristic effects were, a persistent drowsiness; vertigo and feelings of intoxication; hebetude and pressure in the head; general excitement,

occasionally with accelerated action of the heart; acne (after ten, eleven, thirteen, thirty-four days' treatment); scraping in the throat, cough, acute catarrh of the fauces, as also of the conjunctiva; more rarely, bronchitis. Lastly, when these conditions did not obtain, after taking the iodoform for seventeen to thirty-five days, a feeling of debility and faintness was sometimes experienced, and the patient became pale and lost flesh.

The author decides that the internal administration of iodoform is unadvisable in the treatment of syphilis, both on account of its uncertainty as a curative agent, and the disagreeable symptoms so frequently attendant on its use. On comparing the preparation of iodine hitherto most frequently employed—viz., iodide of potassium, containing seventy-six per cent. of iodine, with iodoform containing ninety to ninety-five per cent., he arrives at the following conclusions:

Both operate by virtue of their iodine. The iodoform, however, is seldom tolerated, for many days together, in doses as large as 1.0 *pro die*. This is scarcely ever the case with iodide of potassium. The iodide, therefore, as not affecting the appetite, and less frequently giving rise to gastric disturbances in general, is far preferable to iodoform in the treatment of syphilis. If reduced doses (0.5) of iodoform are resorted to, a much smaller quantity of iodine is supplied to the organism than when iodide of potassium, in the easily-borne dose of 1.0, is administered. The author would hardly venture upon the 3.0 doses of iodoform employed by Nunn. The most frequent secondary effects from iodide of potassium, viz., acne and catarrh, are, it is true, more rarely caused by iodoform, but are sometimes observed even after the exhibition of the latter.—*Monatsch. f. prak. Derm.*, May, 1882.

Transposition of Viscera.

Dr. Wm. Julius Mickle thus writes in the *Brit. Med. Jour.*, May 19, 1883:

In January, 1882, I made the necropsy of W. P., a sign-writer, who died, at the age of forty years, of general paralysis of about three years' duration. On admission, his height was sixty-nine inches, his weight 144 pounds. During life, the transposition of the areas of percussion-dullness of the liver and spleen had been noticed; and of the necropsy only so much will be here related as refers to the transposition of viscera.

The heart was more erect, and more under cover of the sternum, than usual. Its chambers had, as it were, changed sides; the thicker and stronger ventricle, connected with the aorta, concerned in the systemic circulation, and forming the cardiac apex, being on the right side; while the ventricle operative in the pulmonic circulation, and through the pulmonary artery, was on the left side. The auricle receiving the systemic veins was on the left side, its appendix was directed forward and to the right. A thin septum, situated posteriorly, separated this auricle from the other, except where a patent foramen ovale, one-third of an inch in diameter, kept open communication between the two. The ventricle on the left side, with a tricuspid flap well to the left, opened into the pulmonary artery upwards, forwards, and to the right; and, springing from this point, the pulmonary artery curved round to the right under the aortic arch. The auricle receiving the pulmonary veins was to the right and posteriorly; its appendix, directed to the right and somewhat forwards, nestled under the pulmonary artery. The mitral valve had anterior and posterior flaps. At the right ventricular summit, and in front, was the aortic opening. Of the aortic valve, one segment was on each side, and one posteriorly, but not exactly so. Behind the right segment the larger coronary artery made exit; behind the left, the lesser. The aortic arch was directed towards the right, thence it curved down to the vertebral column, on the anterior and right aspect of which it descended through the thorax. Similarly, the gullet coursed down the left anterior aspect of the dorsal column; but, below, it crossed to the right to gain the œsophageal opening in the diaphragm. The lung in the left chest had a very imperfectly divided-off third, or middle, lobe. The lung in the right chest, however, had a small imperfect middle lobe. The spleen was in the right hypochondrium. The position of the liver was reversed, its larger lobe lying in the left hypochondrium and epigastrium, and its smaller lobe extending rightwards to the spleen.

Of the stomach, the cardiac opening and the cardiac end were to the right of the middle line, and the pylorus to the left of the same. The duodenum was also to the left, and the convexity of its horse-shoe curve was directed to the left. The end of the ileum, the cæcum, and the appendix vermiformis, were in the left inguinal region. Thence arose the ascending colon on the left; then came the transverse arch of the colon; the descending colon, on the right side; the sigmoid flexure, in the right iliac fossa; and the rectum, entering the true pelvis slightly to the right side. The kidney of the left side weighed five ounces; of the right, four and a half ounces.

Note.—The local destructive inflammation of the left lung may have been due, or partly due, to inhalation of particles of food; and its localization in the left, rather than in the right lung, a result of transposition.

The Unity of Syphilis, Chancroid, Venereal Warts, Balanitis, and Gonorrhœa.

The *London Med. Record*, August 15, 1883, says:

After long observation of a large number of cases, Dr. Moritz Winter, of Brunn, Moravia, has arrived at the startling conclusion that "the venereal disease" is more truly one single affection manifested in different forms, than it was ever held to be before the days of Hunter and Ricord. He sums up his opinions under three heads. Syphilis, in the first place, is the primitive cause of all venereal diseases. Were there no syphilis, there would be no soft sores, no venereal warts, and no infective catarrh of the urethra. Secondly, soft chancre is an immediate modification of the true syphilitic virus (*Tochterkrankheit*) derived from a subject infected with syphilis. It settles itself upon its victim as a disease *sui generis*, and never undergoes return to its original syphilitic type. Henceforth it can only serve as a gateway for the admission of unmodified syphilis. Lastly, Dr. Winter believes that the venereal wart and gonorrhœa together form a secondary de-

scendant of true syphilis (*Enkelkrankheit*). As the syphilitic virus becomes modified into chancroid virus, so does chancroid become modified into a special poison which, derived from a chancroid patient, causes warts or gonorrhœa in the recipient. After giving cases where chancroid has been observed in patients who have had connection with syphilitic subjects, Dr. Winter describes an instance of the second condition. A commercial clerk consulted him last autumn for the cure of multiple soft sores along the reflexion of the prepuce on to the glans. These were healed by the application of iodoform. In a short time (*sic*), the patient returned, with warts on the under side of the penis. His urethra opened abnormally, by the side of the frænum; in fact, rudimentary hypospadias existed. One of the warty growths extended to the urethral orifice, and, a day or two later, all the symptoms of gonorrhœa appeared, and proved most difficult to cure. Dr. Winter thinks that there can be hardly any doubt that the urethral discharge was derived from the warts, and the warts from the soft sores, in this case. Michaelis, in his *Lehrbuch der Syphilis* (1859), has already described a specific balanitis, causing the growth of warts if neglected, and always more severe than simple inflammation of the glans due to irritation. According to Winter, the severer form would represent an extremely mild modification of the syphilitic virus.

The Value of Milk Treated by Pancreas Ferments.

Dr. Francis L. Haynes, of Philadelphia, thus writes in the *Am. Jour. of Obstetrics*, September, 1883:

I have used milk, artificially digested by pancreas-ferments, in the following cases:

1. Chronic intestinal catarrh of six months' duration in a child one year old. Marked wasting; rickets. Rapid recovery.

2. Chronic intestinal catarrh of seven months' duration in a child fifteen months old. Recovery in ten days and rapid increase in weight.

3. Chronic gastro-intestinal catarrh (from birth), with acute catarrhal pneumonia, in a child one year old. The peptone agreed thoroughly with this patient, and the vomiting and purging ceased. The pneumonia continued, and destroyed life by exhaustion in one month.

4. Extreme emaciation and exhaustion in a child three weeks old. Rapid recovery. One month after, during very hot weather, cholera infantum and death.

5. Cholera infantum in a child two months old. The milk peptone was used as soon as the vomiting and purging had been checked. Rapid recovery.

The only other medication used in these cases was morphia to check the bowels, or to meet other indications.

In numerous cases of indigestion, intestinal catarrh, and other diseases in adults, I have used milk peptones, and frequently with benefit.

The preparation used is the "Extractum Pancreatis" made by Fairchild Bros. & Foster, 60 Fulton street, N. Y.

The following formula is used, and the druggist is directed to furnish a scoop holding a scruple of the powder:

℞. Extracti pancreatis, ʒj.
Sodii bicarbonatis, ʒiij.

M. et Sig.—Add scoopful to a gill of water; mix with pint of fresh milk; keep this mixture at a temperature of 110° for two hours. Boil, place while hot in bottles, and keep on ice.

In the absence of a thermometer, the mother is directed to keep the milk so hot that she can barely hold some in the mouth.

The bottles used are beer bottles, with patent air-tight rubber tops.

If the milk is to be used immediately, it is not necessary to boil and bottle it; but, if kept, it soon spoils.

Milk thus prepared has a bitter taste.

The directions for use are the same as those for ordinary milk.

Malarious Cholera.

Dr. Henry Blanc thus writes in the *Lancet*, August 18, 1883:

"All medical men residing in India have but too often occasion of attending cases of cholera; nevertheless, when I witnessed my first case of malarious cholera, I remained awhile under the impression that I had to deal with a case of real cholera. No symptom appeared to be wanting. Vomiting, purging, anxiety, rapid breathing, loss of voice, pulse weak or imperceptible, skin shrivelled, eyes sunken, cramps, coldness of the surface, etc., all the symptoms characteristic of cholera, were present. Still there are differences, and these are of great importance as assisting us in diagnosing between the two diseases. In malarious cholera the vomiting and purging are less frequent, less distressing, and these symptoms cease at an early date. The alvine discharges contain generally some bile, or are tinged with blood, or are like dirty water, or almost clear, but never presenting the whitish appearance so well known as rice-water stools. The cramps in the cases I have observed have been limited to the abdominal muscles and lower extremities. A third point of great moment is the rapid reaction, or rather the almost total absence of reaction, the patient passing from a state of deep collapse to one of convalescence in the space of a few hours, and with a return of all the choleraic symptoms should the following paroxysm not be checked. The influence of treatment is also well marked. In India we are well aware of the danger of administering stimulants and opium during the collapse stage of cholera; in the sideration produced by malarious poisoning these two remedies are indicated, and are followed by the best results. Again, the value of quinine points to the intimate nature of the disease; in five cases out of six this drug acted favorably, and no return of the dangerous paroxysm took place. The fatal case afforded us an insight into the pathology of the disease, and nowhere are the differences and distinction between the two forms of cholera better marked and ascertained. In malarious cholera *post mortem* reveals a condition of intense melanæmia; a separation of the blood pigment, the blocking up of the capillaries by this altered substance, the presence of a rose-colored serous fluid in some of the large blood-vessels, and of a dark thick fluid in others."

The Diagnostic Significance of Tubercle Bacilli in Childhood.

The *London Medical Record*, June 15, 1883, says: The observations hitherto placed on record with reference to bacilli of tubercle are derived from the disease in adults. Dr. Demme, of Berne (*Berliner Klin. Wochensch.*, April 9), submits parallel researches pursued in cases of disease in children, noticing at the same time the difficulty that exists in obtaining expectoration from children under three years of age. The investigation was carried out in forty-four cases of tubercular disease. In six of these (tubercular meningitis and kidney disease) the examination was microscopic. In the remainder the sputa, or fæces, were examined a few days before death. The ages of the majority of these patients were from one to four years, and smaller proportion from five to ten years. The earliest age was eighteen weeks. It was a point of much interest and importance to watch the development of phthisical disease, from measles or whooping-cough, after the first detection of bacilii in the expectoration, and the proportional rapidity of the disease, in relation with the greater or less abundance of bacilli. In three cases of acute miliary tuberculosis, the bacilli were only discovered after death in one instance, and in the other two they were in the sputa only two or three days before death; confirming the statement of Lichtheim that the expectoration in acute miliary tuberculosis does not contain bacilli. Bacilli in considerable abundance were found in cases of lupus; also, in a case of ozæna in an hereditary tubercular constitution, the tubercle-bacilli were found in the mucous surface of the nostrils. This patient died, after a short illness, of tubercular meningitis. Miliary tubercles were found in the course of the vessels of the membranes, and tubercle was found in the substance of the cerebrum and cerebellum. The lungs were free from tubercular disease, as were also the abdominal viscera. In the tubercle of the pia mater, a scanty sprinkling of bacilli was found. Referring to the preceding observation, Dr. Demme remarks that tubercular disease of the mucous membrane of the nostrils is seldom, if ever, seen by itself alone. In this case, the author suggests the transmission of the bacilli from the nares by the way of the vessels to the meninges.

Cerebral Localization.

The *Medical Times and Gazette*, August 25, 1883, says:

"The centre for movements of the thumb has been indicated on more than one occasion by the autopsy of a patient who had had paralysis limited to the thumb; and we now have, at the hands of M. Lepine (*Revue de Médecine*, July, 1883), pathological evidence brought before us of the site of the centre for the movements of the fingers. The case in question was that of a young woman the subject of phthisis, in whom partial paralysis of the right arm supervened suddenly one night, the movements of flexion and extension of the hand being lost, as also those of the fingers, but the thumb showed no loss of power at all. There was no impairment of sensation in the hand. The patient died the next day, and at the *post mortem* examination there was found on the external aspect of the left hemisphere a group of tubercular granulations, forming a mass about the size of a bean, situated in the furrow which separates the ascending parietal convolution from the parietal lobule; it was four centimetres from the median fissure between the two hemispheres, and five centimetres from the fissure of Sylvius. It was situated in the meninges, and was easily stripped off with these from the surface of the brain. At the point where it rested there was a cup-shaped depression of the grey matter, but no loss of substance, and it must, therefore, be presumed that the symptoms were due to the anæmia caused by the pressure. Tubercular affections of the brain are so frequently multiple or widely diffused, that it is not often they can be of much use in advancing our knowledge of the functions of the different parts of the cerebral cortex. The present case is, therefore, unusual in that respect as well as in the site of the lesion."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——No more profitable reading for young men can be found than the lives and labors of those who have distinguished themselves on the stage of life. Such reading indicates the sign-posts leading to the goal of an honorable life, and is always to be welcomed. To the members of our profession, much good example can be derived from a perusal of the "Memoir of Jonathan Letterman, M. D., Surgeon United States Army, and Medical Director of the Army of the Potomac," by Brevet Lieut.-Colonel Bennett A Clements, Surgeon U. S. A., which has come to us as a reprint from the *Journal of the Military Service Institution* for September, 1883. Dr. Letterman is the man who brought order out of chaos in the medical administration of the Army of the Potomac, and his labors should be appreciated by all.

——Attention to the smallest details and unremitting and conscientious care of the patient are two of the strongest points for success in ovariotomy, as laid down by Dr. Edw. Borck in a pamphlet entitled "Diagnosis of Ovarian Tumors." The pamphlet will be sent gratis to any physician who will send his address and a postage stamp to the author, 1225 Washington Avenue, St. Louis, Mo.

——We have received the "Answer of Thad. M. Stevens, M. D., to charges of the Indiana State Board of Health, together with statements in proof and other matters." It is reprinted from the *Transactions of the Indiana State Medical Society.*

BOOK NOTICES.

Report of the Board of Health of Louisiana, 1883. 8vo., pp. 637.

A mass of information is embraced in this thick volume. Besides the ordinary reports which we expect to find in such a publication, there is a long special one on yellow and malarial fevers by Dr. Joseph Jones, with numerous colored illustrations. It is the result of very profound studies on the subject, and will be sure to rank high in the literature of the branch. Several charts and tables accompany the work.

The Treatment of Wounds, Principles and Practice, Special and General. By Lewis S. Pilcher, M. D. New York: Wm. Wood & Co.

This treatise is a careful study of the branches of surgery connected with wounds and their repair. It is one of the most interesting parts of the domain of surgery, and around it have centered some of the most active discussions of recent years. Dr. Pilcher begins with a careful study of the physiological processes, and on these bases his criticisms and deductions as to the best methods of treatment. It will be found an instructive volume.

A Practical Manual of the Diseases of Children, with a Formulary. By Edward Ellis, M. D. Fourth edition, 8vo., pp. 218. Price $1.00.

The Diseases of Women. By Graily Hewitt, M. D., etc. New American edition edited by Harry Marion Sims, M. D. 2 vols., cloth. Price $2.25 per volume.

Practical Clinical Lessons on Syphilis and the Genito-Urinary Diseases. By Fessenden N. Otis, M. D., etc. 1 vol., cloth, 8vo. pp. 584. Price $4.50.

Insanity; Its Classification. Diagnosis, and Treatment. By E. C. Spitzka, M. D. 1 vol., 8vo., cloth, pp. 415. Price $3.00

The Diagnosis and Treatment of Diseases of the Ear. By Oren D. Pomeroy, M. D., etc. 1 vol. 8vo., cloth, pp. 391. Price $3.00.

Sexual Impotence in the Male. By William A. Hammond, M. D., etc. 1 vol., cloth, 8vo., pp. 275. Price $2.50.

A New Hand-book of Treatment. By William Aitken, M. D. 1 vol., 12mo., cloth, pp. 444. Price $2.00.

An Encyclopædic Index of Medicine and Surgery. Edited by Edward J. Bermingham, M. D. 1 vol., cloth, 8vo., pp. 434. Price $5.00.

The above works have been issued during the current year by the house of Bermingham & Co., 28 Union Square, New York city, and form an acceptable addition to the medical literature of the time. Nearly all of the authors are so well and favorably known to the reading men of the profession that they need no introduction at our hands. One may be sure that what they produce is worth reading, because it is the result of wide observation, guided by scientific methods. Some two or three of the works are old, but they have undergone judicious revision, which has brought them up to the requirements of the day. Those who desire recent and well-prepared books on the subjects named will not go astray in ordering from this list.

So far as the manufacture of the volumes is concerned it is quite up to the average of that which now prevails with medical publishers, and decidedly ahead of some we have noticed in these columns.

Transactions of the Indiana State Medical Society. 8vo., pp. 393.

A handsome volume like this, filled with original matter, much of it of a high standard of excellence, is a gratifying proof of the steady advancement of the American profession in thorough knowledge of their science. Of the subjects treated we may name, "Fœtal Medication," by Dr. Kyle; "Bright's Disease," by Dr. Petro; "Parasites," by Dr. Geo. Sutton, of Aurora; "Bacteria Microscopy," by Dr. N. Field; "The Puerperal State," by Dr. L. C. Johnson; "Shock," by Dr. W. H. Myers; "Cystitis," by Dr. John Chambers, etc. It will be seen that the subjects are varied, and of importance, and they are well treated.

Index Catologue of the Library of the Surgeon General's Office. Vol. iv., 1883.

One cannot but contemplate with admiration the progress of this masterly summary of medical literature—for it were injustice to call it merely a catalogue. The present volume carries the list to the name *Fizes*. As this is about one-third of the alphabet, the reader may calculate what an enormous work it will be when complete. It is, in fact, an epitome of all that has been written on medical science. Looking over *Fistula*, for instance, we get an idea of all the means ever suggested for its treatment. We trust that no delay will intervene to prevent the early completion of this great national work.

What to do First in Emergencies. By C. W. Dulles, M. D. Second edition. 12mo., pp. 119.

A Compend of Surgery for Students. By O. Horwitz, M. D. 12mo., pp. 133.

These two little books, from the publishing house of P. Blakiston, Son & Co., Philadelphia, are convenient reminders of a variety of facts which it is desirable for all medical men to know. They are carefully written, and are good examples of their class.

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APPLICATION OF THE SHARP SPOON IN OBSTETRICS.

It seems as if the sharp spoon was finding a more and more extended application in obstetrical and gynæcological surgery. Formerly only made use of in caries of the bone, then for the purpose of scraping off epithelial cancers, then also in cases where the knife had not been able to cut off everything attacked by a malignant growth, Dr. v. Werkebecher–Sternefeld appears now to favor a far more extended application of this instrument in obstetrical practice. In his article on the subject in the *Arch. f. Gyn.*, xx., p. 236, he considers it indicated:

1. In partus immaturus during the first three months, with (*a*) retention of the whole partly still adhering ovum; (*b*) simple retention of the loosened ovum in case of narrow os; (*c*) retention of residual parts of the ovum.

2. After delivery of premature or full-grown fœtus, spontaneous or artificial removal of the placenta with retention of cotyledones or parts of such.

3. In case of atony of the uterus post partum, when the spoon is expected to act as a powerful irritant.(!)

4. In child-bed, for the purpose of removing accumulated blood-clots, parts left of the placenta, fœtid matter, and tenacious discharge, covering the mucous membrane; further, to remove the so-called Küstner's deciduum.

5. In case of polypus of the placenta, mola carnosa, and hydatids.

W. Schülein, who in the *Centralbl. f. d. Med Wiss.*, August, 1883, criticises these views, and finds especially ridiculous the application of the spoon in atony of the uterus, rejects also, and with justice, another recommendation of v. W.–S., viz., never to apply narcosis in such cases, and not to fix the uterus with a hook, but to force it down with the hand.

The author concludes his — notwithstanding these objectionable features—interesting remarks, with the reports of one hundred cases, in which the sharp spoon found its application. While eighty-six recovered perfectly, and the purpose

for which the application had been made was followed by prompt and lasting success, in nine cases a diseased condition developed itself, and five were fatal—though it can hardly be admitted that in any of these five cases death was due strictly to the injury inflicted by the spoon.

MULTIPLE NEUROMAS IN THE COURSE OF THE PLEXUS BRACHIALIS SINISTER, CAVERNOUS ANGIOMAS, LYMPHIANGIOMAS, AND NEURO-FIBROMAS OF THE LEFT UPPER EXTREMITY.

Under the above title, Prof. Heinrich Köbner, of Berlin, records in Virchow's Archiv. Bd. xciii., hft. 3, S. 343, a remarkable combination of abnormal formations in the left brachial plexus and vessels of the left upper extremity, taking on the form of tumors described by the title. The patient was a young man, aged 21. No similar tumors were known on his mother's side of the family, and neither were her other sons or daughter similarly affected. Upon the father's side of the family nothing definite was ascertained. Only one of the tumors of the forearm was present at birth; all of the others began to be noted six months after birth. Examination revealed a striking atrophy of the left arm; partly a retiform development of the veins; and before all, a number of bluish or yellowish-red tumors, situated especially on the extensor side of the forearm, and reddish as well as reddish-brown ones on all fingers. Between the tumors of the forearm some colorless ones were situated, others of an angiomatous appearance, besides which there were certain widely-separated groups of small blebs, similar to herpes, resting upon brownish spots, or again directly in the neighborhood of larger angiomas or miliary angiomatous spots and points. Further examination revealed an extensive tumor formation of the left brachial plexus—not merely, however, of the major trunks, but also on the smaller branches, and even fine twigs of the thoracic as well as the arm distribution.

All motions of the arm except supination were possible. The galvanic sporadic reactions of the muscles were normal. Spontaneous pain was not present, but very severe pain was developed by pressure upon the neuromatous nodules. The left hand perspired much less freely than the right one, and was also of a higher temperature, about 1° C. The paper is illustrated with three photographs, showing well the position of the tumors and the atrophy of the arm.

THE DIAGNOSIS OF CANCER OF THE STOMACH FROM IDIOPATHIC ANÆMIA.

The difficulty of arriving at a correct diagnosis between these two conditions is well illustrated by a case reported by Dr. Neale in the *Practitioner* for July, 1883.

The importance of a correct diagnosis is clearly manifest when we realize that in the one case the prognosis is necessarily fatal, while in the other we have good grounds to hold out reasonable hopes for recovery.

In the case under consideration, three consultants maintained the view that "idiopathic anæmia" was the correct diagnosis, while Dr. Neale, having had a similar case under his care a short time previously, was inclined to regard it as "cancer of the stomach." The correctness of his opinion was demonstrated by the *post mortem*, when the whole posterior wall of the stomach was found invaded by scirrhous cancer.

The symptoms presented by these two conditions are so similar that it would seem that it is impossible to arrive at a positive differentiation, save by the presence of the two following evidences: tumor of the stomach, recognized by palpation and microscopical examination of the vomited matters revealing the presence of characteristic cells. Our prognosis in such cases must be very guarded.

CHLORIDE OF NICKEL AS A DISINFECTANT.

Chloride of nickel one gramme to one fluid litre, protects fibrin against decomposition; defibrinated blood, placed in such a solution, did not decompose till the fourth day; and mildew (aspergillus glaucus) on bread, moistened with a 0, 5 solution of the chloride, showed only on the eighth day a single development without putrefaction, while a control-preparation, two days after, had perfectly

developed itself. As yet, there has not been found any special virtue in this new disinfectant. But if we remember that new bacilli, micrococci, and other animalculæ, are almost daily discovered, and that the fact has been demonstrated that certain disinfectants seem to have a special destroying influence on certain species of the microzymes, the time may come when every disinfectant will find its special sphere of usefulness. We must also not forget that our knowledge of these remedies is comparatively a very recent, and undoubtedly still incomplete one.

Notes and Comments.

Cancer of the Duodenum with Occlusion of the Biliary Duct.

Before the New York Society of German Physicians (*New York Med. Jour.*, July 28, 1883), Dr. I. Adler presented a specimen of medullary cancer of the duodenum, with the following history:

An old gentleman, seventy-six years of age, had for over thirty years been the subject of an obscure affection of the stomach, of which the most prominent symptom was a gnawing pain, which was only relieved by the regular ingestion of food every two hours. Until three years ago he had enjoyed robust health. A year and a half ago he was taken seriously ill with a chill, followed by a rise of temperature reaching 105°. The following day his temperature was normal, but he had developed cholæmic icterus, which only disappeared to return with greater intensity, until finally the patient's skin had assumed a deep-brown tinge. Both the urine and the stools contained biliary coloring matter in abundance. His morbid appetite had increased, with symptoms of chronic gastritis, so that he craved food every fifteen minutes; still he rapidly lost ground, and finally succumbed to the cholæmic poison. The assumption of obstruction of the ductus choledochus by the pressure of some tumor, was shown to be correct by the results of the *post mortem* examination. The stomach showed intense catarrh of its lining membrane, with many ulcerations, which accounted for the frequency and violence of the pains experienced during life when the viscus was empty. Relief was obtained when the ulcers were protected from the action of the gastric juice by the mass of food. The ductus choledochus was completely occluded by the pressure of a tumor, about the size of a walnut, which grasped the duodenum, in the shape of a horse-shoe, and which was eroded on its intestinal surface. The duct showed considerable dilatation behind the point of constriction. On microscopic examination, the tumor was found to be a medullary carcinoma. The glands were not involved.

A Case of Œstrus Hominis.

The London *Med. Record*, August 15, 1883, says that Dr. Voelkel, of Berleburg, in Westphalia (*Berliner Klin. Wochensch.*, April 2), was consulted on February 21, 1882, in the case of a lad, aged 13, who complained of stiff-neck and severe pains on the right side of the neck and head. On the 27th his father reported that he was much better, a "worm" having been emitted from the skin below the right eye. The cylindrical larva was about 1½ centimetres in length and 2 millimetres in diameter, and moved actively for the space of half an hour. Two other "worms" had been evacuated, but had not been preserved. The patient, on March 12, presented himself with a hard white nodule about the size of a pin's head on the right cheek. This was not accompanied by inflammatory redness. The patient's brother stated that this had commenced with a small patch of redness of the skin, with tenderness to touch; that a small opening appeared, from which a few drops of watery fluid had escaped, and the larva was to be seen. By gentle pressure it was easily dislodged. On the day following another was removed. Some pain and tenderness remained for eight days after the removal of the parasite, and gradually subsided, the general health continuing unimpaired. The boy remembered having slept in the open air frequently in the preceding summer, and having suffered from the stings of insects. It is remarkable that these parasites should have remained under a healthy skin without causing eruption or wound of any kind. Dr. Voelkel submitted the larvæ to the opinion of Professor Brauer, of Vienna, with the result that Dr. Brauer entertained not the slightest doubt that the parasite was the larvæ of the œstrus hominis—the larva of the gadfly. Larvæ of insects of the same order "Œstridæ" are well known by their effects on man in tropical America.

Antiseptic and Non-antiseptic Methods in Surgery.

Dr. Dudley P. Allen read a paper on this subject before the late meeting of the American Medical Association (*Association Journal*, September 15, 1883), in the course of which we note the following: In conclusion, then, it would seem:

1. That the fact that operations on the abdomi-

nal cavity succeed without the spray, does not influence the employment of antiseptics with regard to other operations where there is a continued opportunity for infection.

2. It would appear that the spray is the least important of all the details in antiseptics, and that if the other details already mentioned, are attended to, the proper dressing of wounds, pressure and drainage, may by securing absolute quiet for a wound, turn danger into benefits.

3. That different methods are of different application, and that whereas the spray might be most desirable in opening joints, and in the atmosphere of hospitals, with bad hygienic surroundings, flooding might be equally efficient in certain other wounds, and that some permanent antiseptic as iodoform would be most servicable, when other antiseptics are inapplicable, as in removal of the tongue, or where there are cavities that can be rendered aseptic only with difficulty, as in sinuses and necroses, and that some such permanent antiseptic would be of incalculable benefit in war, where frequent and elaborate dressings either antiseptic or non-antiseptic are impossible.

4. That although there are certain dangers in the use of antiseptics, these are more than equaled by the dangers attendant upon their omission, especially in large hospitals, and that dangers of poisoning are certainly decreasing as the application of antiseptics is becoming better understood, and further, that investigation may develop a method of securing aseptic results less onerous, and devoid of the disadvantages that now surround them.

Poisoning by Bichromate of Potash.

Apropos of poisoning occurring among workers in bichromate of potash factories, Dr. Edward Orr Macniven says in the *Lancet*, September 22, 1883:

Judging, therefore, from the cases just mentioned, and from those of an earlier date, the symptoms produced with bichromate of potash are those of of an irritant poison, and may be described as follows:

1. *General or Usual Symptoms.* — Abdominal pains; vomiting; purging; cramps in the legs; feebleness of the pulse; coldness of the surface of the body, with clammy perspiration; soreness of the month and throat and excessive thirst.

2. *Remote Symptoms.*—Tendency to syncope with giddiness; specks before the eyes, dilatation of the pupils; and yellowness of the conjunctivæ; suppression of urine; stupor; hurried or difficult respiration; loss of power of the legs.

Lastly, the local effects on workmen who use the bichromate of potash in dyeing, as described by Drs. Duncan and Eadie, of Glasgow, are of great practical interest, and illustrate the caustic action of this poison. It seems that on those workmen who have the slightest abrasion of the skin the poison acts as a caustic, producing a tough slough, followed by an ulcer with hardened cup-like border. These sores may gradually extend deeper and deeper, until they eat their way into the bone, and sometimes they actually make their way through the arm or hand altogether. Attacks of conjunctivitis are also of not uncommon occurrence. These observations I can fully confirm.

The Probable Cause of Non-union of Fracture of the Patella.

A good bony union in fracture of the patella is a desideratum, but one that is seldom vouchsafed to the surgeon. The cause, Dr. W. Gem thus endeavors to explain in the *Brit. Med. Jour.*, September 1, 1883. He had an opportunity of making a *post mortem* examination on a man in whom a fractured patella showed no tendency to unite, and he found about three ounces of clotted and partly organized blood, pushing up the fragments, and so causing the displacement and non-coaptation of the fragments. The query arises, might not this clotted blood (or organized blood in the young subject) be the cause of non-union in a great many cases, supposed to be due to the action of the triceps femoris? The case appears of interest, in clearly showing the line of treatment which should have been adopted, and the practical utility of early aspiration and putting up in plaster-of-Paris, so doing away with elaborate splints and lotions, and avoiding long confinement to bed. The case also shows the deformity and non-union produced by blood-clot from beneath the fragments, when apparently all effusion had disappeared.

Phthisis in Florida.

At the conclusion of an article on "Endemic Diseases in Florida," Dr. C. Drew, jr. (*Med. Record*, June 16, 1883), says:

The total number of cases of phthisis recorded for the year as having developed among residents is fifteen, giving a percentage of morbility of 3.4; it is impossible to offer any statistics as to the mortality from this disease in so brief a period of time. There does not appear to have been any remarkable relation between barometrical pressure and the existence of disease. From February to September, with the gradual rise of temperature

incident to the summer months, the percentage of malarial disease increases. Through September, October, and November, although the temperature declines, the rate increases, and keeps up until January, when it becomes quite low. Mean humidity does not appear as a prominent factor in the development of this class of diseases. The lowest mean humidity is reported for March, when the percentage of malarial fever is low, 15.93; but in January, 1882, when the mean humidity was 78.8°, a high degree, the percentage of fever was low, 21.42. The meteorological observations were copied from those issued by the signal service at this station.

A Needle Forty-Six Years in the Body.

In the *Louisville Med. News*, Dr. C. J. Walton tells of a woman who swallowed a large needle, with a broken point, away back in 1830. In 1850 she was seized with lancinating pain in the left hip-joint, which after a while passed away; in 1874, similar pain occurred in the left shoulder and arm. In 1876 she was again similarly attacked, this time with a severe stinging pain with redness and swelling in the posterior aspect of left arm, three inches above the elbow-joint. All remedies failed to effect relief, when, in applying a liniment, something wounded her hand, and on looking for the offending object a blunt needle-point was discovered, but so firmly held in its location that an incision was required, and considerable force was necessary to extract it with forceps. The needle was blackened, and had lost its smoothness. Careful examination showed the needle to be one of an ancient pattern which has long since ceased to be manufactured. Since removing the needle the lady enjoys perfect immunity from pain, and is now a woman of eighty, with the physical and mental vigor of one forty years of age.

Plaster of Paris Bandages for Fractures.

Every one knows, says Christopher Heath (*Brit. Med. Jour.*, September 22, 1883), that in fracture of the patella, the joint soon fills up with blood and synovia, which take many days for their absorption; but every one apparently, does not know that if the case be seen before effusion has occurred, it may be entirely prevented by wrapping the knee-joint up in cotton wadding, and applying a plaster of Paris bandage firmly over all. I have treated many cases in this way with only a couple of days' confinement, and believe that I have in some got osseous union between the fragments, so firmly are they knit together.

But, if effusion have already taken place, it is easy to get rid of it, if coagulation of the blood have not already occurred, by the use of the aspirator; and, the wadding and plaster being at once applied, no further effusion takes place, and the patient begins to walk about with a stiff knee as soon as the plaster is dry.

He advocates the early use of the plaster of Paris splint in all fractures, save those of the forearm, where there would be danger of drawing the two bones together.

A Case of Gummous Bursitis.

Before a recent meeting of the New York Dermatological Society (*Jour. of Cut. and Ven. Dis.*, July, 1883), Dr. Taylor presented the following case:

The patient, a man thirty-two years old, had syphilis six years ago, and was indifferently treated. About one year ago, he had a gummatous ulcer of the size of a quarter of a dollar on the right thigh. This healed under the "mixed treatment," and, after two months' medication, the patient became careless. Five months ago, he came with a firm swelling over the right outer malleolus. Three months ago, he came with two symmetrical tumors, one over each trochanter major, about one inch in width and two in length, firm, hard, and painless, the skin being freely movable over them. They were situated at right angles to the axis of the legs. They are now rapidly subsiding under "mixed treatment."

Relief of Shock and Induction of Rapid Anæsthesia.

Physicians usually rely upon alcohol in shock, but now Dr. C. V. Rockwell tells us (*Ft. Wayne Journal of Medical Science*, July, 1883) that he obtains better results from the hypodermic injection of $\frac{1}{120}$ of a grain of atropine, repeated, if necessary, in from ten to twenty minutes. If reaction does not now set in, he increases the dose to $\frac{1}{60}$ of a grain, and gives by the stomach frequent doses of aromatic spirits of ammonia.

So soon as reaction is fairly begun, from $\frac{1}{8}$ to $\frac{1}{4}$ of a grain of morphia by hypodermic injection will relieve the increasing pain, and in from twenty to thirty minutes put the patient in the most favorable condition for the induction of anæsthesia from chloroform. By this mixed method insensibility is more rapidly produced and less chloroform is required; consequently, danger to the patient is somewhat lessened, while the stage of excitement following the inhalation of chloroform is greatly abridged.

The Development of Cancer from Non-malignant Diseases.

Dr. Daniel Lewis read a paper on this subject before the Medical Society of the State of New York (*New York Med. Jour.*, June 30, 1883), which concludes with the following propositions:

1. Many diseases of a non-malignant character are not only predisposing but exciting causes of cancer.

2. Such degeneration often occurs in patients who have no hereditary predisposition to cancer, and in those who are so predisposed the danger is imminent.

3. The recognition of the pre-cancerous stage of the disease is of the highest importance in its successful treatment.

4. While it is true that heredity is well attested in many cases, its importance has been greatly overestimated by all the older authorities and many writers of the present day.

Symptoms of Glaucoma.

In an article on the subject of Glaucoma, in the *St. Louis Med. and Surg. Jour.*, September, 1883, Dr. F. B. Tiffany thus summarizes them:

1. Increased tension of the globe.
2. Rapid increase of any preëxisting presbyopia.
3. Venous hyperæmia.
4. Dilatation and sluggishness of the pupil.
5. Cloudiness of the aqueous and vitreous bodies.
6. Periodic dimness of sight.
7. Appearance of a halo of prismatic colors about a light.
8. Contraction of the field of vision.
9. Ciliary neuralgia.
10. Anæsthesia of the cornea.
11. Scotomata.
12. Arterial pulsation at the fundus of the eye and cupped disk.

Chill After Intra-uterine Injections.

M. Emilio Fasola in the *Anali di Ost. Gin. et Ped.*, for May, arrives at the following conclusions from numerous observations:

1. Intra-uterine injections in puerperal septic endometritis, with fetid lochia. are frequently followed by chills.

2. The chill is less intense when the lochia are not fetid and the treatment has been continued for some time.

3. The chill appears generally after the first injections, oftenest in the evening.

4. It is followed by an elevation of temperature of short duration, which was followed by a notable fall; sometimes in rare cases the temperature falls to the normal standard after the injection.

5. No accident of importance occurred after the chill.

A Peculiar Fracture of the Lower Jaw.

A man falling from a height of fifteen feet was caught under the lower jaw by a beam. The only appreciable injury was a gaping cut which was closed with wire sutures by Dr. Thomas M. Watt, who reports the case in the *Brit. Med. Jour.*, September 15, 1883. Two weeks subsequently, when at tea, he heard a sudden snap in his jaw, and felt as if he had been suddenly struck a hard blow. A fracture was now evident. Dr. W. supposes that the bone was fractured at the time of the original accident, but the fragments were held together by its integuments and soft parts. Suddenly, under no special strain, the connections snapped and the fracture became apparent. No special treatment was adopted, save the abstention from *chewing*, and a cure is supposed to have resulted, as the man did not turn up again.

Disappearance of Erysipelas after Hypodermic Injection of Morphia.

The London *Med. Record*, June 15, 1883, says: In the *Medycyna*, 1882, No. 77, Dr. M. Brunner reports the case of a hysterical woman, suffering from profuse flooding, in whom he injected hypodermically, above the pubes, an ordinary dose of ergotin. The injection was followed by severe pains, induration, and erysipelas, which, starting from the spot of puncture, rapidly spread upwards to the right hypochondrium and downwards to the knees. To relieve the pains and to prevent a threatening hystero-epileptic attack, the author injected under the skin three-fourths of a grain of morphia. He not only obtained the results desired, but, to his astonishment, cured also the erysipelas, which completely disappeared within two hours after the injection.

Peptonized Milk in Acute Dyspepsia.

Dr. John W. Brannan, of Colorado, has had excellent results from its use, which he publishes in the *Boston Med. and Surg. Jour.*, July 19, 1883. He prepares it as follows:

Five grains of extractum pancreatis and twenty grains of bicarbonate of soda are dissolved in four ounces of tepid water. This is added to one pint of fresh milk warmed to the temperature of the body, and the mixture is allowed to digest for about one hour at a temperature of 100° F. The milk, when ready, should have a slightly bitter

taste, or, rather, after-taste. It is now raised to the boiling point, strained, and placed on ice, ready for use.

Arsenical Paralysis.

In the *Polyclinic*, August 15, 1883, Dr. Chas. K. Mills reports that H. G., one of the victims of the wholesale arsenical poisoning at Norristown, Pa., November 2, 1882, and the case which formed the basis of his paper on "Arsenical Paralysis," read before the College of Physicians of Philadelphia, Feb. 1, 1883 (see REPORTER, Vol. xlviii., p. 206), is slowly but steadily progressing to recovery. The case is important, as paralysis of the lower limbs was complete, and marked sensory and trophic phenomena, indicating diffused myelitis, were present. All movements of the lower limbs, except those ot dorsal flexion and abduction of the feet, can now be performed; and the patient is beginning to move around on crutches.

A Formula for Irregular Heart Action.

In the *Boston Med. and Surg. Jour.*, Dr. Bowditch highly praises the following:

℞.	Pulv. digitalis,	gr. x.
	Pulv. colchici sem.,	gr. xx.
	Sodii bicarbonatis,	gr. xxx.

M. et div. in pil. No. 20.

These are to be taken three or four times daily at first; subsequently to be reduced until only one is taken at bedtime; the treatment to be continued for three to nine months.

He has used it for twenty-five years, and has found it to relieve even the most serious cardiac affections.

A Remarkable Case of Extra-Uterine Gestation.

The *Lancet* tells us that on September 11, *L'Union Médicale* contained an interesting account of an extraordinary case, in which a fœtus at full term had sojourned fifty-six years in the neighborhood of the mother's womb without having undergone any change whatever, and without having caused any distress to the mother, beyond that resulting from its size and weight. The mother died at the age of eighty-four, and the perfect infant was discovered in a cyst whose wall was petrified, about the right Fallopian tube.

Iodine in Malaria.

Apropos of the question recently raised as to the control of iodine over malarial fevers, Dr. Frank Finney writes to the *Med. News*, September 22, 1883, that he has treated thirteen cases with the following: tincture of iodine one ounce, glycerite of carbolic acid one drachm; dose, fifteen to twenty drops four times a day. Only four cases recovered under this treatment, while in nine quinine had to be resorted to.

The Salts of Gold in Syphilis.

M. Martineau, in a communication to the *Société de Thérapeutique*, has prescribed the following in doses from one to three teaspoonfuls daily:

℞.	Chloride of gold and chloride of sodium	āā 1 gramme.
	Water	1,000 grammes.

Under its influence, old-standing syphilitic ulcers, incurable by ordinary means, have taken on a healthy action and healed.

Early Tapping in Cases of Ascites.

Dr. Austin Flint, of New York, recommends it (*Brit. Med. Jour.*, September 22, 1883,) because by tapping the removal of the dropsy is effected with certainty within a few hours or even minutes; the operation is harmless and gives very little pain, and in view of the advantages of tapping, why waste time in an endeavor to effect the object by drugs?

Tubercle Bacilli.

As the results of some valuable experiments on the subject, M. Vidal (*Brit Med. Jour.*, August 18, 1883) concludes that the bacilli are easily detected in pathological specimens in an advanced stage of decomposition. They are also as easily detected in specimens that have been preserved a long time in absolute alcohol, or in Müller's fluid, as in those which have been submitted but for a short time to the action of these reagents.

The Danger of Operating for Hydropneumothorax in Phthisical Patients.

Herr Bülau (*Deutsch. Med. Woch.*) discusses the danger of operating in this condition. He considers that the pressure of the fluid in the pleural cavity prevents the advance of tuberculous processes in the lungs, and that they go on increasing rapidly when the pressure is suddenly removed.

A New Method of Diagnosing Cancer.

Dr. W. Rommelaire finds that in persons subject to cancer the amount of urea eliminated daily, progressively diminishes until it is below 180 grains. In the *Jour. de Med.*, of Brussels, he says: "By studying the urea eliminated in cases, for example, where doubt exists between gastric ulcer and cancer, a diagnosis can be made."

CORRESPONDENCE.

Treatment of Chordee by Sulphate of Quinine.

EDS. MED. AND SURG. REPORTER:—

Few of the complications of gonorrhœa are more painful or difficult to relieve than chordee. It complicates, to a greater or less degree of severity, almost every case; and is excruciating when it occurs in its severe form. The whole list of sedatives are used in vain to relieve it; and with but a varying control, it is often left to wear itself out. It either prevents sleep, or suddenly interrupts it after it has begun; and probably, more than any other complication, makes the victim regret the lewd act that caused him to get gonorrhœa. I regard the complication as entirely neurotical, for its presence is not marked by any change in the structure of the penis, but simply by an agonizing feeling of pain.

Mr. L—— suffered with gonorrhœa for the third time, and at the usual period of the disease, chordee came on so violently that it kept him awake almost all night, and about the same hour each night it would begin, and amount, as he expressed it, to torture. I gave him the full advantage of the routine treatment during the day, and at bedtime, of chloral, bromide of potassium, camphor, and opium, with but a slight impression on his returning chordee; and observing that it occurred about the same hour every night, I determined to try the anti-periodic effect of quinine in his case; and on the morning of the fourth night of his chordee, I prescribed:

℞. Sulph. quinine, grs. xv.
Syrup, q. s.

M. S. In xij. pills divide. Take three pills every three hours during the day up to bedtime, and repeat them each day, commencing immediately after breakfast.

The next morning he reported a somewhat better night, and after the third night his chordee disappeared, and he did not have a return of it during the progress of the cure of his gonorrhœa. As he needed a tonic, in conjunction with his gonorrhœal treatment, he was directed to take three of the pills three times a day for ten days, with a very good effect. J. B. JOHNSON, M. D.

Washington City, D. C.

Removal of Tape Worm.

EDS. MED. AND SURG. REPORTER:—

In answer to Dr. G. W. Johnson, of Savannah, Ill., I would say, that when I have succeeded in obtaining a good article of koosso, one not damaged in the curing or in the importation, I have had no difficulty in expelling tape-worm. I have had several cases within the last thirty-six years, and have not failed in any instance after I had secured a *good, well-preserved* article of brayera. My mode of procedure was to give a purgative of castor oil, direct the patient to fast for about twenty hours, and then take one ounce of the herb well boiled in 1½ pints of skimmed milk in two equal doses, two hours apart, and this brought the worm away every time. One vigorous fellow, which had withstood the assaults of two or three most excellent physicians at intervals for several years, as stated by the patient, and also my *first* attempt with a *damaged* drug, yielded gracefully his twenty-seven feet, head and body intact, and life not quite extinct when expelled, and within three hours after the last portion of a genuine specimen of koosso was taken.

What I wish to show is that I fear most of the specimens of brayera we receive have lost a portion of their anthelmintic properties ere we obtain them, or are adulterated with some cheaper substance. J. MARTIN, M. D.

Bart, Pa., October 2, 1883.

A Pleasant Quinine Mixture.

EDS. MED. AND SURG. REPORTER:—

I have been a constant reader of your valuable journal for the past five years, and have gained many practical points from the perusal of its pages, therefore I would crave a small space in its columns for the purpose of giving to its many readers a formula for the making of a most pleasant mixture of quinia or cinchonidia. Especially is this serviceable in prescribing for small children, who dislike to take nasty medicine. Those who have never tried the combination will be pleased with the readiness with which the little fellows will take the mixture. I have used it in my practice for the past five years, with great satisfaction to myself and to my little patients. The following is my prescription, for a child three to five years old:

℞. Quinia sul., gr. xij.
Acid, tannic, gr. vj.
Soda bicarbonate, gr. x.
Mix.
Syr. simplis, q. s. ad. ℥ ij.
Oil gaultheria, gtts. iij.

M. Sig.—Teaspoonful every four hours, followed by a draught of water. Shake well before giving.

To this may be added when desired bismuth sub. carb., ipecac, opium, podophyllin, leptendrin, etc., anything that does not contain alcohol, which would immediately restore the bitter taste. The formula for any strength mixture is, one-half the number of grains of quinia or cinchonidia in tannic acid, and three-fourths as many of soda bicarb.

As the season is now at hand when quinia is much prescribed, in the West especially, this may be of service to some brother in the work.

Gridley, Ills. J. A. TAYLOR, M. D.

NEWS AND MISCELLANY.

Report of the Adjunct Montgomery County (Pa.) Medical Society.

Reported by DR. J. B. CARRELL, Hatboro, Pa.

The meeting was held at the office of the president, Dr. Jno. Pason, in Jenkintown. The president occupied the chair.

After the usual business of the society was transacted, Dr. Carrell reported a case of puerperal convulsions that Dr. Bellows, of Huntingdon Valley, and himself had had in charge. Mrs. A. B., primipara, was delivered of a fine boy at 11:30 a. m. The case was a foot presentation,

but was delivered by Dr. B. without any serious difficulty. As Dr. B. was proceeding to deliver the placenta, she was seized with a severe convulsion. The placenta, which he found adherent, was removed while under the influence of the convulsion. He administered morphia and bromide of potassium, and stayed with the patient until 3 p. m, and she apparently doing well, went to his home. At 3:30 p. m., the patient had another seizure. Between this time and 8 p. m. when Drs. Bellows and Carrell saw the case, she had had six or eight attacks. She was at once etherized, and a hypodermic of morph. sulph., gr. $\frac{1}{8}$, also chloral gr. xx., and potass. brom. gr. xl., given by the rectum. There appeared to be little or no congestive tendency in the case, and therefore bleeding was not resorted to. The attacks were undoubtedly produced through nervous irritation. At 11 p. m. she had another attack, and the same treatment as was given in the previous attack was repeated. After this she slept till morning, and from then the case progressed favorably. Dr. Chandler, of Philadelphia, saw the case about an hour after the last attack, and endorsed both diagnosis and treatment. Ether in these cases, on account of its prompt action, should be given. In congestive cases, prompt and effective bleeding. Morphia hypodermically and chloral and bromide of potassium per rectum is the surest therapeutical road for the obstetrician to travel, if he is so unfortunate as to meet puerperal convulsions. I have abridged the description of the case all possible, so as not to destroy the sense.

Dr. Coltman, jr., of the Fox-Chase, reported the following case: In the early part of June last I gave a lady patient, Mrs. A. E., a pint of pumpkin seed emulsion, with the object of removing a tape-worm. It was unsuccessful, but she showed me the following morning a very queer-looking specimen of animal life passed with the fæces, of whose name and nature I was entirely ignorant. It was a rather flat, amber-colored creature, about three lines in length and one line in breadth, and exceedingly lively. On the following morning, a second one was passed, precisely like the first, but none thereafter. None of the neighboring physicians knew the specimen, so I gave it to Mr. Jno. W. Redpath, for microscopical examination. I afterwards removed the tape-worm thirty feet long by a half fluiddrachm of oleo-resin of male fern, preceded by a purge. Mr. R. not being successful in finding a name for the stranger, submitted it for examination to several of Philadelphia's best microscopists; they were unable to place it. Prof. Leidy, of the University, says it is the larva of the flour-fly. At an early date, Mr. Redpath, who has now thoroughly studied the subject, will write up the case and send it to you for publication.

The Naval Museum of Hygiene.

This institution, destined to become one of the most useful of the attractions of Washington City, is thus described by a correspondent of the *Maryland Medical Journal*, August 18, 1883:

Next to the Library and Museum, the Naval Museum of Hygiene is perhaps most deserving of mention. This was instituted by Surgeon-General Wales, of the navy, in August, 1882, and has rapidly developed into respectable proportions. Originally located in a small building opposite its present site, it soon became necessary to seek larger quarters, and now a second removal is demanded, and the Naval Hospital Building will probably be selected. The institution embraces two departments—a museum and a library. The latter now contains about 5,000 volumes, almost exclusively works upon hygiene, and about 120 current medical periodicals. In the museum department are numerous specimens of apparatus illustrating sanitary science in many of its most approved modern developments. Here may be seen various sorts of water-closet basins, urinals, etc., and the modes of flushing them in vogue; in one of these, which theoretically would seem to meet all the requirements of such apparatus, the flushing is effected automatically at intervals of about two minutes. Then there are specimens of the clothing worn in the services, of the food rations, of glazed bricks, tiles, glass, etc., for walls of hospitals and dwellings, of stoves and heating apparatus, etc. A model of the casket in which the bodies of the frozen *Jeannette* crew are to be brought home is on exhibition; also a small crematory, modeled upon Siemens' furnace, intended to illustrate upon the bodies of dead rats and cats the process of combustion as applied to the disposal of the human body after death. Specimens are also shown of lead, tin, and other metals, corroded by the action of simple water, or earth, or gnawed through by rats.

Congress appropriated $7,000 for the maintenance of this institute during the current year. This could hardly be expected to suffice should the undertaking develop according to anticipation; but the naval service offers peculiar advantages for carrying it on at a minimum expense, because the officers are constantly cruising to all parts of the world, and can collect specimens and carry them home on board their ships without extra cost. There is no question that the work is a great one, and offers a golden opportunity to the navy, which if utilized with intelligence, judgment and energy, cannot fail to advance not only its own interest, but those of the profession and public as well.

Breakfast Beverages.

The following practical remarks we take from the *Brit. Med. Jour.*:

Each of our commoner breakfast beverages, namely, tea, coffee, and cocoa, presents sundry relative advantages and disadvantages, which have been well established by scientific experiments and general experience, and which are qualities that sometimes assume a special importance in certain conditions of health, habit, occupation, climate, and disease. Warm infusion of tea has been proved to have a marked stimulant and restorative action upon the brain and nervous system, and this effect is not followed by any secondary depression. It further increases the action of the skin, and raises the number of the pulse, while it has but little effect upon urination, excepting simply as a watery diuretic. It tends to lessen the action of the bowels. Dr. Parkes found that tea is most useful as an article

of diet for soldiers. The hot infusion is a potent protective against extremes both of heat and of cold; and Sir Ranald Martin proved it to be particularly valuable in great fatigue, especially in hot climates. Coffee, like tea, when used as an article of diet, especially affects the nervous system. It is a brain- and nerve-stimulant; in very large doses it produces tremors. It increases the action of the skin, and it appears to have a special power in augmenting the urinary water. It increases both the force and frequency of the pulse. Unlike tea, it tends to increase the action of the bowels. Coffee has been proved to be an important article in a soldier's dietary, as a stimulant and restorative. Like tea, it acts as a nerve-excitant, without producing subsequent depression. It is serviceable against excessive variations of cold and heat, and its efficacy in these respects has been established in antarctic expeditions, as well as in India and other hot climates. Dr. Parkes pointed out that coffee has a special recommendation in its protective influence against malaria. While admitting that the evidence on this point was not strong, he held it to be sufficient to authorize the large use of coffee in malarious districts. Coffee should be used as an infusion. If coffee be boiled, its delicate aroma is dissipated. The theobromin of cocoa is, chemically, identical with the thein of tea, and the caffein of coffee. While tea and coffee are comparatively valueless as true foods, cocoa, by reason of the large quantity of fatty and albuminoid substances it contains, is very nourishing, and is of high dietetic value as a tissue-forming food. Compared with tea and coffee, it is a food rather than a stimulant, being akin to milk in its composition and place in the diet-scale. It is useful to sustain the weakly and to support the strong in great exertion, as a readily assimilable and general form of nourishment.

The American Academy of Medicine.

At the eighth annual meeting, held in New York, October 9th and 10th, 1883, the following papers were read:

"A Sketch of the late Dr. George M. Beard," by Dr. A. D. Rockwell; "The Imperfection of Technical Studies as a Means of Mental Culture," by Dr. Traill Green, of Easton, Pa.; "Is it Fair? a Study of the Comparative Political Position of the Medical Profession in the United States," by Dr. Charles McIntire, Jr., of Easton, Pa.; "The Value of an Acquaintance with Botany as a Preliminary to the Study of Medicine," by Dr. Benjamin Lee, of Philadelphia; "The Higher Plane in Medicine," by Dr. A. L. Gihon, U. S. N.; "Presidential Address," by Dr. H. O. Marcy; "The Relations of Medical Journalism to Higher Medical Education in America," by Dr. L. S. Pitcher, of Brooklyn; "The Milk Supply in Large Cities," by Dr. J. Cheston Morris, of Philadelphia; "The Exact Value of the Electrolytic Method," by Dr. A. D. Rockwell; "The Importance of Cleanliness in Surgical Operations," by Dr. R. S. Sutton, of Pittsburgh; "A Few Words Concerning Vaccination," by Dr. Bush.

OFFICERS FOR ENSUING YEAR:

President—Dr. Benjamin Lee, of Philadelphia.

Vice-Presidents—Dr. Nathan Allen, of Massachusetts; Dr. A. L. Gihon, U. S. N.; Dr. George F. Shrady, New York; Dr. Edward J. Bermingham, New York.

Secretary and Treasurer—Dr. Richard J. Dunglison, of Philadelphia.

Assistant Secretary—Dr. Charles McIntire, Jr., of Easton, Pa.

Place of next meeting—Baltimore.

American Pharmacy at the Vienna Exhibition.

The International Exhibition of Pharmaceutical Products, which was opened this summer in Vienna, has now closed after a fairly successful season. The space allotted to the exhibits was fully occupied, and, in fact, was unequal to the demands. The inconvenience of shipment to such a distant inland city as Vienna naturally acted as a bar to any extensive representation of English and American pharmacy. The only American firm of whom we have heard as presenting a notable display is that of Messrs. Parke, Davis & Co., of Detroit. They exhibited a full line of their numerous products, and with such good effect that they carried off a gold medal and a diploma from the jury of award. They also received highly complimentary notices from the German pharmaceutical journals and professional correspondents.

The value of such competitive exhibitions to the advance of the pharmaceutical art is as positive as in any other branch of manufacture, and American pharmacy, which is really second to none in the world, should always see to having itself well represented.

Opium Smoking.

The *Lancet*, July 21, 1883, says:

The *Chelmsford Chronicle* of July 13 contains an article in which is recorded the personal experience of a gentleman who, whilst staying at Hong Kong, indulged in a single bout of opium smoking. In preparation for the experiment, Mr. Marlay, aged twenty-seven years, fasted for thirty-six hours. Twenty-seven pipes of opium were smoked in the space of two hours and three-quarters. The feeling of hunger disappeared with the third pipe. Slowness of thought, giddiness, and confusion of mind, slowly leading on to complete extinction of consciousness, were the chief symptoms recorded. It is said that Mr. Marlay experienced no kind of hallucination, fancy, or dream, and that the activity of thought was rather diminished than quickened. His dominant feeling was that he wanted nothing—absolutely nothing. There is something widely different between an acute attack of opium smoking such as we have referred to and the habitual use of the degrading drug, more particularly as it was the first and last performance. We ought to draw no conclusions from such an individual experience.

New York Hospital.

Dr. Bulkley will give a seventh course of lectures on "Diseases of the Skin" in the Pathological Amphitheatre of the New York Hospital, 7 West Fifteenth street, Wednesday afternoons at 2.30 o'clock, commencing Wednesday, October 17,

1883. The course will consist of twenty lectures and will be free to practitioners of medicine and medical students.

Malaria in Italy.

According to a statistical return issued by the Italian Minister of War, more than 40,000 soldiers annually fall victims to malaria in Italy, whilst the cost to the State of maintaining hospitals for patients suffering from this scourge is reckoned at over $1,750,000. Malarial disease is stated to have increased both in extent and virulence since the construction of railways was commenced.

The Social Purity Alliance.

From the *Student's Journal* we learn that in connection with University College there exists an association with the above title, the members of which pledge themselves, if unmarried, to abstain from the gratification of the animal passions.

Items.

—Dr. C. Pollock has removed from Muncie, Ind., to Dayton, Ohio.

—Huchard entirely relieved an hysterical contracture of the forearm by the application of an elastic bandage.

—Mr. Marwood, the London hangman, being asked by a neighbor what was a good remedy for a troublesome cough, is reported to have replied that his "Marwood's Drops" had never yet been known to fail.

—Boric acid is hard to powder, but the work may be facilitated (says the *Pharmaceutische Post*) by first warming the mortar by burning some alcohol in it, then putting in the acid, and adding a very little glycerine.

—Professor, to class in surgery: "The right leg of the patient, as you see, is shorter than the left, in consequence of which he limps. Now, what would you do in a case of this kind?" Bright student: "Limp, too."

—"What's the matter with the baby?" "Shure, it's very *costly*, it is, and my mistress wants something to cure its *costliness*." The doctor does not see how he can treat the disease without making the baby more costly still.

—One of England's popular consultants, not distinguished for his modesty, was relating how he had been called in one week to eases in the Isle of Wight and the North of Scotland. "I have heard," said a jealous *confrère*, "that your patients are generally at the last extremities."

—The *Chemist and Druggist*, June 15, 1883, says: "An excellent authority in medicine recommends a little common sugar as a remedy for a dry, hacking cough, and gives scientific reasons for it. If troubled at night or on first waking in the morning, have a little cup on a stand close by the bed, and take half a teaspoonful; this will be of benefit when cough syrups fail."

—An Aberdeen man was telling his symptoms —which appeared to himself, of course, dreadful —to a Scotch medical friend, who, at each new item of the disorder, exclaimed, "Charmiug! Delightful! Pray, go on!" And when he had finished the doctor said, with the utmost pleasure, "Do you know, my dear sir, you have got a complaint which has been for some time supposed to be extinct. I am so glad."

—"Doctor," said a fashionable young lady to a disciple of Hahnemann, "I believe in your skill, but I am afraid to take these medicines with their terrible names; can't you give me something milder?" The doctor considered a moment, and then, inspired by a flash of genius worthy of the master, answered: "Buy a cow." "A cow! what for?" "I will drug the cow and you shall drink her milk." This was done; in six weeks the lady was cured—but the cow was dead.

OBITUARY NOTICES.

SURGEON-GENERAL CRANE.

Brigadier-General Charles H. Crane, Surgeon-General United States Army, died suddenly October 10, at his residence, No. 117 F street, Washington, of hemorrhage of the throat. He had been confined to his house for several weeks, but was not regarded as in any immediate danger. He succeeded General Barnes upon the retirement of that officer, July 3, 1882, was a native of Rhode Island, and was born in 1826. He was very prominent among the medical officers at the death-bed of President Lincoln. Secretary Lincoln, General Sherman, Admiral Rodgers, Robert C. Schenck, Generals Macfeely, Rochester, Rucker, Drum, Baird, Benet, Hunter, Holabird, Wright, and Perry, Commodore Fillebrown, Dr. J. M. Brown, U. S. N., Mr. Ross Ray, and Mr. Charles Knapp, were the pall-bearers at his funeral.

MARRIAGES.

GILL—WHITEHORN.—At the residence of the bride's mother, West New Brighton, S. I., on Monday, October 1, 1883, Henry S. Gill, M. D., and Edith, daughter of Mrs. Emma Whitehorn.

MARTIN—HARDING.—In All Saints' P. E. Church, Paradise, Pa., by the Rev. James McA. Harding, E. M. Martin, M. D., and Margaretta McA., eldest daughter of the officiating clergyman.

PEACOCK—GROFF.—At the residence of the bride, in Camden, N. J., October 3, 1883, by the Rev. W. W. Moffett, Robert Howard Peacock, M. D., of Berlin, N. J., and Miss Georgeanna Groff, of Camden.

WEBSTER—M'CREADY.—At the residence of Mr. William M'Cready, in Schuylerville, N. Y., September 26, 1883, by the Rev. J. M. Webster, William Butler Webster, M. D., and Miss Ella M'Cready, all of Schuylerville, N. Y.

DEATHS.

GALE.—October 5, 1883, Le Roy Gale, M. D., son of William Gale, of New Haven, formerly of New York.

HENDERSON.—At Hermosillo, Mexico, September 23, 1883, of yellow fever, Dr. William Church Henderson, only son of the late William J. Henderson, M. D.

HERITAGE.—On October 1, 1883, Paul S. Heritage, M. D., aged thirty-one years.

JONES.—At Brooklyn, N. Y., October 1, 1883, suddenly, Philip Livingston Jones, M. D., in the seventy-first year of his age.

SHELLY.—On the 13th instant, A. F. Shelly, M. D., in the sixty-first year of his age.

RIVES.—At Hillsboro, O., September 26, 1883, Edward Rives, M. D., in the fifty-first year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

WHOOPING-COUGH COMPLICATED WITH CEREBRAL EFFUSION AND PARALYSIS.

BY T. CURTIS SMITH, M. D.,

Of Aurora, Ind.

The following case of whooping-cough with supervening cerebral trouble and the consequences of it may be of a little interest. Florence K., æt. nearly five, a fleshy, hearty, robust-looking child, had been subject to wheezing and cough for three years past whenever severe cold affected her. At other times she was free from it. At least once she had suffered from pneumonia. Other than this, her history showed fairly good health.

On July 6, 1883, was called to see her at six p. m. Found her with a history of whooping-cough of five weeks' standing, and that, for twenty-four hours she had been stupid, sleeping all the time except when actively aroused, that she could not talk, except to utter the one word "mamma," and would now and then scream out, appear confused, and of wild expression. Her bowels had been moved freely by sulphate of magnesia ordered the previous day. The urine was scant, skin hot and dry to the touch, the actual temperature was subnormal, 96°, taken in a fold of the neck that completely enveloped the bulb of the thermometer. The tongue was loaded with a thick yellow coating, with a few papillæ projecting through this coating, edges very red, tongue very thick, and protruded with difficulty. There was difficulty in swallowing, though she could swallow a little water or milk when thoroughly aroused. The pupils were quite largely dilated, with complete failure to respond to light. The right arm seemed to be used less than the left. This was on Friday night.

On Saturday morning the same symptoms prevailed, with the additional distinct presence of paralysis of the right arm, right side of face and tongue, inability to speak, vision very defective, head constantly rolling from side to side, tongue pointing markedly to the right side when protruded. The eyes stand open much of the time, lids not paralyzed, pupils dilated. The paroxysms of coughing are frequent and very severe, with some distinct whooping. The expectoration is quite free, and of thick muco-purulent matter. This runs from the mouth and nose during the paroxysms of coughing, as she is held face partially downwards, to prevent strangling. I should have stated that there have been abundant, loud, coarse mucous rales all over both lungs from the first, especially over the left. These continued throughout the case, slowly clearing away at times, but only partially until the last. The left lung seemed most involved. The child had drank a little milk and a little water. Bowels had moved very freely, urine rather scant, concentrated, and not frequently passed.

On Sunday morning symptoms all aggravated, child utterly insensible, tongue very thick, breath fœtid, vision gone, partial inability to swallow, paralysis of right arm complete, and partial of right leg, pulse intermittent, coughing about the same, face and lips quite livid, respiration jerky, spasmodic.

On Friday she had been given a free mercurial purge, followed by fluid extract of ergot, gtts. iv., with iodide of potassium, grs. iii. every two hours.

The skin was bathed in warm water, and stimulant washes applied to the extremities.

On Saturday there was a rise in temperature to 99.5. This, or about this temperature, continued throughout, from this date until convalescence was established. The ergot and iodide of potassium were continued over Saturday and Sunday, and every six hours minute doses ($\frac{1}{4}$ gr.) of hydrarg. proto-iodid., were given. The bowels were open freely all the time; urine scant.

On Sunday there was some moisture of skin.

On Sunday morning blisters were applied all along the spine. These filled well, and immediate partial relief followed their use.

On Monday there was a great amelioration of all the grave symptoms, and improvement gradually continued up to Thursday following. The only change of treatment during this time was the addition of small doses of carbonate of ammonia to aid expectoration and allay the spasmodic cough, and a lengthened interval for the ergot and iodide of potassium.

On Thursday the ergot and iodide of potassium were left off; other remedies continued. Her food had regularly been milk and beef-broth, and occasionally a little grated cracker in it. By these she had been regularly sustained from the first. Her mind is clear, and no signs of paralysis or fever; loud coarse mucous rales all over both lungs continued.

On Thursday evening there was a full recurrence of all the grave symptoms, the only marked difference being that now the left arm was affected instead of the right, and there was an increase of the loud mucous rales, with less expectoration; respiration irregular, spasmodic; pulse feeble, remittent; face somewhat livid; breathing tending to be sterterous. A free mercurial purge was again given, the blisters to spine reapplied, and extended to cover the whole nape, to the hair.

Friday. Symptoms continued in all particulars the same, except there is slight improvement in respiration, and slight disappearance of the lividity of the countenance; pupils dilated and immovable.

Saturday, symptoms same. A consultation had been requested, and Dr. A. B. Haines was called in. He confirmed my opinion as to the nature of the difficulty and the treatment required, as well as to the probable result. The small doses of the mercurial were continued. Also the ammonia and potassium bromide added. The use of compound solution of iodine over the chest was also added to former treatment.

From this date to the following Tuesday there was little change, except increased restlessness on Monday, seemingly caused by pain at some point in the abdomen, but could not discern just where it was.

On Tuesday, the twelfth day of her severe illness, there was a normal temperature, with a little general amelioration of all grave symptoms, and ability to say a word or two. Can see, perhaps, where the light is, but does not discern objects. There is slight ptyalism, and the mercury is stopped. Other treatment continued. In the evening there was still further improvement, but greatly increased restlessness. There is a partial return of appetite. Calls for food.

Wednesday. Improvement well marked in every respect, with a demanding appetite. There is less cough and looser expectoration. Vision evidently improving; movements of left hand and arm not normal, but decidedly better; utters her words distinctly, though but few of them; has a confused expression, and now and then a very silly, idiotic laugh; ideation evidently not very clear yet.

From this date the improvement was steady in all respects, unto complete recovery.

In this case we had almost no hope of recovery, and gave an unfavorable opinion as to the termination. Happily, our prognosis failed in its fulfilment.

The case was complicated in that it had (*a*) whooping-cough, severe; (*b*) chronic broncho-pneumonia, (*c*) effusion, first of the left cerebral base, then of the right, causing (*d*) first right, and then left paralysis, failure of vision, unconsciousness, inability to speak, and for a short time, inability to swallow; spasmodic respiration, and quite complete general insensibility of the surface, these symptoms lasting for five days at each time of its oncoming, yet followed by recovery.

It is not claimed that great skill in her treatment brought her through. Indeed, the line of treatment was not as clearly indicated as I would have been glad to see it; but the case recovered, and we are glad to so report it.

It may be noted that when ptyalism came on, the grave symptoms gradually gave way. Whether this was merely coincident may be questionable. It corresponds very closely with the experience of many of the older writers, as to the power of mercury over some forms of inflammatory disease of the brain or its meninges. The free alvine discharges, caused by its use, no doubt acted well as a derivative, and by keeping the secretions free—points worthy of note in any serious disease.

DOES THE MATERIA MEDICA AFFORD AN UNOBJECTIONABLE LAXATIVE REMEDY?

BY F. C. HERR, M. D.,
S. W. Hospital, Philadelphia, Pa.

(*Continued from page* 428.)

In this class of cases—which is large—like in almost every other variety of constipation, a complex condition of things forms the basis of the disorder. Though we designate the condition atony of the bowels, we thereby only express the effect of a chain of morbid processes which involves, perhaps, altered function in many of the important organs of digestion. Disordered glandular secretion, whether from congestion or too little blood, whether from nervous or mechanical influence, accompanies almost every case of habitual constipation. It has been abundantly proven in the experience of others that cascara is a certain remedy for these conditions, and in my own experience this claim has been shown to be well-founded. It is obvious, too, that an agent which will correct these conditions will exercise a wholesome influence over the functions of digestion. In the order of sequence intestinal torpidity often follows disorders of digestion, and *vice versa*; but in either case cascara cordial will always be found a valuable remedy. This gives it prominence as an anti-dyspeptic remedy. In the treatment of gastric catarrh (so-called dyspepsia), when in combination with other appropriate remedies, it exercises a most beneficial influence. It had been my practice in these cases to prescribe something like the following:

℞. Sodii bicarb.,
Tr. nucis vom.,
Tr. rhei.,
Infus. gent. comp.,

with frequent good results. Recently I have substituted for the rhubarb and gentian, cascara cordial, and I have reason for self-congratulation over the change. Cascara cordial meets the double indication of rhubarb and gentian in a manner more satisfactory than the agents themselves, as the tonic-astringent and resin-bearing principles of cascara sagrada in the highest degree impart tone and vital force to the alimentary canal, while at the same time nutrition is improved, and all the forces of the economy invigorated. This can easily be demonstrated by experimentation upon one's self—as I have done frequently. Its action is so gently stimulating that it becomes almost grateful in its effect. Not only as a remedy for constipation—especially chronic—is it servicable; but it is invaluable as a vehicle for the administration of other and less palatable drugs. Many officinal preparations are used almost exclusively for such a purpose. The compound liquorice mixture, the aromatic elixir of liquorice, the compound syrup of sarsaparilla, etc., etc., are pleasant and agreeable adjuvants for the administration of many remedies, but not one of them is worthy to hold a place by the side of cascara cordial. It is more agreeable in flavor than any of the preparations mentioned, and has such decided medicinal qualities of its own that I do not much doubt it will, in time, largely supplant them in this use. I cannot now name a disease in which cascara cordial would be contra-indicated. On the other hand, its salutary action on the gastro-intestinal secretions in morbid conditions of whatever character, its healthful action in promoting digestion, stimulating absorption, and improving nutrition generally, marks it for great favor at the hands of the medical profession. In consideration of these properties, I employ it more frequently now as a diluent and vehicle than any other preparation. Its laxative property is no objection (at least I have not found it so) to these uses of the cordial. It must be given with discretion. I usually make the dose a half drachm three times daily. This will be found to exercise no undue action upon the bowels, but to maintain them in a gently soluble state. For purposes of catharsis, I administer it usually in two-drachm doses in the evening. This produces only agreeable action. I have never found it in a single case to produce griping when it was given in reasonable doses. I have myself been subjected to some griping pain from its use in very heroic doses as a matter of experiment, but this is not its normal action.

Only to-day I saw a small volume written by Dr. Joseph F. Edwards, under the title "Constipation Plainly Treated and Relieved Without the Use of Drugs." As intimated before in this paper, it is possible to do this; but the victims of constipation will not make the sacrifices necessary to that end, and in order that they may be saved from the deleterious effects of rasping, grinding, tearing, drastic drugs, it is of paramount importance that the medical profession should endeavor to supplant their use with such a remedy as cascara cordial. It is well known that the careless employment of energetic catharties will often produce, as a secondary result, retardation of blood in the hemorrhoidal veins, and ultimately piles. Cascara cordial will relieve this condition; indeed, it is useful in the treatment of hemorrhoids. It is unequaled in the chronic forms of constipation which so often afflict chlorotic or dyspeptic females, and also in those women who are given

to sedentary habits and have sluggish constitutions. In every condition of chronic constipation (barring of course those cases which arise from obstruction) it will be found serviceable.

In one patient afflicted with cardiac dilatation, and subject to attacks of angina, I found it superior to any other agent employed, and these were numerous. The slightest torpidity in the bowels at once aggravated the symptoms of the case, especially the head symptoms, and it became imperative to maintain the intestinal functions in steady action. The only medicine which gave complete satisfaction was cascara cordial. Next to it was a pill composed of compound powder of jalap and blue mass. I gave the cordial in two-teaspoonful doses once daily in the evening at bedtime. This produced a free evacuation the following morning.

I have now under treatment a case of hepatic cirrhosis in which there is or has been obstinate constipation. For its relief, I administer cascara cordial. In pregnant women and in lying-in women it is a splendid remedy. I should think that obstetricians would gladly give it a prominent place in their medicine-chests. It is sought for by this class of patients when they are aware of its existence. When a very prompt action is demanded, cascara must give place to something more energetic. A favorite pill with me for the purpose of prompt catharsis is the following:

℞	Ol. Tiglii,	gtt. ss.
	Elaterin,	gr. $\frac{1}{24}$.
	Atropia sulph.,	gr. $\frac{1}{80}$.

This will often produce a free discharge within one hour. It is clear that its indication could not be met with cascara cordial. Except where these potent remedies are required, cascara will meet, I believe, every indication. Comprising in its composition an ingredient which is said to be a very valuable tonic and alterative agent, it derives virtue from this fact, and commends itself for consideration.

I have not used Beberis Aquifolium, and only know of its properties by published reports, but these would seem sufficient to entitle it to some regard. Assuming that it has the medicinal virtues ascribed to it, it certainly must enhance the therapeutic properties of cascara cordial, in which it forms an ingredient. The carminative aromatics which enter into its composition also exercise a healthful influence upon the processes of digestion. If I were asked to name another preparation equally effective and palatable, I should answer that it does not exist. The physician can assuredly be content with cascara cordial, as its medicinal uses and varied utility and elegance of composition mark it for great favor.

SOME PRACTICAL APPLICATIONS OF THE PRINCIPLE OF COMPRESSION.

BY WILLIAM S. WAUGH, M. D.,
Professor of the Practice of Medicine, etc., in the Medico-Chirurgical College of Philadelphia.

Some time since I had a very difficult case of pelvic cellulitis following an operation upon the uterus. The whole pelvic roof was occupied by a mass of indurated tissue, "as hard as a board," which fixed the uterus firmly on all sides, and extended above the pubis to the umbilicus.

The usual methods of treatment were used, including rest in bed, hot vaginal douches, glycerine, tampons, iodine, poultices, and kneading the abdomen with the fingers dipped in hot camphor liniment. The latter procedure had a marked effect upon the induration above the pubis; the others failed completely. Injections of hot water per rectum gave the only relief to the severe attacks of pain. But after eleven weeks the pelvic induration was practically unimproved. Her health began to suffer from confinement, and she could no longer be induced to remain in bed.

On examining her by the rectum, I had discovered an annular stricture, which reduced the calibre of the gut s that it would not admit the tip of the finger. This had existed long before the attack of cellulitis.

I commenced dilating this stricture with hard-rubber bougies, introducing one each second day, and leaving it in position for half an hour. A large mass of the cellulitic induration lay between the uterus and rectum, and upon this mass the bougie pressed with considerable force. In a few days the mass began to soften at the spot which was compressed by the bougie; resolution set in here, extended to the other portions, and in a short time scarcely a trace of the cellulitis remained.

The second case was also one of pelvic cellulitis, but without the complication of rectal stricture. Early in the case I introduced a bougie into the rectum; but the pain from pressure upon the sensitive mass was too great to be borne, and I was compelled to desist.

Later, when all acute symptoms had subsided, and, as in the first case, the mass seemed disposed to remain, the bougies were resorted to with complete success. As before, resolution commenced at the point impinged upon by the bougies, and spread through the entire mass.

I have now under treatment by the same method a case of enlarged prostate, which already shows gratifying improvement, and where I hope for comparative success.

Every one who has treated pelvic cellulitis knows how suddenly resolution sometimes occurs with no appreciable cause, and how quickly it runs on to completion. But the well-known power of compression in causing absorption, and the fact that resolution in both cases began at the point where the pressure was greatest, warrants me in claiming that the treatment really set the process of resolution in operation.

ALARMING TRAUMATIC HEMORRHAGE FROM THE URETHRA.

BY A. L. WITTKAMP, M. D.,

Of Philadelphia.

I was recently called to attend P. W., age 38, married, and a butcher by trade, whom I found prostrated from loss of blood and pain, resulting from a kick he had received in the perineum, immediately behind the scrotum.

The testicles were, on examination, found to be very sore and swollen. The scrotal covering o the right testicle was badly bruised. The pain extended along the track of the seminal cords into the back, and sickness of the stomach and anorexia prevailed. He had received the kick from a man with whom he got into an altercation the day previous, and the hemorrhage set in immediately thereafter. It was very profuse, as the cloths he applied had to be changed very frequently. Whilst lying on his back the flow of blood was somewhat lessened, but as he would arise, the flow increased. In the effort to micturate he experienced much suffering, and twice in the first twenty-four hours after injury was received, he could not void his urine. I ordered him to have perfect rest in bed, applied cooling lotions externally, composed of lead-water and laudanum, and ordered him injections of the following prescription into the urethra:

℞.	Acid tannici,	gr. xl.
	Liq. plumb. subacet. dil.,	f. ℥ iss.
	Vin. opii,	f. ℥ ss.

M. et Sig.—*For injection*, two teaspoonfuls every three hours.

On the following day the hemorrhage was entirely arrested, but instead suppuration had now set in, caused by the sloughing and granulation of the bruised mucous membrane of the urethra, causing a good flow of healthy-looking pus from the meatus.

I then ordered him the same injection with an addition of ten drops of the glycerite of carbolic acid to the two-ounce mixture. I now introduced a solid bougie of No. 17 of the English scale, and found it, to my great satisfaction, to meet with no impediment excepting that it caused him some pain when passing over the seat of injury, and passing into the bladder with perfect freedom—as I expected from induration and cicatricial contraction to have a traumatic organic stricture to give some trouble in a case of this severity. What I wish to note in reference to this case is the remarkable absence of any detailed description in most of the text-books on surgery.

117 *Green St.*

HOSPITAL REPORTS.

CLINICAL LECTURE DELIVERED AT THE BELLEVUE HOSPITAL MEDICAL COLLEGE.

BY DR. LEWIS A. SAYRE,

Professor of Orthopædic Surgery to the College.

[Reported by EDWARD DEVELIN, M. D.]

Rotary Lateral Curvature of the Spine.

GENTLEMEN: To-day I would specially invite your attention to the deformity known as rotary lateral curvature of the spine.

The first case that I now present to you is that of a young woman suffering from this deformity. This is simply the result of an irregular action of the muscles of the back; the etiology of this disease, however, I shall discuss in my didactic lectures.

You will here observe that the patient now suspending herself, the curvature is in a great measure removed; as she draws herself up, she reaches to her fullest height, leaving the toes upon the ground, and now retains herself in that position by firmly grasping a ball fixed in the cord at that point. A close-fitting knitted shirt being applied before coming here, is secured over the shoulders by bands, and fastened down between the legs with a safety-pin, pads having been placed over the mammæ, under the shirt, to secure ample room for respiration, and to prevent pressure upon the glands: we are now ready to apply the plaster of Paris bandages.

These bandages consist of strips of crinoline three inches wide and about three yards in length, the meshes of the fabric having been well filled with finely-ground plaster of Paris. Each roll of bandage (as required) is now dipped in water sufficiently deep to completely cover it when standing upon its end; allowing it to remain until all air has escaped, which indicates that the bandage is thoroughly saturated, we now press out all surplus water, and wind it around the body, commencing at the waist, and with each turn of the bandage cover two-thirds of the previous one applied, and so progress downward until we have gone over the crest of the ilia; I now, as you observe, reverse the bandage, and pass it around the body, gradually passing upward in a precisely similar manner; my assistant carefully rubbing in each layer

to the one previously applied, until we have secured a sufficient thickness to support the weight of the body; this varying in thickness according to the size of the patient.

Now, this being lateral curvature, I do not put a pad under the jacket over the abdomen, as we do in treating Pott's disease, neither do we require to keep the jacket upon the patient in its solid condition, as in Pott's disease. The jacket being now complete, and the patient still keeping herself in the suspended position, we now take a sharp curved knife and cut the jacket down in front, in the median line, including the shirt, as you observe; this we now remove from the patient, passing a roller bandage around the jacket to draw it together and keep it in shape until it becomes perfectly dry. When dry, it is again placed upon the patient and then carefully trimmed under the arms to give free motion, and at the thigh to allow flexion of the limbs; a small portion is also trimmed out from the line cut in the centre of the jacket, to allow of it being laced closer as the figure of the patient improves. The jacket is then sent to the instrument-maker, a band of leather is sewn to each cut edge on the anterior portion, and in which are inserted hooks so that it can be laced like a corset; the shirt being twice as long as the jacket, having been previously reversed and sewn at the top, all surplus material being cut off.

Here (showing jacket to class) is a plaster-of-Paris jacket which this patient has been wearing, and which was applied by a surgeon in the northern part of this State; its weight is six pounds, (the jacket which you have just seen applied will not weigh more than two pounds when dry). After having worn this for six months just as it was applied, it was then cut down, and, as you observe, holes have been drilled through on either side by which it was laced upon the patient; to lace this jacket upon the patient in a proper manner was an impossibility, as the cord will bind to the jacket on being drawn through these holes; whereas, with the simple hooks I have described, the jacket can be quickly and accurately applied.

I have here a jacket which is made in Philadelphia, and which is composed of leather; this I removed from a patient who came to my office the other day, and upon whom I applied the plaster jacket in its place. This jacket, as you observe, is made of leather, and perforated in spaces of one inch apart. A plaster of Paris jacket is applied to the body of the patient while in the suspended position, and this being removed, a cast is taken of the same, and the leather being moistened is then moulded to the cast. When dry it is painted, and is then ready for application, being laced in the same manner as the plaster jacket.

Now, as a matter of course, this jacket itself being impervious to the air, and rendered still more so by the addition of the paint, the heat and perspiration of the body is retained, there being only these small holes in the jacket through which all vapor from the body can pass off.

Now, compare the number of these holes in the jacket with the pores in the skin, and you will at once observe how detrimental to the general health of the patient it must be, if worn for any length of time.

Compare this with the plaster-of-Paris jacket, which is porous over the whole surface, and freely admits of the passage of air to the skin. In order to test this, close both ends of a plaster jacket, leaving a small opening, into which you insert a pipe; then fill the jacket with smoke, and you will at once see the smoke issuing from the substance of the jacket from the entire surface.

Another point it is well to call your attention to: This girl received this jacket from the *instrument-maker*, and it was then applied without the aid or personal supervision of her attending surgeon. This is a piece of gross neglect, as the surgeon should in all cases attend the first application of the jacket; the duty of the instrument-maker is to make the instruments only, and the professional man is to apply them. Such neglect is what brings many a useful instrument or device into discredit. This leather jacket was given to the patient, and was applied to the body without her being placed in the suspended position; and yet the mould for the jacket was taken while the patient was suspended. How then are you able to place the jacket in the required position without suspension? Gentlemen, it is an impossibility, and must of necessity be a source of discomfort instead of a relief to the patient.

Now this patient with this leather jacket applied could only expire 54 inches, and the next day, with the plaster-of-Paris jacket properly applied, she could expire 91 inches as measured by the same spirometer.

In the first instance she was a pale, worn-looking woman, but the moment oxygen was admitted freely to the lungs, the cheeks assumed a healthy hue.

Such, gentlemen, are a few points in connection with the application of the plaster jacket, and I specially warn you against the same error, and remember that in lateral curvature *the patient draws herself up and secures the necessary extension* of the vertebral column, whereas in Pott's disease, spondylitis, there are slings under the arm as well as the head, and the patient *is suspended by the surgeon.*

Case 2. This boy here presented to you is also suffering from rotary lateral curvature. He has been treated by one of our most distinguished surgeons, who applied the plaster-of-Paris jacket in such a manner as to produce an excoriation over the ilia. Failing to secure any satisfactory results, he has now sent him to this city to see if some other means can be adopted for the relief of this deformity. I had a precisely similar case sent to me from Crown Point, N. Y., some time ago.

Now in this case before you the jacket had been applied with the boy suspended with supports under the arms, the patient not drawing himself up. This is just where the mistake has been made; in lateral curvature the leathern collar is passed around the neck only; there is no support under the arms, as I desire the free action of the latissimus dorsi, teres major, and pectoralis muscles; the patient then draws himself up easily, and at the same time the trunk assumes the best possible position for the application of the jacket. The treatment in lateral curvature is exercise, gymnastics, self-suspension, etc. We desire to equalize the action of the muscles, and to teach

the patient to keep himself straight; the only object of the plaster jacket is to keep him in that position we secure by extension; therefore, always apply the jacket when the patient is in the suspended position.

During the ensuing week I shall require this boy to take gymnastic exercise, and at the end of that time the plaster jacket will be applied.

(Patient, one week after, again brought before the class.)

This lateral curvature will give you, perhaps, more difficulty than any other department in this branch of surgery; there has been a marvelous field of speculation here for the instrument-maker. I here show you some instruments—the principle being with these, to push the side over and pry up the scapula, being secured with straps over the shoulders and around the pelvis; after the removal of such an instrument, this felt jacket, which I show you, is to be worn—but it is exceedingly deleterious, as it prevents free perspiration, and is apt to be broken down even in ordinary exercise.

If this deformity be once started, it rapidly progresses unless the child is trained to correct herself in assuming injurious positions; it is frequently brought about by the habits of the child herself, as, for instance, a habit of assuming one particular position when standing or sitting, and hence you have an unequal action of the muscles of the trunk, which in time become contracted; in this condition you may then have a rotary movement of the body, giving us the rotary lateral curvature. You will never find this deformity in those persons who are accustomed to carry a load upon the head, as the body is then carried perfectly erect, equal action of the muscles being secured.

The treatment consists in exercising the muscles in the proper direction, and to improve the habits of the patient, which have brought about this deformity. We shall now direct this boy how to train and develop these contracted muscles until he can equalize their action, and thus maintain the body in the erect position, providing the bones of the vertebræ have not been absorbed at that point upon which the unequal pressure has been made, and the ribs have not become permanently bent at their angles. If you commence your treatment before any change in the bony structure has taken place, you will rarely fail to effect a complete cure; if, however, you have neglected the treatment until the bony structures have become changed, a perfect cure is never obtained.

We will now measure the height of this boy previous to appplying the plaster-of-Paris jacket, and we find it to be four feet, ten inches.

(The patient now suspended himself, and the plaster jacket was applied.)

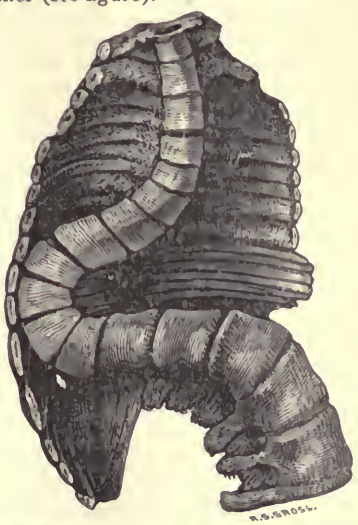
We will now again measure the height of the patient; and now we find it to be four feet, eleven and one-sixteenth inches, showing an increase in height of one and one-sixteenth inches.

The plaster jacket is absolutely necessary in the treatment of Pott's disease, but it is necessary only in lateral curvature to retain the parts in the improved position which self-suspension gives; therefore do not understand me to say that the plaster jacket is necessary for the cure of lateral curvature; it is the gymnastics which are to effect the cure.

Every morning the patient should suspend himself while the jacket is put on. The jacket is made to fit the patient while suspended, and must therefore be applied in this position; commence to lace it in the centre, then pass down, and back again to the top of the jacket. As a matter of course, everything that invigorates the system is an essential element in the treatment of this deformity; remember, however, that exercise is not to be carried to the extent of exhaustion.

Young ladies at school should have a proper chair to sit upon, with a rack in front for the book, and if necessary a block of wood can be inserted under the legs of the chair at one side, in order to *compel* them to bring these contracted muscles into play, in order to retain their balance.

I here show you the spine of a man who was afflicted with lateral curvature; he was brought to me for Pott's disease, having an issue put in the back to relieve the disease. I insisted, however, that it was lateral curvature only. The patient dying soon after, I was fortunate enough to secure this specimen. You will here notice that all of the bodies of the vertebræ are normal in form, except these three, which are pressed together upon one side, the cartilage upon the opposite side being widely apart; you will also note that the bodies have rotated until the dorsal vertebræ are looking at a right angle, and the cervical and lumbar are looking forward, while the ribs at the point of curvature are overlapping each other (see figure).



There was undoubtedly a period when this deformity was so slight that judicious treatment would have entirely removed the difficulty.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Polio-Myelitis.

The examination of the first patient by a student brought out the following points:

Patient's age is thirty-four. Is a bartender. His father died at the age of sixty-two, but had

previously been healthy. His mother died of erysipelas at the age of fifty-nine. He has two brothers and one sister living, and in good health. He has always been well, but in 1861 he had erysipelas on the sides and back of his neck. Has not had syphilis, nor gonorrhœa. His present illness began four weeks ago. He had been drinking during the day, but had felt no sickness. That night he felt dizzy and giddy, but did not lose consciousness. The next morning he could not get up because of weakness, and especially from loss of power in his legs.

The objective examination showed that there was more or less loss of power in certain groups of muscles, mostly in the lower extremities. This was especially marked in the quadriceps extensor group and in the tibialis anticus of the left side, and slightly marked in the muscles which flex the leg, and in the extensors of the toes. The reflex excitability of the sole of the left foot was slightly less than that of the right. There was no marked diminution of sensibility. There was some loss of the tendon reflex, and suddenly bending the knee caused considerable pain in the thigh. There was not much loss of power in the upper extremities, though there was some feebleness in the grasp. Sensibility was normal.

Gentlemen. to localize the groups of muscles which are affected in these cases, it is important to test them with the faradaic current, and observe the difference in the degree to which the different muscles respond to this stimulation. In this man's case the affected muscles did not respond at all to the faradaic current, but they did to the constant current with twelve or fourteen cells. This showed decided loss of power in certain groups of muscles. The symptoms thus far brought out have been sufficient to attract your attention to a distinct point in the body as the probable seat of the lesion, and this is the spinal cord. So it is now important that you should call to mind the functions of the spinal cord, and the kinds of lesions which may interfere with the passage of nervous force from it to the limbs and neighboring organs. We learn that this man has had no paralysis of the bladder, nor loss of control over the bowels; there has been no loss of tissue, nor bed sores, nor eruptions, and his symptoms have been steadily improving from the start. None of these things are characteristic of myelitis, nor of a deep-seated lesion in the spinal cord, nor of the pressure caused by a gummy tumor.

I will say that this is not a common disease in the adult, and for many years it has passed unrecognized; so it would hardly be expected that you could make a correct diagnosis of it. But you have all doubtless heard of infantile paralysis, a disease which manifests itself suddenly by a high fever and convulsions, and is followed by loss of power in one or both lower extremities, or in one arm, or in an arm and leg on the same side, or in other definite groups of muscles. A frequent result of this paralysis is some form of talipes, and it is usually of the equinus variety, caused by loss of power in the flexor muscles of the foot, and the consequent contraction of the extensors. Now, we get in the adult just this same disease as in the child, which results in paralysis of certain muscles, and then improvement to a certain point, and in certain groups, but not in others, and finally atrophy of the affected muscles. The lesion is located in both cases in the motor cells of the anterior horns of gray matter, and in certain groups of these cells, and is thus peculiarly localized and remains so for a long period. The characteristic feature in the adult is that it usually comes on after some pronounced constitutional disturbance, with sudden fever, followed by loss of power, and then rapid but partial improvement. This improvement generally begins in three or four days, and progresses in certain groups of muscles for four or five weeks; but permanent atrophy of other groups generally follows. This is the usual history of acute spinal paralysis in the adult, or, as it is sometimes called, poliomyelitis, or inflammation of the gray matter of the spinal cord. Another very characteristic feature of this disease is the complete loss of response to the faradaic current in the affected muscles. They have no faradic contractility, and they only respond to a strong constant current.

This patient is now under treatment which is expected to reduce the congestion in the cord. For this he is taking large doses of ergot. And his muscles are daily galvanized so as to keep up their nutrition, and in hopes that their power will return, so that there will be but little permanent paralysis. The early recognition and treatment of this disease is very important.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, September 6, 1883.

The President, R. A. Cleemann, M. D., in the chair.

Dr. William T. Taylor read the report of a case of

Face Presentation, with Eclampsia.

Face presentations are somewhat rare. Dr. Churchill, some years ago, in recording the statistics found that in British practice they occurred once in 292 cases; in the French practice, once in 275; and in German practice, once in 130 cases. In my own practice I have met with about one dozen, and as the last one was combined with eclampsia, I will report it to the Society.

During utero-gestation, my patient enjoyed very good health, having no headache, no swollen limbs nor bloated features, no vertigo nor dimness of vision. There was no deficiency of urine, and therefore I did not examine it for albumen. Her appetite was fair, her bowels regular, and she took a moderate degree of exercise; so that I had no reason to expect any trouble when labor began.

On May 14, 1883, I was summoned at 6 a. m. to visit Mrs. C. Haley, aged twenty-three years, primipara, who was in the first stage of labor, having had a show since midnight. On examination, I found the os very slightly dilated, with the pains "few and far between," and the face of the child presenting, with the chin toward the sacrum. The nurse informed me that the patient had not slept during the night, and was very nervous and irritable. Her skin was moist, her pulse normal, and she had urinated frequently.

I gave her a mixture containing hydrate of

chloral, bromide of potassium, and valerianate of ammonia to compose her, and went home for my breakfast intending to return in a few hours.

At eight o'clock, the husband came to my office and told me that his wife had "had a fit and could not keep the medicine down." I arrived at the house at 8.30 a. m., and sent immediately for some powdered hydrate of chloral and an injection apparatus. The patient had had two convulsions, which were ushered in by complainings of her head, her face being very red, and her head drawn to one side, with the features much distorted. The first convulsion occurred when the nurse was about to give the first dose of the medicine. Directly after my arrival, a third convulsion occurred and lasted for a minute or more, her head being violently drawn to the right side, with jerking of her arms and legs.

I dissolved one drachm of the hydrate of chloral in about four ounces of water, and threw it into the rectum. The fit yielded immediately. As she was unconscious, I had an excellent opportunity of examining her. The os was dilated to the size of a quarter dollar, and soft, so that it yielded gradually to the pressure of my fingers, when I discovered the face presentation, with the chin toward the left sacro-iliac junction. I endeavored to push the chin toward the breast so as to bring down the occiput in the second position of Baudelocque. This I found somewhat difficult, but as the os dilated under the pressure of my fingers, I reached the occiput, and after several attempts, succeeded in bringing it down to a favorable position, the one aforesaid. My patient by this time was becoming restless and uncontrollable, and fearing another convulsion, I again gave her an injection of chloral, which quieted her. Having placed her on her back, and brought her to the edge of the bed, her limbs being supported by the nurse and a neighbor woman, the forceps were easily applied, and the head brought down below the interior strait. I removed the instruments when the head pressed against the perineum, allowing nature to finish the delivery. The child, a boy, was still, the cord being pulseless. In fact, I was apprised of this whilst endeavoring to dilate the os with my fingers, for a significent tremor had passed through the body of the child, assuring me of its death. The placenta was removed quite easily.

During all this time my patient was unconscious, and had no return of convulsion from the the time I gave her the first injection of chloral.

As her pulse was good and her respiration easy, I applied a binder, and having placed her in a comfortable position, left her sleeping. On my return at 5 p. m., she was restless and slightly feverish, but after taking a few doses of chloral and valerian, she was quieted to sleep. On the next morning, May 15, she was perfectly conscious; pulse 80, temperature 99°, and respiration normal. She had urinated freely, and with the exception of some slight soreness over the abdomen, was very comfortable. She inquired for the babe, knowing from her condition that it had been born; but the preceding twenty-four hours were, to her, a perfect blank. From this time she had no further trouble, and soon recovered. This case certainly showed the beneficial effect of injections of hydrate of chloral in controlling puerperal convulsions when they are of a nervous form.

Dr. Albert H. Smith remarked that face presentations and puerperal convulsions presented a large field for discussion. Dr. Taylor was very fortunate to be able to bring down the occiput and keep it so until the forceps could be applied. In this operation a man needs three hands, one to hold the head while the others manipulate the instrument. The mechanism of a primary face presentation, as reported in this case, is difficult to understand. It may occur secondarily from obliquity of the uterus, and a sudden, free gush of waters, causing a sudden engagement of the head before flexion could be secured. In such cases it is very difficult to secure and maintain flexion until the forceps can be applied. In the majority of cases of face presentation, even with the chin posterior, nature is best able to terminate the case satisfactorily. It is to this class that the aphorism "meddlesome midwifery is bad" is most applicable. The natural forces work slowly, and the neck of the child becomes accustomed to the extreme extension which it has to undergo; while it is very bad to bring, by means of the forceps or otherwise, a sudden strain on the vertebræ and other tissues of the neck by too rapid forcing of the chin into violent extension. The consequence of the hasty proceeding is a still-born child. The only ground for interference is an alarming condition of the child's pulse. If the child's heart is beginning to fail, we must take the risk and give it the benefit of the chance. The child's head cannot be born in face presentation until the chin has engaged under the pubis. The old teaching was that the chin posterior could not be born, but he was very early undeceived on this point, one of his earliest cases having been of this character. He had sent for his preceptor to come and bring perforating instruments, but while awaiting their arrival, nature proved equal to the task; rotation occurred spontaneously, and a living child was born.

Dr. B. F. Baer inquired if version by the feet would not be much preferable to waiting for nature to deliver in chin posterior positions.

Dr. Smith did not mean that we should never interfere in a case of this kind, but that a large majority, if left to nature, would terminate spontaneously by anterior rotation of the chin, with safety to both mother and child. He would decidedly negative the proposition of version by the feet, because the amniotic sac having been necessarily ruptured by previous efforts to bring down the vertex, the waters would have been completely evacuated, the uterus would be in a condition of spasmodic contraction, and an attempt to turn would involve great danger of rupture of the uterus. The introduction of the hand always increases the risk of septic absorption. Two terrible risks against the mother while the child is exposed to all the dangers of head last delivery. He should consider chin posterior presentations natural labors, and should allow them to terminate spontaneously unless there was some complication demanding version.

Dr. J. G. Allen coincided with Dr. Smith in his conservative principles. The risks of version to the mother are great, too great to allow it to be performed for the sake of the child. The opera-

tion of version is not looked upon in as serious a light as it should be under all circumstances. In some instances it may be very easy, and may terminate well; but in others, apparently similar in conditions, the results to the mothers are bad. He would not lose one mother to save ten children. He would never resort to version unless the labor was impossible under other measures. Even after it is skillfully performed, the child is often still. The increased risk to the mother is followed by no corresponding gain in safety to the child.

Dr. R. P. Harris thinks the ideas of Dr. Smith are the same as held by most eminent obstetricians, and agrees with their practice as expressed to him in private correspondence.

Dr. Baer was willing to be taught. The views expressed this evening did not harmonize with the teaching of even the present day in Philadelphia. He had been taught that version would be proper if the case was diagnosticated early, and the operation could be performed before the waters were evacuated, and it seemed to him that the rational thing under such circumstances would be to turn. It was entirely a new light to him to consider chin posterior cases as easy natural labors. He had been taught to look upon them as impossible, and that rotation never took place, the forces in action not being great enough to compel it. His own recent experience had led him to doubt this dictum; with one blade of the forceps used as a vectis he had without difficulty secured anterior rotation. His idea of the impossibility of rotation under the circumstances made him doubt the correctness of his diagnosis of the position, but the principles put forth this evening reassured him. May the death of the child, causing relaxation, be the cause of the face presentation?

Dr. Allen does not expect others to accept his opinion, but in his denunciation of turning he alludes to the complete transposition of one extremity of the fœtal ellipse for the other, and does not include the changing of one part of the head for another, but in the first class the poor chance of saving the child will not compensate for the increased danger to the mother.

Dr. Smith does not consider chin posterior an easy natural labor. On the contrary, it is the most difficult of natural labors. The chin strikes upon the posterior inclined planes, and is rotated to an anterior position, in which it engages under the arch of the pubis exactly as the vertex would. In multiparæ nature is able to accomplish this result, but in primiparæ assistance in rotation may be required, and even traction may become necessary. In contrasting the dangers incident to version by the feet, and those involved in trusting to nature in this condition when the waters have been discharged, as they necessarily have, in the attempt to bring down the vertex, which will be first tried, we must remember that the child will be tightly grasped by the uterus, and that it must be twisted upon its long axis as well as turned, to bring the nape of the neck under the arch of the pubis, and that this procedure will greatly enhance the danger to both mother and child.

Dr. Taylor, in closing the discussion, remarked that the death of the child occurred after it was fully engaged, and was not a factor in causing the face presentation. When he made his diagnosis of position the head was high up, and the child being small, he had no difficulty in bringing down the vertex.

W. H. H. Githens, M. D.,
Secretary.

Editorial Department.

Periscope.

Case of Basilysis.

In the Section of Obstetric Medicine at the annual meeting of the British Medical Association, 1883, Dr. J. Halliday Croom described a case where this operation was found necessary, which we take from the *Brit. Med. Jour.*

Among the recent improvements in operative midwifery, the operation of Basilysis, as a means of comminuting the fœtal basis cranii, deserves to occupy a prominent place. Devised by Dr. A. R. Simpson, some years ago, and carried out by him in practice, it has, in my opinion, quite fulfilled the expectations he formed of it. I gladly take an opportunity of a recent case, which occurred under my care in the Maternity Hospital, to bring this operation under the notice of the Section. The case was as follows:

S. W., a primipara, aged 26, was sent to the Maternity Hospital on the forenoon of Sunday.

At the time of her admission she was well advanced in the second stage of labor; the membrane had ruptured early in the morning, and a loop of the cord had prolapsed in advance of the head. I saw her shortly after admission, and found the condition as described; and further found, on abdominal palpation, a very prominent uterine tumor; the head at the brim, but unengaged, and back to the left. There were no fœtal heart-sounds to be heard.

On vaginal examination, the head was presenting, the membranes ruptured, and a loop of cord prolapsed and pulseless. The occiput was to the left, and the sagittal suture transverse. The conjugata vera diameter, gauged by the diagonalis, measured slightly less than two and a quarter inches. The pelvis was a distinct rickety one. The indications, therefore, for reducing the head were obvious. This I did with the basilyst in the following way: With the assistance of Dr. Barbour, the head was steadied thoroughly at the brim, and the basilyst introduced at the most centrally presenting part of the right parietal bone. The cranial vault was easily pierced, and the instrument pressed down through the cerebral substance to the base of the skull. While Dr. Bar-

bour kept the head perfectly steady, I screwed the basilyst home into the base, and, closing the handle, easily effected separation of it. The head immediately collapsed, and was pushed by Dr. Barbour through the brim, with slight aid on my part with the crotchet. Indeed, the use of the crotchet was almost unnecessary, as, after the collapsed head was well pushed into the brim, its extraction was mainly accomplished by the hands *per vaginam* aided by suprapubic pressure.

On examination of the head after birth, it was found that the basilyst had entered the right parietal bone, and then passed down to the basi-occipital, just behind the foramen magnum, and the base was found to be splintered both laterally and anteroposteriorly. The disintegration of the base of the skull was remarkably complete, as the recent preparation which I now exhibit shows; and the great diminution in the bulk of the head is obvious from the fact that suprapubic pressure was of itself sufficient, with but little aid from the crotchet, to push the head through the brim.

Remarks.—The introduction and working of the instrument are simple enough, but there is one point which, in a former case, offered some difficulty; namely, the doubt, after the basilyst has pierced the vault, as to whether it goes directly to the base. This is more apparent than real, for, if the head be well steadied, and its position distinctly made out, there can be but little risk in pushing the instrument straight on in the proper axis. Of course, in cases of extreme flexion, it will be easier to strike the centre of the base than in a case of flat pelvis, where marked Naegele obliquity is combined with extension.

This is illustrated in the case I have just recorded, where the basi-occipital bone was struck instead of the sphenoid; but, as the case shows, the result was none the less satisfactory. In any case, the risk of missing the base is very slight. It has been urged against this method of comminution and delivery, that some instrument for extraction in addition to the basilyst is required. First of all, let me point out that, in the case in point, with a head perforated at the occiput, and with a two inches and a quarter brim, supra-pubic pressure was almost enough to effect delivery, and secondly, it must be kept in view that a second perforation of the base can always be performed when necessary, reducing the whole head to a veritable pulp, and allowing it to pass through the pelvis with the aid of the hands and suprapubic pressure alone. It has therefore, the advantage over cephalotripsy and other forms of embryulcia, that delivery is accomplished without the application of any instrument external to the head.

Some Interesting Cases.

CYSTS IN CONNECTION WITH BOTH KIDNEYS OPENED AND DRAINED, AND A TUMOR OF THE RIGHT OVARY REMOVED, THE PATIENT REMAINING IN GOOD HEALTH.

Dr. J. Knowsley Thornton reports this case in the *Med. Times and Gaz.*, June 2, 1883:

E. M., a single woman, aged twenty-seven, was admitted into the Samaritan Hospital, in November, 1877, under the care of Mr. Spencer Wells. She had had a child born alive at full term when she was only fifteen. When seventeen she had inflammation of both kidneys, and from that time had been failing in health, and had been unable to lie on her right side for fully a year. When admitted, she had a fluctuant tumor of considerable size in the right side of the abdomen, with a red, tender, and pointing swelling in the right loin behind this tumor. There was a smaller tumor in the left side of the abdomen, which occupied an exactly similar position to that in the right side, but did not distinctly fluctuate. There was nothing wrong with the urine and no trouble with bladder or kidneys, except pain across the loins and in the lower abdomen, which was not, however, constant. Menstruation was regular. The swelling in the right loin was freely incised by Mr. Wells under Listerian management, but nothing to account for its presence was found, and no communication appeared to exist between it and the kidney or ureter. It contained fluid very like that from an ovarian cyst, with an immense quantity of cholesterine. It was dressed antiseptically and drained, and in six weeks the patient went home well, all trace of the cyst having disappeared. Six or eight weeks afterwards she had an attack of gout in both feet; then the wound opened, and a large discharge of fluid with much cholesterine took place, and the wound gradually healed up again. In January, 1880, she was readmitted under the author's care, with a tumor of the right ovary, for which he performed ovariotomy. While the abdomen was open, he examined the kidneys and ureters. The right kidney was large and sacculated, and its ureter was much enlarged, especially at the pelvic brim. The left kidney and ureter appeared quite normal. The recovery after the ovariotomy was rapid, but soon after getting up the swelling in the right loin reappeared, with fever, etc., and she was obliged to return to bed. It was poulticed antiseptically until it broke, and then drained as before, and she left the hospital apparently well in three weeks from the time it burst, and about six weeks from the ovariotomy. In six weeks she returned with a swelling in the left iliac region in the situation of the left ureter; this was opened and drained antiseptically, and again in about six weeks she went home well. Fifteen months later the wound in the right side again opened, and discharge went on for fourteen months without apparently affecting her health at all. It has now closed again for two months, and she is in excellent health. The left side has not given any further trouble.

In the same journal Mr. Reginald Harrison reports

A CASE OF NEPHRECTOMY FOR RUPTURE OF THE KIDNEY WHERE LATERAL CYSTOTOMY WAS ALSO SUBSEQUENTLY PERFORMED FOR THE RELIEF OF CYSTITIS CAUSED BY RETAINED BLOOD-CLOTS.

Relief followed the operation. Subsequently symptoms of acute cystitis again showed themselves. On the twenty first day after the injury, and four days after the nephrectomy, lateral cystotomy was performed, when fœtid blood-clots were removed, and a free drain for the urine was established. Relief was afforded by the cystotomy, so far as the symptoms directly traceable to the bladder were concerned. The patient died on the for-

tieth day after the injury. The cause of death appears to have been due to pyelitis and circumscribed suppuration of the left kidney—effects probably traceable to an extension of the cystitis, which had been occasioned partly by the presence of decomposing clots, and partly by attacks of retention of urine.

Sir T. Spencer Wells reports a case of

EXCISION OF AN ENLARGED CANCEROUS KIDNEY.

The patient died on the fifth day. The author urged the importance of uniting, in all cases of nephrectomy by abdominal section, not only the divided peritoneal coat of the anterior abdominal wall, but also the divided peritoneal covering of the kidney. In this case he had been content with letting the two edges fall together, and he thought that blood or serum exuding from the tissues behind the peritoneum may have passed into the peritoneal cavity, or that some portion of intestine may have adhered there.

Dr. John Marshall reports

A CASE OF TRAUMATIC SUPPURATING HÆMATOMA, CONNECTED WITH THE LEFT KIDNEY, TREATED BY PUNCTURE AND DRAINAGE.

The patient (a child) recovered.

On Parturition in Old Primiparæ.

The *Am. Jour. of Obstetrics* for July, 1883, quoting from R. Rumple in *Arch. für Gynäk.*, xx. 1, says

The subject has recently received considerable attention by Cohnstein, Ahlfeld, Hecker, Krüger, and Winckel. Inasmuch as the conclusions reached by these observers have been lately controverted in a paper by Mangiagalli, the author has reinvestigated the matter, using in his research the material of the Marburg obstetric clinic.

From which year on shall a primipara be called old? R. sides with Cohnstein and Hecker in placing the turning-point at the thirtieth year. Whole number of labors, 3,155; of these 1,481 were primiparæ, of whom 114 had passed the thirtieth year. The percentage of old primiparæ, therefore, is 3.61 of all parturients, or 7.69 of all primiparæ. These figures agree in the main with those of Hecker, but differ from those of Ahlfeld.

Of the 114 labors, only 100 could be used statistically; their ages were: 30–34, 78; 35–39, 13; 40–45, 9.

Etiology.—The number is probably small in which despite a normal condition of the genital organs coition did not take place or fruitful semen did not surround the cervix before the thirtieth year. A larger number probably is furnished by those in whom there existed some local trouble which prevented conception until removed by appropriate treatment. Still another group is formed by those in whom some unknown affection hindered conception. This seems to be indicated by the facts that some women conceive only after having practiced coition for years and without having undergone any treatment, and that we are able to prove deviations from the normal average conditions of menstruation. Hecker assumes a torpidity of the sexual life. It will be almost impossible to find a satisfactory explanation, and the hypothesis will have to suffice that menstrual anomalies probably have some etiological bearing. Narrowness of the pelvis (Cohnstein) is to be denied. Rigidity of the vagina, of the introitus, and of the lips of the os, as well as agglutination of the external os, are concomitant phenomena of advancing age, hence sequels rather than causes. Fibroids and sarcomata of the uterus are so rare that they may likewise be left out of the consideration.

R. is unable to add anything to our knowledge respecting the duration of pregnancy.

The labors of old primiparæ are generally considered prognostically unfavorable for two reasons—inefficient labor pains and rigidity of the soft parts. The author's cases in general confirm these views. Frequency of perineal lacerations, 25.6 per cent. Abnormal presentations, 8 per cent (3 pelvic, 3 face and forehead, 2 transverse). All other before-mentioned observers likewise found an increased number of face presentations, and a theory is advanced to explain this circumstance through the rigidity of the os and the lower uterine segment, but no proof of it could be furnished.

In R.'s 100 cases operative interference was required as follows: the application of the forceps, 27 times: perforation, 4 times; version, once; Cæsarian section, once; induction of premature labor once—34 per cent. Yet the number of contracted pelves did not exceed the ordinary average.

The mortality was 8 per cent. and the morbidity 49 per cent—rather high figures. Seventeen per cent. of the children died either inter-partum or within two weeks thereafter. The weight of the children exceeded the average, as it did in Cohnstein's cases. Proportion of males to females, 121 : 100.

In summing up, R. confirms the results obtained by Ahlfeld, that two factors cause anomalies in the labors of old primiparæ—inefficient labor pains, and rigidity of the soft parts. The former lengthens the course of labor and of the lying-in, and thus indirectly favors the disturbances usually following protracted labors. The latter increases the painfulness of the uterine contractions, causes frequent perineal lacerations, and perhaps favors the occurrence of face presentations. Mangiagalli's view, that malformations are found in greater proportion in old primiparæ than ordinarily, and that thus alone the prognosis is rendered worse, finds no confirmation in the author's experience. The unfavorable factors are not constant, but change with the age of the mother.

The Nature and Properties of Ptomaines.

The *Lancet*, May 12, 1883, says:

The first part of an interesting memoir on the nature and properties of the ptomaines appears in the last number of the *Archives Italiennes de Biologie*. The term ptomaines is applied to certain substances endowed with highly poisonous properties, resulting from the putrefaction of the brain, blood, albuminoids, and other analogous organic substances. MM. Guareschi and A. Mosso, the authors of the essay in question, have endeavored to separate the several products of decomposition, and, having obtained them in a state of comparative purity, to determine their physiological action on the body. Before commencing their

experiments they thonght it expedient to prove the purity of the reagents used—ether, ethylic alcohol, chloroform, and benzine—and their freedom from poisonous alkaloids. They operated on large quantities of these fluids—as much, for example, as fifty litres of alcohol—and satisfied themselves that in ordinary commercial alcohol there is a small quantity of a base which is either pyridine or some closely allied compound. Other investigators have demonstrated the presence of a mixture of substances belonging to the picoline series, and collidine has also been shown to be present. Amylic alcohol, in like manner, often contains pyridine, which may exist in it even in so high a proportion as one per cent, and which, being itself toxic, may lead to serious error.

The chloroform employed was found to be pure, but the benzine, like the alcohol, had to be freed from the pyridine it naturally contained. In these experiments, on putrefying brain the authors experimented with about seventy-four pounds of human brain substance, which was placed in a large glass receptacle, and put aside for one or two months at a temperature of about 50° F. The contents of the globe, reduced to a magma, had then an extremely unpleasant odor, and were treated with two volumes of purified alcohol acidulated with tartaric acid in a sand-bath, for several hours, at a temperature of about 140° F. An immense quantity (147 litres) of alcohol was then added, and the whole evaporated to drynesss. Fats were removed from the residue by ether, and the remainder was again and again submitted to the action of ether, which was each time evaporated and re-collected. The fluid, now freed from fat, was extracted with alcohol, and this again was exposed to heat, and the volatile products received in hydrochloric acid. There remained in the retort a brown acid liquid, which was once more extracted with ether, and the reactions of this ethereal solution are given at considerable length. The principal substances obtained were ammonia, trimethylamine, and certain alkaloids or ptomaines, the last-named compounds being, however, too small in quantity to enable any analysis of their composition to be made.

The products of decomposing fibrin were next examined chemically, chloroform and tartaric acid being employed as extracting agents, and sufficient of the ptomaine was obtained to permit of an analysis, when it was found to have a composition represented in all probability by the formula $C_{10}H_{13}N$, a base which is isomeric with the *tetrahydromethylquinoline* of Jackson—a compound that has properties similar to those of the ptomaine obtained from putrefying fibrin. The results of their experiments on the physiological action of the ptomaine obtained from decomposed human brain may be summed up in the single statement that in its effects on frogs it resembles that of curara, though incomparably more feeble. Its action was not only feebler than that of curara, but was much more transient. In the case of the ptomaine obtained from putrefying fibrin, they ascertained that the chloroform extract of this ptomaine was much more powerful than the chlorhydrate, and in this instance also the general effects produced were comparable to that of curara.

Sea Sickness.

In the *Brit. Med. Jour.*, July 14, 1883, Dr. Ash observes: "I have an idea that the sympathetic nervous system is the culprit, for the following reasons:

"1. Flushing of the face is a common sign of the approach of nausea, and we all know that irritation of that nerve will cause this, as well as an extra secretion in a gland.

"2. There is an increase in the quantity of fluid ejected from the stomach after it has lain there for a short time. In my own case I frequently noticed, and I subsequently verified it in many others, that, if I took half a cup of beef-tea, and lay in the horizontal position for a time, so as to avoid vomiting, when I did again vomit, when the exhausted muscles had regained their tone and were ready for another attack, the quantity ejected was greatly in excess of that taken in. For instance, if four ounces had been drunk, about twenty ounces would be ejected, of a sour beef-tea liquid. Now, whence did the surplus come? That it was gastric juice, may, I think, be taken for granted; for, although I had not the means of chemically examining its component parts, it certainly partook outwardly of the character of that juice, inasmuch as it would dissolve meat and had an acid reaction, and it did not contain any special features that would lead to the supposition that it came from other gastric organs.

"Granting then that it was gastric juice, it follows that secretion, induced by the presence of the beef-tea, was in action, while the balancing power of absorption was held in abeyance. Now, if we follow this out we shall see that the sympathetic nerve-power was acting regularly; for secretion of gastric juice is governed in the follicles by the latter, while absorption of fluids direct by the veins which are governed by the former is held in abeyance, or, in other words, paralyzed. I do not say that it is so; I only throw these facts out for others to corroborate, or not, as the case may be. Whence could the increase in the quantity of fluid have come? It must have been taken in some way from the blood; and what so ready to do so as the gastric follicles, stimulated into action by the presence of the small quantity of beef-tea?

"Now as to remedies. If my observations be correct, any drug or remedy acting on the sympathetic nervous system would cure this tiresome complaint; ice to the spine may so act, as well as the remedies mentioned by Mr. Kendall, in a more direct way. The teaspoonful of Worcester sauce, which I have found useful, may owe its efficacy to the hot condiments contained therein, and I imagine it to be possible that they act through the sympathetic in the coats of the stomach. I know that the majority of the quack remedies for sea-sickness contain a mixture of nearly all the carminatives and condiments under the sun, with the hope that one out of the lot will hit; and they do hit, or rather temporarily relieve. as cayenne pepper and Worcester sauce will do. There is one mode of applying remedies that I should like to see tried by some one who would honestly take the matter in hand; and that is, the introduction of certain remedies by subcutaneous injection; for it necessarily follows that, if my idea be correct and absorption be held in abeyance in the stom-

ach, it is of little use to pour any medicine into that viscus when it is impossible to be taken up by the blood."

Galium Aparine as a Remedy for Chronic Ulcers.

The *Brit. Med. Jour.*, says that Dr. F. J. B. Quinlan, M. D., Dubl., F. K. Q. C. P., Physician to St. Vincent's Hospital, Dublin, has treated cases of chronic ulcer with great success, by means of poultices made from "Cleaver's" (*galium aparine*). Respecting a very bad case of senile ulcer, Dr. Quinlan writes: "We had now come nearly to the end of April, and our failure in this case was complete. It appeared to me that now was the time to try the galium aparine, which was beginning to peep out in all the hedgerows about Dublin. An ample supply for this and other less severe cases has since been kept up, and it has been used with the most marked success in the following manner: Grasping in the left hand a bundle of ten or twelve stalks, with a scissors held in the right hand, the bundle is cut into junks about half an inch long. These are thrown into a mortar, and pounded into a paste. This paste, which has an acrid taste and slightly acrid smell, is made up into a large poultice, applied to the ulcer, and secured with a bandage. It is renewed three times a day. Its action appears to be a slight steady stimulant, and powerful promoter of healthy granulation. Its effect in this most unhopeful case was decisive and plain to all. Healthy action ensued, and has since steadily continued; and, after a month of treatment, both ulcers have been reduced to considerably less than half their original size. If this action continue, which I have no reason to doubt, the cure will be accomplished within a measurable and short period. The patient is in the ward, and any one can see the great amount of new dermatization which has been effected during the month."

Dr. Quinlan was equally successful in several other cases. He continues:

"A difficulty at once suggested itself as to its general employment; viz., that in winter and spring it is not to be had at all. It appears to me that this difficulty can be effectually met by the method of ensilage, by means of which green food for cattle has for the last few years been kept perfectly sweet and fresh by burying it in silos under the ground. This plan is generally known, but all particulars about it can be learned in the pamphlet of Mr. Thomas Christy, F. L. S. (Christy & Co., 155 Fenchurch street, London, E. C.) In the case of the galium, the process would consist of cutting the herb very fine, ramming it down by screw-pressure into a glazed earthenware jar with an air-tight cover, and burying it in the ground. Thus secured from air, moisture, and heat, it would be likely to keep through the winter. One of my pupils, Mr. M. Pierce, has already laid it thus down, and will report the result to me. This plan, if successful, might be extended to other pharmaceutical herbs; for I have always had the idea that green herbs are more powerful than dried ones. Indeed, the late Mr. Donovan of this city used to maintain that, to make tincture of digitalis properly, the alcohol should be brought to where the foxglove was growing, and the live plant plunged into it."

Hypogastric Cystotomy as a Substitute for the Perineal Operations.

In *Revue de Chirurgie*, No. 9, 1883, Prof. L. Villeneuve publishes the following conclusions:

1. The hypogastric operation, which hitherto has been used only exceptionally, appears to be coming into more general, though not exclusive, use for the performance of cystotomy.

2. It should be performed with the newly perfected instruments made for it; ballounement (ballooning the rectum by means of an air-ball), vesical injection, pushing back the peritoneal culde-sac, connected siphon-tubes, and antiseptic precautions and dressings.

3. Suture of the bladder should be discarded, but immediate union should always be attempted, which, if realized, shows the great superiority of the hypogastric operation.

4. The hypogastric operation is one of necessity in cases of large and encysted stones, intolerant bladder, and impermeable or strictured urethra or vagina.

6. Especially is the operation to be recommended in old persons and adult men, and in those in which lithotrity is not applicable, and which up to the present time have only been treated by the different perineal operations.

6. In male infants, it may be presumed that it is at least equally as good as the perineal operations. But the happy results obtained by these operations for a long time, render the indications of the high operation in these cases less pressing.

7. In female children, and females at the age of puberty, the hypogastric operation is the method of choice.

8. In married women, the question of choice between the hypogastric and vaginal operations is undecided.

9. An inflammatory affection of the uterus, marked deformity of the bladder on account of the deformity of the uterus, and notably cystocele, should lead one to adopt the high operation. In adult females the hypogastric operation should be preceded by dilatation of the urethra.

10. Constitutional and diathetic affections have no special indications in selecting the method of operation. The same holds good for lesions of various branches of the sympathetic plexus.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Boston Journal of Chemistry*, conducted by Dr. J. R. Nichols, and Prof. Rolfe, of Cambridge, Mass., now entering upon its eighteenth year, is unique in its way, and its success is due to the fact that it condenses facts in science to reasonable limits, and presents them in an attractive, familiar way, so as to be readable and interesting. Recently the name *Popular Science News* has been added to the *Journal of Chemistry*, which will probably widen its present extended circulation. This journal is published monthly in Boston, and the price is only *one dollar* per year Austin P. Nichols & Co., Publishers, Boston.

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THE PRELIMINARY DUTIES OF THE ACCOUCHEUR.

A case was recently brought to our notice which we were very sorry to hear about, for it demonstrated that some of the best among us are at times derelict in our duty to our patients.

In the case in question, one of the most prominent of our physicians was engaged to attend a lady in her approaching confinement; he called upon her once, and upon making an examination of the urine, found it loaded with albumen; no special instructions were given, and time rolled on. Daily, for some time, the physician passed his patient's house, but he never "dropped in" to see "how she was coming along." After a while, the doctor went off on his summer vacation, and while he was gone his patient became very œdematous.

Her husband wanted to call in a neighboring physician, but the woman objected.

Finally, without further warning, (though, to our way of thinking, the prominent physician had warning enough to make him more attentive,) uræmic convulsions set in and the woman's life was despaired of.

The neighboring physician was called in, and after appropriate treatment, he wrote a statement of the case to the prominent doctor, and urged him to come home and take care of his patient. A reply was received endorsing the treatment, but saying that the prominent physician could not come home until his vacation was over, in about ten days.

The husband, who relates this case, added: "He was afraid to come home, lest he would come to a funeral; and if he had, I can assure you there would have been a second one." The woman was delivered of a dead fœtus and recovered, though she still has albuminuria.

This prominent doctor clearly neglected his plain duty.

When a physician is engaged to attend a woman in confinement; it becomes a portion of his duty to visit her at once, and if he discovers anything that may have a tendency to complicate or render serious the approaching labor, he should visit her at intervals, that he may keep under control these untoward conditions.

It may occupy time and be inconvenient, but it is his bounden duty, nevertheless.

He must look into the hygienic surroundings of the pregnant woman, and advise where he finds them deficient; the drainage and the ventilation of the proposed lying-in room or house should be examined, and corrected if faulty. According to an interesting paper by Dr. Francis Minot in the *Boston Medical and Surgical Journal*, October 11, 1883: "The lying-in room should be large, if possible, should face the south, and should be provided with an open fire-place which will not smoke. It should not have a "set basin," or other convenience connected with a drain, and it should not communicate by a door with another room containing a water-closet, bath-tub, or set basin; or, if this be inevitable, paper should be pasted over all the edges of the door and key-hole, on both sides, and the door should be kept locked. If a room containing a set basin must be occupied by the patient, it is well to have the waste-pipe cut off, and the lower end sealed by the plumber, a pail being placed beneath the basin to receive the waste-water. An examination of the gas-fixtures should also be made to insure against the escape of illuminating gas into the room, a very frequent occurrence, not only in hotels and lodging houses, but also in private dwellings. The wall paper should also be inspected, and tested for arsenic, if need be. The room should be thoroughly swept and cleaned before the period of confinement, and all useless furniture be removed, as well as the numerous ornaments, books, work-baskets, etc., which are apt to encumber the tables and mantel-piece, to the inconvenience of the attendants of the patient. Ether and a sufficient supply of a solution of carbolic acid should be provided, as well as an abundance of towels, sheets, etc.

"Whenever the weather is so cool that the room is uncomfortable with an open window, a fire should be kept constantly burning in the fire-place during the period of lying-in. The fuel, if possible, should be wood or cannel-coal. Even in warm weather, if the ventilation of the room be not satisfactory, it is well to have a kerosene lamp, or a portable gas-jet, connected by a flexible tube with a gas bracket, kept burning in the chimney. Except in very cold weather, a window should always be left open, at least sufficiently to allow some air to enter; in many cases it is enough to raise the lower sash a little, so as to admit a current above it."

This advice is all sound, and should be deeply engraven upon the mind of every accoucheur.

Until we heard of the case we have reported, we took it for granted that physicians were familiar with these self-evident duties; but when we learn that a *prominent* member of the profession is so ignorant or so negligent, we feel called upon to issue these few words of advice and warning to the rank and file.

WHY DO GERMS GERMINATE?

If the germination of germs is the cause of disease, as taught by the germ-theorists, it follows logically that if their germination can be prevented, disease can be held in check.

Since the introduction of the doctrine of germs, the only antagonistic researches that have been made have been in the direction of a germicide—something that would throttle the germ and rob it of its life, or at least of its mischief-making power. Now, it is a very familiar fact, that while a large number of persons may be exposed to the evil influences of some germ disease, but a portion of them will yield to its supremacy, while with the others the germ will produce no visible effect whatsoever.

With such infinitesimally small bodies as are the various germs, it seems but fair to infer that myriads of them must gain access to some portion of the body of every human being exposed to them; and indeed, it seems a wonder, when we realize how many millions and millions of these disease or diseased germs must exist in the universe, and remembering the laws of diffusion of gases, by which agency they must indeed be really omnipresent, if every human organism is not at all times infected with them. The major portion of the profession to-day give their adherence to

the germ-theory of disease, that disease is caused by the introduction and multiplication of disease germs in the body. If therefore this be so, why do we not all, at all times, have disease? for, to repeat, these germs are so universally present, that they must exist in the atmosphere we breathe, on the food we eat, and in the water we drink; how then can any of us escape their baneful influence? Let us look to the agricultural world for an explanation. Every farmer knows that the soil of his farm is not uniform throughout in its qualities; not only do the characteristics of each field vary, but in the same field will be found many different kinds of soil. He knows that one kind is adapted to the growth of some particular vegetable, another to a different kind, and so on; he knows that if he puts potatoes into soil suitable for cantaloupes, his crop will be poor, and *vice versa* and he can tell you why this is so; he knows the different kinds of soil suitable for the germination of the different kinds of vegetable germs. But when he has determined this point, it becomes necessary to prepare the ground in different ways for different crops; one manure or food is better for one crop, another for another; and if these necessary conditions are not brought about, his crops will prove comparative or total failures; the germs will not multiply, because the essentials to their birth, growth, and development are not present.

Is not the human body very similar to a farm, wherein are constantly taking place chemical changes, which produce either health or disease?

If disease-germs are introduced into a human farm, the soil of which is not adapted to their development, will they not die and produce no crop? while if the soil be suitable, will they not produce abundant crops of disease?

Is there anything unreasonable in this position?

But, unlike the farmer, the doctor is not yet prepared to say what these various necessary conditions are.

Dr. Formad has done some little in this line, in connection with the bacillus tuberculosis, for he has pointed out that a certain anatomical formation of the lymph-spaces is essential that they may germinate and produce a crop of tubercle. It seems that his labor is in the right direction. If we can find out what are the conditions necessary for the life, reproduction, and development of these disease-germs, we have accomplished the first important step towards an ability to so alter these conditions, that, like the cantaloupe, in clayey soil they cannot germinate, and will die without being able to afflict humanity.

To conclude, what we want to know is "Why do germs germinate?" When we have determined the various soils suitable for the life of the various germs, then can we study and investigate how to so alter and change this soil as to render it unfit to serve its evil purpose.

THE FOLLY OF ANTI-VACCINATORS.

How any intelligent man can deliberately oppose vaccination in the face of the abundant testimony of its efficacy is truly a hard problem to solve.

One of its most violent opponents in England was a certain William Scott, of Rotherhithe.

Recently small-pox broke out in his family, and carried off his wife and three children.

Regret for what might have been prevented, so preyed on this man's mind that he committed suicide.

When we realize what great publicity has been given to the *facts* concerning vaccination, we can hardly help but lay the deaths of this man's wife and children at his door.

Of course, no doubt, he was conscientious in his opposition to vaccination; but still, *facts* do not admit of argument, and it is almost impossible to conceive of any intelligent man finding sufficient evidence to warrant him in opposing this beneficent discovery.

This sad occurrence should be given all possible publicity, as a warning to other anti-vaccination agitators.

—A successful resection of the pylorus for cancer was recently made by Professor Heinecke, of Erlangen.

Notes and Comments.

Fracture of Humerus—Rupture and Ligature of Axillary Artery.

A most instructive case is reported by Dr. George E. Fenwick in the *Brit. Med. Jour.*, September 29, 1883. The patient, a woman, was struck on the shoulder by a piece of falling timber. The humerus was fractured in its upper third, the upper fragment being drawn inward and lacerating the axillary artery. Below the seat of injury there was no pulsation, and the axillary space, shoulder, and pectoral region was tense and brawny, and full of effused blood, which was all the time increasing. The subclavian artery was compressed with the handle of a door-key where it passes over the first rib, and the axillary artery was cut down upon and tied above and below the laceration; the clots were turned out, the bones were set, and the wound cleaned with a warm solution of carbolic acid 1 to 40. In two months the woman left the hospital.

This was a case of unusual occurrence, and is of interest in illustration of the surgical principle of ligating a vessel at the point of injury. There are other conditions connected with the case which might render this line of practice objectionable, and to which exception might be taken, as the converting a simple into a compound fracture. The case was desperate, and one of two things had to be done; either ligate the vessel, and endeavor to save the arm, or practice amputation at the shoulder-joint.

The conversion of a simple into a compound fracture, always a serious injury, and to be avoided if possible, is less feared now, with the use of antiseptic means, which, in this instance, were fully carried out. A most interesting circumstance connected with this case was the accuracy with which he was enabled to ascertain the actual point of injury to the vessel by the use of the stethoscope; the humming of the artery could be distinctly made out to cease at a given point, opposite to which was an abraded portion of skin, and exactly at this point the wound in the vessel was found.

Another point of interest was the return of the radial pulse forty-five hours after ligation of the vessel.

Complete Suppression of Urine, Lasting Fifty-three Hours, followed by Cystitis; Recovery.

Mr. M. B. Shirley reports this case in the *Lancet*, August 25, 1883:

John ——, aged fifty-eight, came to the casualty-room at 10 a. m., on May 18, suffering from stricture of the urethra. He had suffered from stricture for the last twenty years, and had had it frequently dilated surgically. Lister's sounds, from No. 9 to No. 12, were passed, and the patient refusing to stay in the infirmary was allowed to go home. About 3 p. m. he was brought back, having had a rigor in the street.

On admission he complained of great pain in the lumbar region; temperature 102°: pulse quick and full. He was put to bed; brandy was given and warm bottles applied.

May 19, 8 p. m.: He has passed no urine since his admission. 20th, 10 a. m.: He has passed no urine, and is drowsy. Pulse slow and full; temperature 97°. His tongue brown and furred. The catheter drew off two ounces of almost pure blood. The bladder was washed out with a solution of carbolic acid 1 in 100. He was ordered quarter-grain doses of pilocarpine with half a drachm of sulphate of magnesia every three hours. Loins dry cupped. 8 p. m.: The patient perspired freely during the day; still no urine passed. The catheter drew off two ounces of urine, which deposited pus. The bladder was washed out. The patient is better. To continue the medicine. 21st, 10 a. m.: Passed a little urine; still perspiring profusely. Medicine to be continued. 22d, 10 a. m.: Has passed twenty ounces of urine during the last twenty-four hours, which deposited pus. The bladder was washed out with a weak solution of salicylic acid. The medicine stopped. 23d: Sixty ounces of urine passed. One ounce of infusion of buchu ordered three times a day. 27th: The bladder has been washed out twice daily since the last note, with a solution of salicylic acid. The urine is now passed in large quantities naturally. The cystitis is quite disappeared. The patient expresses himself as quite well.

Bone Degeneration in the Insane.

In the Section of Psychology at the late meeting of the British Medical Association (*Brit. Med. Jour.*, September 29, 1883), Dr. Joseph Wigglesworth read a paper on this subject, which concludes as follows:

"As before mentioned, the number of cases included in this communication being small, the induction reached can only be an imperfect one; nevertheless, for the purposes of discussion, it is advisable that certain conclusions should be drawn, which may be thus formulated:

"1. The ribs of lunatics are perfectly healthy in a minority of cases.

"2. The majority present some slight degree of change, which consists in a slight thinning of the external layer of compact bone, and slight enlargement of the Haversian canals; but that these changes are in general merely trivial, and to be correlated with the general failure of nutrition so common in insanity, or with the presence of a wasting disease such as phthisis, or with the advent of old age, or it may be with a combination of all of these; these cases possess, therefore, a general, not a local significance.

"3. In a minority of cases, provisionally estimated at ten per cent., clear and precise lesions are found, produced by considerable internal absorption, which renders the bone very porous and brittle, and brings it under the category of the condition known as osteoporosis. The proportion of cases in which this affection occurs being thus considered to be much higher amongst insane than amongst sane individuals, it would appear to have some causal connection with insanity, of the nature of which we are as yet ignorant:"

A Peculiar Form of General Atrophy Following Diphtheria.

The *London Med. Record*, August 15, 1883, says that Dr. A. Cahn relates (*Centralbl. für die Med. Wiss.*, June 23), the following case from the practice of Dr. Kussmaul:

A boy, aged 14, in consequence of diphtheria, became the subject of paralysis of the palate and pharynx, extending to the lower segment of the œsophagus. The patient complained of severe sense of pressure at the lower end of the sternum after swallowing, the food being regurgitated in from two to four minutes, mixed with a tenacious mucus. The appetite was good and digestion performed, so that disease of the stomach was excluded; but, despite the taking of a reasonable amount of nutritious food, and the gradual improvement of the œsophageal paralysis, the patient lost strength and became emaciated to a skeleton. The pulse was 88 and feeble; the skin was dry and desquamating; electrical excitability of the muscles was normal; the knee-phenomena were absent for a time on the left side, but returned; the reflex action of the cremaster and of the feet was strongly manifested; the action of the bowels was regular; the quantity and quality of the urine were normal, and in proportion to the amount of food taken. The patient being kept in bed for eight days gained weight, from 22.12 to 30.12 kilogrammes (= about 30 lbs. Eng. increase in weight); on leaving his bed, and moving about, his weight speedily again fell to 26 kilogrammes, and then gradually, especially after a slight attack of rubeola, with three days' fever, rose to its former standard.

Kussmaul regarded this disturbance of the nutritive and assimilative functions as analogous to the motor and vaso-motor paralysis often seen after diphtheria.

Primary Tubercular Arthritis.

Dr. F. Arnaud thus concludes a paper on this subject in the *Rev. de Chirurgie*, July, 1883:

1. Tuberculosis of the synovial membranes is primary and independent of osseous lesions, or secondary (osteo-arthritis), and consecutive to the development of tubercles of the epiphyses.

2. Primitive tuberculization, with which we are now concerned, is manifested in the synovial membrane under the two anatomical forms of grayish granulations, and microscopic elementary tubercle. This elementary tubercle always accompanies the granulation, but it may exist alone, independent of any tubercular lesion visible to the eye.

3. Synovial tubercles have been found and studied in fungous tissue, but may be observed in the absence of any fungous alterations, and also in the fistulous tracts in the walls of periarticular abscesses, especially where the new growth has developed by a true inoculation.

4. The tuberculous nature of chronic arthritis may easily pass unperceived unless microscopic examination be made. It is important in all cases of arthritis, with or without osseous lesions, to make a complete anatomical and histological examination of the synovial membrane and of the periarticular tissue.

5. We believe that ultimate researches will demonstrate the tuberculous nature of a certain number of white tumors of the soft parts, of fungous or non-fungous chronic arthritis, hitherto attributed to scrofula, rheumatism, and unknown causes.

Deformity of Femur after Fracture—Forcible Straightening.

When we call to mind how often the surgeon is chagrined at the deformity which has resulted from a fractured femur in spite of all his care, we will derive a ray of comfort from the case reported in the *Medical Press and Circular*, September 12, 1883, by Mr. William Berry.

The patient, aged 26, returned to work four months after the accident with a comparatively straight limb. He says that it gradually bent, and got weaker. On examination a large amount of callus was found around the seat of

fracture; there was two and a half inches of shortening, and the bone seemed firmly united at an obtuse angle. On the 14th of December, 1882, osteotomy was proposed, and the patient was placed under chloroform. Before operating, however, it was considered advisable to try the effect of forcible pressure. After applying a great amount of pressure, it was found to have straightened somewhat. A long splint was then applied, and a piece of gutta-percha moulded over the seat of fracture was firmly bound on. This treatment caused absorption of some of the callus, and resulted in the straightening of the limb after an application of four weeks. The patient was discharged on January 17, 1883, with the limb considerably straighter and a trifling amount of shortening. Three months afterwards he was seen, and the union was found to be quite firm, the leg straight, and the man walking with very little lameness, and shortly after this he recommenced his ordinary work.

The Treatment of Acute Bronchitis.

With the view of promoting free secretion from the bronchial mucous membrane, Dr. Main (*Glasgow Med. Jour.*, September, 1883,) has found nothing more useful, both for adults and children, than the following:

℞.	Potass. bicarb.,	℥ ij.
	Tr. hyoscy.,	℥ ij.–ʒ iv.
	Spt. æth. nitrosi,	℥ ss.
	Spt. chlorof.,	℥ ij.–ʒ iij.
	Aq. ad.	℥ xij.
M.		

And,

℞.	Acidi citrici,	℥ ij.–ʒ ij.
	Aq. ad.	℥ vj.

M. Sig.—Two tablespoonfuls of the former mixture to be taken with one of the latter during effervescence every three or four hours (for an adult).

If the secretion be profuse and the heart's action weak, he has often found the following mixture useful:

℞.	Acidi nitrici dil.,	ʒ ij.
	Tr. bellad.,	℥ ij.
	Spt. chloroformi,	℥ ij.
	Aq. ad.	℥ xij.

M. Sig.—Two tablespoonfuls every four hours (for an adult).

"In dealing with children, it is well to bear in mind that, if the amount of secretion be excessive and embarrassing the breathing, a timely stimulating emetic, such as carbonate of ammonia, or mustard, often proves invaluable. This now brings us to the stage approaching convalescence, in which such drugs as quinine, vegetable bitters, steel, nux vomica, and the dilute mineral acids, all have their uses; and when convalescence has become established, I am of opinion that if we can get our patient persuaded to take cod-liver oil for a month or two, it has the effect of preventing a fresh attack."

Knee Hæmarthrosis.

Since such conditions must be very common, it is well to call attention to the practical paper on this subject read before the last meeting of the Brit. Med. Ass., by Dr. John Fagan (*Brit. Med. Jour.*, September 22, 1883). Its distinctive characteristics as compared with synovitis are these:

Hæmarthrosis.	Synovitis.
Swelling rapidly following injury.	Swelling after a varying interval.
No heat; little, if any, pain.	Heat and pain.
Joint can be moved.	Joint usually fixed.
Absence of fever.	Fever more or less.
Swelling does not subside under ordinary treatment, or does so only to a moderate extent.	Swelling subsides under appropriate treatment

Dr. F. has so far treated fifteen cases by aspiration. He punctures the joint with the large needle of the aspirator, a little above and to the outer or inner side of the patella, whichever is the more prominent; the needle is then directed obliquely under the patella. After the fluid is completely removed, he places a small piece of lint, saturated in friar's balsam, over the puncture, puts a bandage firmly round the joint, places the limb on a back-splint, and applies ice bags. If the swelling does not entirely subside in a few days, he punctures again, and, unless some complication occurs, the joint is usually restored to its normal condition within two or three weeks.

Removal of the Thyroid Gland.

Some curious after-effects of this operation have been observed by Prof. J. L. and Dr. A. Reverdin, who have published an account of twenty-two operations in the *Revue Médicale de la Suisse Romande* (1883, Nos. 4, 5, 6). In five of the cases, after some months, there ensued weakness and coldness of the limbs, loss of appetite, slowness of speech, diminution of the memory and progressive anæmia, accompanied, in two cases, by a peculiar œdema, most marked in the face, and very like that which occurs in myxœdema. These symptoms partially disappeared after about

three years. They occurred only after total removal, and are due, according to the authors, to a lesion of the vaso-motor nerves and a mucoid infiltration of certain tissues. While these serious conditions must be considered in the prognosis, yet the authors hold that the operation ought to be performed when there are symptoms of imminent danger, such as attacks of suffocation, and also in cases of retro-sternal or rapidly-growing goitre, when the ordinary treatment has proved useless.

A New Treatment for Glaucoma.

The *Lancet*, June, 1883, says:

From a review of the thesis in *L'Union Médicale*, we learn that M. Trousseau, *ancien interne des hôpitaux*, has arrived at certain conclusions with regard to the value of what is believed to be a new method of treating glaucoma. The method consists in stretching the external nasal nerve. The details are not mentioned, but it would appear to be a measure of very simple sort, and of innocent application. It is believed that it may succeed when iridectomy and sclerotomy have failed. The prodromal stage is not too early for its application, and the necessity of having recourse to the gravest measures may be prevented. Other sensory nerves of the orbit ought to be tried if elongation of the external nasal fail. The above conclusions were drawn from the results of ten observations. Allowing the truth of the assertions, the explanation would be of as doubtful a nature as the *rationale* of the nerve-stretching in locomotor ataxy. We may truly say *Ignotum per ignotius*.

Amputation of Both Upper Arms—Surgical Scarlet Fever—Recovery.

Mr. Godlee reports (*Med. Times and Gaz.*, September 29, 1883), the case of a man in whom both arms were amputated by a locomotive:

The interesting points in this case are—first, the small amount of shock and the rapid recovery, considering the severity of the injury; secondly, the difficulty of understanding how it was possible for the man to suffer amputation of both arms above the middle without at the same time sustaining any injury to the head; and, thirdly, the fact that, although the stumps remained typically aseptic, he suffered from a well-marked attack of what is known as surgical scarlet fever. After the stumps were healed, he was provided with two artificial arms, with both of which, when last seen, he could execute a considerable variety of movements.

Carbolized Sawdust as an Antiseptic Dressing.

Dr. H. P. Symonds recommends it in the *Lancet*, September 22, 1883. He prepares it by soaking saw-dust in a 1–10 solution of absolute phenol and spirit of wine, he then allows it to dry slightly so that the spirit may evaporate, leaving the saw-dust charged with carbolic acid. When used, it is enclosed in a bag made of several layers of gauze, and applied outside the deep dressing, the usual external dressing being put over it. Its absorbent power is very great, and it keeps up an equable pressure on the divided tissues. The three points in its favor are its powerful antiseptic qualities when saturated with carbolic acid, its great absorbent power, and its adaptability to any surface. The sawdust should be coarse, as if it is very fine it passes through the gauze and irritates the skin.

Diphtheritic Infection Through an Ear-ring.

In the *N. Y. Med. Jour.*, July 28, 1883, Dr. A. Jacobi related the history of a case illustrating the conveyance of contagium of diphtheria by means of an ear-ring. The patient, a little girl, seven years of age, had been removed from home during the course of her sister's fatal illness, and had returned on the day of the funeral. The ear-rings which the deceased child had worn had been superficially cleansed, and given to the sister to wear two days later. Shortly after, one of the ear-ring holes became inflamed, and the next day the lobule of the ear was covered with a white deposit; soon after, a previously-existing blistered surface behind the other ear had a diphtheritic membrane formed on it, and a day later diphtheria of the pharynx was developed.

Unusual Complications of Pneumonia.

In the *Brit. Med. Jour.*, August 25, 1883, Dr. Sidney Thorp writes:

I have had several cases of pneumonia during the last two months. Two at least out of them terminated fatally. One was a man, a laborer, aged fifty, who, on the fifth day of the attack, had his case complicated with inflammation of the submaxillary glands on both sides. They were frightfully swollen in twenty-four hours. I could not account for it, and I should be very glad to be enlightened on the subject. I should like to know if this is not very unusual in pneumonia. The second case was a butcher's boy, aged 15, not a very strong lad. This case terminated in gangrene of the lung on the seventh day. He was actively employed at his work up to the time of

the attack, and did it cheerfully, but I believe his spirits were greater than his physical strength.

Frequency of Mental Depression in General Paralysis of the Insane.

The *London Med. Record*, July 15, 1883, says:

Struck with the comparative rarity of mental exaltation and grandiose delusions in the cases of general paralysis coming under his notice at Vaucluse Asylum, Dr. Camuset gives, in the *Annales Médico-Psychologiques* for May, 1883, the result of a careful study of all such cases among the male patients of that asylum from January, 1882 to January, 1883. The number of cases tabulated is 173. The mental condition was one of simple dementia in 44 cases; it was characterized by depression in 81 cases, and by exaltation in only 39 cases. Nine cases are unclassified, as they were either very rapid and acute, or presented varying symptoms.

Effects Upon Local Temperature of Nerve-Stretching.

The *Med. Record*, July 21, 1883, tells us that Dr. Redard has determined, from experiments upon dogs and rabbits, that the temperature of a leg falls 1° to 2° C. immediately upon stretching the sciatic nerve. Exceptionally there is at first a slight rise, followed speedily by a lowering of the heat of the part. It is worthy of note that the temperature of the opposite leg also falls slightly, a fact which would go to show that nerve-stretching exerts some influence upon the central nervous system. The temperature of the sound side rises to the normal in a few days, while that of the other side requires months for its restoration.—*Centralbl. für Chirurgie*, April 21, 1883.

Artificial Impregnation.

With nothing to gain to science, and with the danger of establishing an excuse for immorality, if successful, some men have been trying off and on to artificially impregnate women. Taking advantage of this fact, a physician in Bordeaux advertised that he could cure sterility in either sex. A childless couple secured his services; he not only did not succeed in impregnating the woman, but he caused some pelvic trouble, which in turn caused his patients to refuse him the agreed-upon fee. He took the matter to court, claiming that he had impregnated the woman, and that she had wilfully produced an abortion on herself. The court not only disallowed his claim, but very justly condemned the operation and the operator.

Tracheotomy for the Extraction of a Tooth from the Left Bronchus.

Dr. Robert F. Weir reports (*New York Medical Journal*, October 13, 1883), the case of a young woman who was having a tooth extracted under ether, when it slipped from the forceps and was drawn into the left bronchus. Its location could be determined. After etherization, she was turned head downwards, but this failed to dislodge the tooth. Tracheotomy was then performed, and a pair of dressing forceps, bent at four inches from its end to an obtuse angle, was introduced, but the tooth could not be grasped. A long untwisted loop of slender silver wire was passed down until by good luck it came in contact with the tooth, the forceps passed over it, caused it to take hold, and the tooth was removed. Rapid recovery ensued.

Malarial Laryngitis.

In *Rev. Med. Franc. et Etrang.*, Dr. E. Briand concludes that:

1. There exists a form of laryngitis due to malaria, characterized by congestion of the larynx, giving rise, from a symptomatic point of view, to the functional signs of true croup.

2. This variety of laryngitis differs from laryngismus stridulus by the symptoms, course, and prognosis, and generally yields to treatment by sulphate of quinine.

3. It is not very rare in infants, and may be recognized by the fact that it is preceded or followed by malarial manifestations.

Syphilitic Fever.

A valuable case is that reported by Dr. Dufiocq in *La France Med.*, August 30, 1883, where a young man, twenty-five years of age, exhibited all the symptoms of typhoid fever. The great extent of the eruption excited suspicion, and a further examination revealed a cicatrix resting upon an indurated base on the glans penis, with enlarged inguinal glands. Under anti-syphilitic treatment he recovered in about two weeks. The early appearance of the eruption (third or fourth day), and its abundance, are valuable diagnostic signs in the differentiation of syphilitic from typhoid fever.

The Use of Antimony in Skin Diseases.

In the course of a paper on this subject read before the late meeting of the British Medical Association, Dr. Malcolm Morris (*Brit. Med. Jour.*, September 22, 1883,) says that tartar emetic, in doses of $\frac{1}{240}$ to $\frac{1}{12}$ of a grain, according to age,

can not only be tolerated, but it seems to have a decided tonic action, and that in those acute forms of skin disease that are usually aggravated by arsenic, such as eczema, erythema, prurigo, sycosis, urticaria, and psoriasis, it will prove useful.

Laryngeal Stenosis after Measles.

A child aged four years was suffering from great dyspnœa and alarming convulsions. The trouble commenced after an attack of measles, at six months, with hoarseness, followed latterly by aphonia and dyspnœa. The dyspnœa was so urgent that tracheotomy was performed, from which the child made an uninterrupted recovery, though it has yet to be decided whether any further operation is needed to remove the permanent laryngeal obstruction. Dr. G. Hunter Mackenzie reports this case in the *Edinburgh Med. Jour.*, October, 1883.

Iodoform in Fissure of the Anus.

In connection with the recommendation of this drug by Dr. Thomas Hay (Vol. xlviii., p. 399), our readers will be interested to learn that Dr. Alexander R. Beeker has used it in the form of suppositories (*Boston Med. and Surg. Jour.*, October 11, 1883,) with marked benefit, but, although the patient had only used sixteeen grains in six days, marked toxic symptoms set in. There was great sleepiness, severe headache, and an excessively bitter taste in the mouth. After much sleep and a gentle aperient, she recovered entirely.

Arsenical Poisoning.

It is reported from Washington that the lady clerks employed in the Treasury to count the bank-notes are frequently poisoned by the arsenic contained in the paper; sores break out on their hands, and where the face is touched with the fingers similar sores appear. The report recites the various measures that have been, without avail, institnted to prevent this poisoning; but among them we fail to note the simple and effectual one of excluding arsenic from the manufacture of the paper.

Undetected Cancer of the Stomach.

As evidencing how insidious may be the course of this disease, two cases reported in the *Lancet*, September 29, 1883, by Dr. J. B. Pike, are interesting. In the one the only noticeable symptom was occasional colic, while in the other (a bedridden woman aged 84,) easily-checked diarrhœa was the only symptom. In both cases the appetite and digestion were good. In both cases the post mortem revealed extensive scirrhus of the stomach.

Sarcoma in the Common Fowl.

Dr. G. Parker reports (*Brit. Med. Jour.*, September 1, 1883,) a case of sarcoma occurring round the margin of the left eye in a common fowl, forming a thick, prominent fleshy ring. Upon microscopical examination, it consisted almost entirely of small, round cells, with some spindle-shaped ones, the latter possessing more than one nucleus, and forming an infiltrating mass between the layers of subcutaneous tissue.

Ether in Typhoid Fever.

A French physician considers hypodermic injections of ether very valuable in the adynamic forms of the disease. He reports five cases so treated. Two injections, of twenty drops each time, were made daily, and under its influence the patient was aroused and delirium ceased. In pneumonia, these injections are of the greatest utility, as they are in every malady assuming a typhoid form.

Laville's Gout Mixture.

An analysis of this medicine was published in a recent number of the Berlin *Industrie Blätter* as follows:

	Grammmes.
Quinine	0.5
Cinchonine	0.6
Colocynthine	0.25
Lime salts	0.49
Coloring matter	0.3
Alcohol	10.0
Water	8.5
Port wine	80.0

Arterio-venous Aneurism of the Posterior Auricular Artery.

In the *North Carolina Med. Jour.*, June 1, 1883, Dr. Frank Duffy reports a case in which a partial cure was effected by ligation of the common carotid. There is still a small fluid portion with a little pulsation, which will require another operation for its entire cure.

External Otorrhœa.

The following solution has been highly recommended in cases of long-continued otorrhœa due to external otitis:

℞. Acid. salicylic, ℥ss.
Sp. vini rect., } āā ℥iss.
Aquæ destill., }
M. Two injections daily.

Neuralgia Treated by the Tuning-fork.

Dr. Rasori applies the tuning-fork, while vibrating, over the course of the painful nerve. The sitting usually lasts about half an hour, and the patient is generally relieved without further treatment. He records his method in the *Cinn. Lan. and Clin.*

Sulpho-Carbolate of Soda for Bee-stings.

Dr. Thomas Edwards, in the *Lancet*, September 22, 1883, says that in a case of great swelling of the face from the sting of a bee he gave fifteen grains of this drug in an ounce of water every four hours, with most gratifying results.

The Treatment of Goitre.

In an article on the subject, in the *Edinburgh Med. Jour.*, July, 1883, Mr. A. T. Sloan says that those who have submitted to it, have been much benefited by painting the swelling with iodine and the use of iodide of potassium internally.

Poisoning by Internal Use of Chloroform.

Dr. J. Freidman reports three cases in the *St. Louis Courier of Med.*, September, 1883. In two cases he found the patients in convulsions, which were controlled by the hypodermic injection of morphia. In the third case the quantity taken was less, and there were no convulsions. All recovered.

Nitrogen Inhalations.

Dr. G. T. Gatchkovsky (*Vrach Vedom*, 1882, No. 538) makes his patients with certain pulmonary diseases (chronic bronchitis, etc.,) inhale a mixture of nitrogen gas and air from a special apparatus, from ten to twenty minutes daily, three or four successive weeks.

Carbolic Acid in Diarrhœa.

A correspondent of the *Brit. Med. Jour.*, August 18, 1883, recommends it very highly. He gives it in half-minim doses combined with bismuth and aromatic confection in the vomiting and diarrhœa of children. In adults, he uses it in minim doses.

CORRESPONDENCE.

Reply to a "Just Criticism."

EDS. MED. AND SURG. REPORTER:—

In a recent issue of your valuable journal there appears a letter headed "A Just Criticism." Permit me to briefly animadvert upon the subject matter of the same. The writer enters his complaint to the effect that physicians "seem so indifferent to imparting the information gained by experience and observation." While I am not disposed to rush to the defence of physicians of "experience" against this charge of dereliction of duty, yet I shall aim to set forth a few reasons for their apathy in this particular, and then suggest a practical method to meet the desire of Dr. Reese.

1. Physicians of experience have won their laurels by close attention to the demands of their calling, have scaled the heights after arduous and often unrequited toil. Thus they have acquired a store-house of information concerning disease in its varied phases. This is their legitimate property, and they are under no obligations to part with it unless sufficiently compensated therefor. There is no profession or business that offers to its members better facilities to master its details than are afforded to medical men. Colleges devoted to teaching the "healing art" are numerous, and competent instructors occupy the several chairs. The lectures delivered each year summarize the advanced state of medical science, and are intended not only for the student, but are at the disposal of the profession at large. Every well-regulated medical journal gives a synopsis of these lectures for the benefit of its readers, and in the editorial columns will be found subjects of a pertinent and striking nature ably handled.

2. Physicians who occupy the front rank are generally of the most modest class. They are apt to put too low an estimate upon their gleanings, and hence are slow to burthen medical journals with what they regard as common-place and unworthy of special concern. There is another class however, who are too selfish or "high-toned," and like a miser with his gold, they will permit no one to share with them the fruitage of their labors. Hence, with some worthy exceptions, we have had to depend for "reports of cases" upon those impulsive individuals who are too prone to cry "*Eureka*," or who are fond of seeing their names in the medical journal.

3. The remedy is partially comprehended in No. 1. But there are other points in this connection necessary to complete the chain. Every physician should aim to study the diseases within the circuit of his practice, for it is well known that disease, while possessing the pathognomonic or characteristic symptoms, manifests varied phenomena in the localities it invades. The change may be slight, but is frequently so marked that an "experienced" physician of another section may fail to prescribe a suitable remedy. For this reason the "country practitioner" should not depend to too great an extent upon the erudition and superior skill of the "city doctor," or other physicians of note. Apropos to this, I will say that every "busy practitioner" should keep a record of all the cases he treats, including the remedies he prescribes; he should also note down in a convenient place recipes that have withstood the crucial test of experience and not been found wanting.

Finally, I would suggest that editors of medical journals send out occasionally medical reporters for the purpose of interviewing eminent physicians, and thereby obtain for publication their views of the pathology and experience in the

treatment of diseases prevalent in the country, to the extent of their desire to impart information. In this way many valuable and practical "helps" can be obtained and afterwards utilized by the less fortunate members of the profession.

S. Stevenson, M. D.

New Bedford, Pa.

The Treatment of Vesical Catarrh.

Eds. Med. and Surg. Reporter:—

The *Medical News* of October 6, 1883, contains an editorial under the above heading, to which some exceptions can be taken by those who are neither captious nor hypercritical.

The writer says: "This being the unsatisfactory state of our therapeutics of this troublesome malady, any suggestion which promises to be efficient will, of course, be gladly received."

Although the writer of this may not so intend it, this apparently is the decision of desperation, and the patients who may be indiscriminately subjected to the treatment recommended, may find that they have escaped the dangers of Scylla only to fall into the clutches of Charybdis. According to this writer, there are three distinct forms of vesical catarrh:

1. That due to cold.

2. That resulting from extension of a gonorrhœal inflammation.

3. That caused by decomposing urine due to obstruction, and the introduction of decomposition bacteria, whether through unclean catheters or otherwise.

Referring to Drs. Boegehold and Edlefsen as authority, he says the first two forms of this disease are especially amenable to chlorate of potassium and the salicylate of sodium. Dr. Boegehold says of their use, that for certainty, promptness, and convenience, there is no equal.

The method of using these remedies in the case of cystitis due to cold, as well as that caused by extension of a gonorrhœal inflammation, is as follows: The chlorate of potassium is prepared in the strength of a five per cent. solution, and a tablespoonful taken internally every two hours; and if necessary, after the acute stage has subsided, a three per cent. solution may be injected into the bladder. In the meantime, the salicylate of sodium, either in the form of wafer or in solution, is given internally in doses of seven and one-half grains every two hours. Under this treatment it is said the acute symptoms will generally be found to have abated in the course of four or five days, but the remedy is to be continued for a week longer.

Notwithstanding the positive testimony of Drs. Boegehold and Edlefsen, this method of treatment should not be undertaken without a word of caution. In the first place, it is well known that paralysis of the motor ganglia of the heart occurs when salicylic acid in considerable doses is long continued, and that the damaged condition of the kidneys may prevent its elimination. This remedy, in large doses, is therefore contraindicated in diseases of the heart, the kidneys, and in chronic alcoholism. Again, Professor Bartholow has pointed out that the use of chlorate of potassium is not without danger, and that much mischief follows its indiscriminate administration by both the profession and the laity. He says: "The drug passes through the system unchanged and is not decomposed; that, diffusing readily into the blood, the red corpuscles are affected, and this fluid assumes a chocolate color, thus developing hæmatoginous jaundice." * * * "The motor ganglia of the heart are poisoned, and in case of death ensuing, the heart is found to have ceased in diastole, the muscles being poisoned (Ringer and Murrell), but the less highly organized tissues do not seem to be so affected, and the muscles of the periphery do not suffer."

John Aulde, M. D.

Philadelphia, October 11, 1883.

The Physical Condition of a Man about to be Hung.

Eds. Med. and Surg. Reporter:—

Yesterday an opportunity of making a physical examination of a man about to be executed for murder was afforded Drs. Myers, Dinnen, Porter, and myself. The examination was made just one hour previous to the execution, and the following observations were made:

L. McDonald, aged twenty-eight years, five feet nine inches in height, weight 196 pounds; apparently in perfect health to outward appearances, calm, collected, and indifferent to the awful fate awaiting him. On closer inspection, appeared to be in a kind of dazed condition, produced, no doubt, by horrible mental suffering. Muscular system tremulous and somewhat relaxed; pupils of eyes slightly dilated; efforts at swallowing repeated twice per minute; respirations, twenty-eight per minute; inspiration quick and spasmodic; expiration longer than inspiration; pulse 112, apparently full and bounding.

A tracing was taken (a duplicate of which is in my possession), with Pond's sphygmograph, which, while it showed the effects of the stimulant he was taking in the form of hot whisky punch, in other respects was identical with the tracing of a man suffering from the shock incident to a severe bodily injury. I do not think he was fully conscious of his surroundings. He obeyed our requests automatically. His stoicism remained to the last. Just prior to adjusting the noose, he was given an opportunity to speak. In a trembling voice, husky with emotion, he asked forgiveness. The trap was sprung, and his pulse was taken and announced each quarter minute by Dr. Myers. The third quarter of first minute it was twelve beats per fifteen seconds. It increased rapidly until the last quarter of the fifth minute, when it was thirty-eight per fifteen seconds. It now rapidly declined, or rather became indistinct, until the end of the seventh minute, when it could no longer be discerned. A stethoscope was now applied to the cardiac region and the heart's action noted. The eleventh minute it made 120 strokes—weak and irregular—and rapidly merged into an indistinct fluttering sound, which was maintained until the end of the fourteenth minute. At the end of the fifteenth minute, life was pronounced extinct, and the body was cut down. There was complete dislocation of the cervical vertebra.

J. W. McCausland, M. D.

Fort Wayne, Ind., Oct. 10, 1883.

A Reliable Tænifuge.

EDS. MED. AND SURG. REPORTER:—

In your issue of September, 1883, Dr. Johnson asks for a reliable tæniacide. I would suggest that he try the capsules of male fern and kameela. prepared by Dundas Dick & Co. In my article published in the REPORTER, March 17, 1883, I report several cases, and Dr. Melsheimer, in the issue of April 21, 1883, reports another successful cure. Since then I have had occasion to administer the capsules in two cases, both with happy results.

In conclusion, may I be allowed to ask the doctor to report the result, either in your columns or by private communication?

STANLEY M. WARD, M. D.

Ellenville, N. Y., October 8, 1883.

Diseases of Monkeys and of Men.

EDS. MED. AND SURG. REP.:—

In your number for October 13, a communication by Dr. J. B. Sutton to the *Lancet* is noted as furnishing a "Weapon for the Opponents of the Popular Idea of Darwinism—*i. e.*, Our Descent from Monkeys." His points are thus stated:

"1. The infrequency of tubercle.

"2. The remarkable absence of tumors.

"3. The absence of kidney disease of any description; while the great frequency of these diseases among human beings is well known."

Now, Messrs. Editors, please do not consider me hypercritical if I take the other side of the question, and insist that Dr. Sutton's conclusions, even if granted, do not really make against the doctrine of evolution. This doctrine or theory cannot yet be claimed to have been conclusively established; but to confute it, stronger arguments will be necessary than any possible shortcomings of the anthropoids in the matter of their diseases as compared with those of man.

It may well be assumed that diseases undergo evolution as well as the species of plants and animals. The refinements and luxuries of civilization, to say nothing of its vices, have produced many morbid processes which were probably quite unknown to man in his simple privitive state. The various races and nations of to-day differ widely as to the relative prevalence of certain maladies among them. To go no further, for example, every physician is familiar with the marked differences in this respect between the white and black races. Hence, if Dr. Sutton's observations disprove the alleged kinship between mankind and the anthropoids, they demonstrate an equally wide difference between the blacks and whites.

Let us examine Dr. Sutton's three points a little more in detail:

1. As to tubercle. We do not understand how the doctor has obtained any reliable vital statistics concerning the wild monkeys—those still in the woods. In their native haunts, leading, as they are supposed to do, a strictly out-door life, and generally in tropical climates, they ought *a priori* to enjoy a great immunity from all the serious pulmonary complaints. But there is a widely prevalent impression that in confinement these animals are very prone to die of tubercle.

2. There is no apparent reason why monkeys should be exempt from tumors, particularly as our ordinary domestic animals are not exempt from them. But then, the pathologists have not yet learned what causes tumors.

3. This is a very important point. Monkeys, with all their faults, are not usually addicted to the use of any kind of stimulants. Neither the American frying-pan nor any of the seductive devices of French cookery have yet been introduced among them. They do not regularly eat twice what their bodies require, and rely upon alcohol, hot spices, and other disturbing agents, to whip up their overtasked stomachs, livers, and kidneys. Why should they not have healthy kidneys?

Dr. Sutton's points are certainly interesting, and merit careful attention. They show that man, notwithstanding the possession of organs remarkably similar in structure to those of the higher animals, has developed *pari passu* with his intellectual and æsthetic faculties such intemperate and enervating habits that he has come to be plagued by a whole brood of destructive maladies peculiar to himself, which have, no doubt, resulted directly from his violations of nature's laws.

While these points, therefore, afford ample material for reflection, they do not seem to me to count very strongly against the theory of evolution.

BOARDMAN REED, M. D.

Atlantic City, N. J., October 21, 1883.

NEWS AND MISCELLANY.

Harvard Medical School.

The celebration of the one hundredth anniversary of the foundation of the Harvard Medical School took place October 17 in Huntingdon Hall, Institute of Technology. In the rear of the platform, heavily draped with maroon, was the portrait of Dr. Oliver Wendell Holmes, and beneath it a marble bust of Professor Henry J. Bigelow, both gifts to the school, the presentation of which formed part of the order of ceremonies. On the platform were seated President Eliot, Francis A. Walker, president of the Institute of Technology, nearly all the members of the Faculty of the University and Medical School, Colonel Henry Lee, Mayor Palmer, and others. Addresses were made by the president and Dr. Oliver Wendell Holmes.

Dr Holmes, in the course of his speech illustrating the microscopic facilities of the school, said: "A man five feet high, enlarged to correspond with the microscopic power used, would be a mile high; would weigh one hundred and twenty billion pounds, and could pick up the State House and chuck it into the sea, cleaning out that ancient structure by a summary process (shouts of laughter), which would put to shame the exploits of Commodus and his kind." Next the dissecting room was considered, and in reply to Governor Butler's recent attacks Dr. Holmes said: "It is easy always to excite the odium of the ignorant against dissection, but in view of its great value to mankind the intelligent should always defend it against appeals to ignorance and passion, espe-

cially against such inflammatory appeals as lead to well-grounded apprehension of noonday mobs and midnight incendiaries. In the face of all peccadilloes and idle slanders, the difficult and delicate duties of the several demonstrators have always been discreetly and humanely fulfilled, and the record of the school is most honorable both to them and to the classes they have instructed. Let us remember, amid the false and foolish stories to which we are compelled to listen, that for every lifeless body dissected at the Harvard Medical School, hundreds, if not thousands, have been saved from extreme anguish, and many from premature death, as a result of that dissection. Human remains preserved in every way calculated to illustrate scientific discoveries are in the museum of the school. Some tanned skins were there, but I have not seen them lately. Perhaps the cases may have been left open when unscrupulous strangers were strolling through the building. [Great laughter.] It may even have happened that some poor man whose leg was amputated may have given leave that the skin taken from it should be tanned, in consideration of the promise of a wallet or perhaps a slipper for his remaining foot. At all events, the museum is one of great value to science, and is an attraction to all scientific visitors. Let us take heed lest, the passion of the ignorant once aroused, it may share the fate that once befell the incomparable libraries of Alexandria."

The Ætiology and Transit of Cholera.

In the course of a paper entitled "Asiatic Cholera and its Invasions of Europe," by Dr. C. A. Cameron (*Dublin Jour. Med. Sci.*, August, 1883), the following occurs:

There is strong proof adduced by Dr. C. MacNamara, in his valuable work on Cholera (London, Churchill, 1870), that cholera is endemic not only in the valley of the Ganges, but also throughout a large portion of the Presidency of Bombay and Madras, and that it is probably endemic in nearly all the Indian seaboard cities. The strongholds of the disease are the cities of Dacca and Calcutta. The disease declines northwest from an imaginary line drawn northeast through Saugor, Allahabad, and Gorruckpore, to the foot of the Himalayas, and increases to the eastward of this line. It is not endemic in the Punjâb, Rajputana, or Sinde. The evidence collected by the Cholera Congress at Constantinople appears to prove that cholera is not endemic in Persia or Arabia; nor does it appear to have an abiding place in China or Central Asia. It is not likely, therefore, that it is endemic anywhere out of India.

Cholera has rarely appeared in any part of the world distant from India without having made its presence felt in the intervening regions. No doubt in two or three instances the disease has broken out under circumstances which appeared to indicate a sporadic origin; but in nearly all those very exceptional cases it was not found impossible to account for its occurrence. An outbreak happened in Syria in 1875, at a time when the nearest point at which cholera existed was Western India; how the disease was introduced was not ascertained. In 1873 cholera appeared, apparently sporadically, in New Orleans. Inquiries were made, the results of which appeared to show that no ship from a cholera-infected port or country had come into New Orleans that year. Subsequent investigations, undertaken by a Commission appointed by the United States Government, led to the conclusion that quarantine regulations were so lax that it was quite possible for a ship to have been admitted with cholera virus on board.

It would not be difficult to trace every extensive outbreak of cholera which occurred during the epidemics of the present century in Great Britain and Ireland to contagion imported from abroad. All the local outbreaks in Ireland during the epidemic of 1849 were traced to the English *foci*—namely, Liverpool, Sheffield, and Cardiff. I have shown that in 1830–32 a chain of cholera-links connected Scandinavia with India. A careful study of the history of cholera epidemics must convince every unprejudiced inquirer that India is the native *habitat* of cholera, and that it never originates in any other country. It will be seen, too, that the disease has never traveled from the East faster than man has travelled.

New Suture Carrier.

An ingenious instrument known as "Goetz's Suture Instrument with Endless Thread," has recently been offered to the profession by the house of John Reynders & Co., New York. It is shown in the adjacent cut:

This instrument combines in one, needle, needle-holder, ligature thread and disinfector. It consists of a hollow cylindric part A D, holding at the end D a reel, upon which silk is wound, and to which at C the cap B is to be screwed. The hinge at C facilitates filling of the cap B with carbolized oil or any other disinfectant, whilst the part D of A D is in the cap. At C there is a washer which prevents leakage. The spool D is readily removable from its encasement for winding silk upon it whenever the supply has been exhausted. Through C there is a perforation by which the silk passes out of A D and directly to the eye of the needle, which is near its point (in this respect the figure is incorrect—it appearing as though the needle was hollow, which is not the case). A straight and curved needle go with the instrument, either of which can be attached straight forward or at right angles with the same. It can be readily seen how, after once threading, this troublesome manipulation need not be repeated, regardless of the num-

ber of sutures to be made, as long as the supply of silk holds out, which, when the spool is fully charged, is sufficient for several large operations.

The Wholesale Druggists in Session.

The National Association of Wholesale Druggists began its ninth annual meeting at Delmonico's October 17; Horace Benton, of Cleveland, presiding. About three hundred members were present. The following officers for the ensuing year were elected:

President—W. A. Gellaly, New York.

Vice-Presidents—W. B. Blanding (Providence), John McKesson, jr. (New York), J. J. Thompson, Arthur Peter (Louisville), F. W. Schulte.

Secretary—A. B. Merriam, Cincinnati.

Treasurer—S. M. Strong, Cleveland.

Board of Control—John Burdsal, Cincinnati; A. A. Mellier, St. Louis; Louis T. Lazelle, J. W. Rankin, Atlanta, Ga.; E. Waldo Cutter, Cincinnati.

The annual address was read by President Benton.

A Canadian Sanitary Association.

A sanitary association, based upon the lines of the American Public Health Association, has been formed in Canada by representative men from all parts of the Dominion. The object of the association is to consider all sanitary questions, strengthening the hands of local and provincial boards of health, and bringing to the notice of Parliament sanitary matters needing reform. The first discussion-meeting is to be held at Montreal, at the same time as the British Association meeting.

Items.

—A new medical college in Cincinnati has been organized under the title of the Medical University of Ohio.

—The Emperor of Russia has ordered a hospital to be opened in St. Petersburg for diphtheria patients, where the homœopathic treatment only will be adopted. A matron and eight nurses have been sent by the Red Cross Society.

—"I understood you to say that your charges would be light," complained a patient when his doctor handed him a tremendous bill. "I believe I said my fees would be nominal," was the reply; "but——" "Oh, I see," interrupted the patient, "*phe*-nomenal!"

—We have reason to believe (says the *British Medical Journal*, September 29, 1883,) that a medical congress will be held at St. Petersburg next October for the purpose of discussing all matters connected with cholera. MM. Charcot and Pasteur and other European authorities are said to have promised to be present.

—All the European powers have signified their adhesion to the proposal of the Italian Government to summon a conference at Rome, with the object of making sanitary regulations, and drawing up an international sanitary code. Signor Mancini, Minister for Foreign Affairs, will shortly address a circular to the Powers on the subject.

—In the Obstetric Hospital of Milan, Professor Porro has just performed, for the fourth time, the now well-known modification of Cæsarian section which bears his name. The *Gazetta degli Ospitali* states that the operation, which was undertaken at the ninth month in a rickety woman, only lasted twenty minutes. The mother was progressing favorably at the end of a week.

—On Wednesday, October 17, Harvard Medical School celebrated its centennial anniversary and dedicated its new building. The celebration consisted in an address by the President of the University, an oration by Emeritus Professor Oliver Wendell Holmes, and the presentation of a portrait of Prof. Holmes and a bust of Prof. Henry J. Bigelow. Subsequently the new building was dedicated.

—A paper was read recently before the Tennessee Medical Society with the striking title, "A People Without Consumption, and Some Account of their Conntry." The country in question is the Cumberland plateau. The writer, Dr. Wright, has practiced in the region throughout a generation, and in his assertion of fact touching the entire absence of consumption, he is supported by the testimony of about twenty other physicians of standing.

MARRIAGES.

DAVIS—CRESSWELL.—In Petersburg, Pa., October 3, 1883, by the Rev. Preston Barr, assisted by the Rev. J. C. Barr, Sidney Davis, M. D., and Bertha Cresswell, both of Petersburg.

GRIFFITH—WATMOUGH.—In Washington, D. C., October 4, 1883, Dr. S. H. Griffith, U. S. Navy, and Ellen Coxe, daughter of James H. Watmough, ex-Paymaster-General, U. S. Navy.

HENRY—FENDRICH.—At Columbia, Pa., October 2, 1883, by the Rev. Geo. Wells Ely, W. P. S. Henry, M. D., of Everett, Pa., and Mary E., youngest daughter of Mr. John Fendrich, Columbia.

KELLY—DETMOLD.—At the Church of the Holy Communion, on Thursday, October 4, 1883, by the Rev. Mr. Mottet, Henry J. Kelly, M. D., and Anna M. Detmold, daughter of Dr. Detmold, all of New York.

LAWSON—PRESTON.—October 11, 1883, by the Rev. J. P. DuHamel, D. D., rector of the Church of the Beloved Disciple, Dr. Charles Edward Lawson, of New York, and Miss Maggie Preston, of this city.

MARTIN—HARDING.—In All Saints' Protestant Episcopal church, Paradise, Pa., September 27, 1883, by the Rev. James McA. Harding, E. M. Martin, M. D., and Margaretta McA. Harding, daughter of the officiating clergyman.

MILLER—HEDDEN.—At the Church of the Divine Paternity, New York city, on Thursday afternoon, October 11, 1883, by the Rev. Charles H. Eaton, Dr. Alonzo B. Miller and Sarah B., daughter of Robert M. Hedden.

POWELL—WILLIAMS.—At the residence of the bride's parents, October 11, 1883, by the Rev. C. W. Bickley, Dr. William C. Powell, of Bryn Mawr, Pa., and Miss Mary K. Williams, of Cheltenham.

SHEPPARD—GOODELL.—In Philadelphia, September 19, 1883, by the Rev. E. D. G. Prime, D. D., Frederick C. Sheppard, M. D., and Abby D., eldest daughter of William Goodell, M. D.

ROCHELLE—BURGESS.—At the First Baptist church, Jackson, Tenn., Thursday, October 18, 1883, Dr. W. F. Rochelle and Alice E. Burgess.

DEATHS.

BLUMENTHAL.—In New York, on Thursday, October 11, 1883, Charles E. Blumenthal, M. D., LL. D.

LENTE.—At Cold Spring-on-Hudson, on Thursday, October 11, 1883, Dr. Frederick D. Lente, in the sixtieth year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1392.] PHILADELPHIA, NOVEMBER 3, 1883. [Vol. XLIX.—No. 18.

ORIGINAL DEPARTMENT.

LECTURE.

PSEUDO-RHEUMATISM IN INFECTIOUS DISEASES.

BY M. DREYFUS-BRISAC,

Physician to the Paris Hospitals.

Gentlemen: In the lecture we devoted to the consideration of the remarkable lessons of Prof. Bouchard, on diseases induced by malnutrition (ralentissement de la nutrition), we analyzed but very succinctly his opinions and remarks regarding secondary rheumatism, or what may perhaps be better termed infectious rheumatism.

It seemed to us at the time that the study of this morbid process, though but incomplete, offered too much interest to be considered incidentally in the course of a lecture on another subject.

The appearance of a thesis on the subject by a distinguished elêve of M. Bouchard, M. Bourcy, offers a favorable opportunity for a proper reconsideration of the whole question. In this work (Des Determinations Articulaires, des Maladies Infectieuses, Pseudo-rhumatismes infectieux, Paris, 1883), Bourcy has collected, and very happily grouped the different cases found in scientific literature; and if, at some points, his researches have remained incomplete, he has, at least, the great merit of placing the subject clearly before the scientific world, and of pointing out in what direction future research must be undertaken.

Every form of infectious disease may present, among its contingent manifestations, articular determinations entirely distinct from true rheumatism, and induced by the general infection of the system.

This law of general pathology is already demonstrated for most parasitic and virulent diseases, like gonorrhœa, the eruptive fevers, puerperal fevers, farcy, dysentery, etc., and on all these points our author could but collect and comment on the numerous documents which have been brought forward on the subject.

Nevertheless, several forms of infectious disease seem to form an exception to this rule. Such is the case for typhoid fever and pneumenia; the existence of a typhoidic or pneumonic pseudo-rheumatism remains problematical.

It is this part of the question which merits the special attention of pathologists. Unhappily, positive facts are wanting, but observations exist which show that the typhoidic virus may affect the joints and give rise to different forms of arthropathy; some superficial and without serious signification as regards prognosis, others, on the contrary, becoming rapidly of great gravity, with tendency to suppuration and proving rapidly fatal.

As this form of purulent arthritis may appear at an early period of the disease, it cannot be attributed to pyæmia; as M. Alb. Robin has judiciously remarked in a memoir reporting two cases (*Gaz. Med. de Paris*, 1881), we are forced to admit that it is due to the action of the typhoid virus itself.

But as regards arthropathy of pneumonic origin, the demonstration is less conclusive. Putting aside altogether the idea that pneumonia is a general disease, considering it to be almost always a local affection, we must nevertheless admit the existence of a general disease, infectious and

probably contagious, with an anatomical pulmonary substratum; in a word, pneumonic fever. But by the side of this morbid entity, rare, at least in our climate, there exist many forms of secondary pneumonia, inflammations of the lungs supervening during the course of many diverse morbid conditions, such as herpetic fever, prolonged exposure to cold, etc.

So that, before accusing the pneumonic virus of causing the different forms of arthropathy occurring during the course of a pulmonary phlegmasia, we should first assure ourselves that the pneumonia is not itself secondary to an infectious process or some general disease.

But are we justified in admitting the existence of pneumonic rheumatism, because articular inflammation is present during the course of pneumonia? Evidently not; and it must be admitted that most of the observations invoked by M. Bourcy date from a period when almost exclusive attention was paid to local lesions, and the general symptoms received so little attention that it is impossible to class the observations at a nosologic point of view.

So that we cannot accuse the pneumonic virus of inducing articular manifestations, due perhaps to some general malady, attacking at the same time the lungs and articulations.

But might not the rheumatic accidents so frequently observed in influenza, be assimilated with the serious articular troubles observed in the course of real infectious diseases?

It may be a question whether certain cases of subacute articular rheumatism are not under the dependence of some morbid factor, such as influenza, whether accompanied or not by angina or bronchitis. If this last interpretation be well founded, we can easily explain the occurrence of rheumatoid accidents in individuals who have no predisposition, hereditary or otherwise, to rheumatism, who have never before had the malady, and who do not present any disease of the visceral or cardiac serous membranes. We can also then understand the favorable action of the evacuants and sulphate of quinine in such cases, while salicylate of soda and analogous forms of medication, usually efficient in rheumatism, remain without effect in subduing the attack.

It would be then of practical interest to separate these cases of apparent rheumatism from the manifestations proper to the disease itself; this is what M. Bourcy has attempted to accomplish in the second, and most original and instructive part of this work.

Besides the articular determinations of well-defined infectious diseases, we meet with a certain number of observations of unusual forms of rheumatism, evidently of infectious origin, which defy the ordinary classification.

These morbid conditions sometimes present among their symptoms, often as the most prominent accident, articular manifestations, resembling those occurring in the course of certain diseases affecting the entire system; they are then apparently of a rheumatic nature, but present several clinical peculiarities, manifestly of an infectious nature, which dispel the hypothesis that the disease is purely rheumatic. It is to these clinical forms of disease that MM. Bouchard and Bourcy have applied the denomination "infectious pseudo-rheumatism."

Other observations of the same nature have been recorded by Delioux (*Union Med.*, 1854) under the title "acute maladies of the articulations with production of pus, simulating rheumatism," and later on, by Quinquand, (*Gaz. Med. de Paris*, 1871) under the denomination of "arthrito-suppurative disease."

More recently, on account of the special attention paid to all forms of infectious disease, many similar cases have been observed, two were published by Mathieu (*Revue de Médecine*, 1883), and Bourcy in his thesis gives several new observations occurring in his own practice.

It is very probable that the cases of suppurative rheumatism, which have excited so much discussion, are of the same nature and might serve in completing the history of infectious pseudo-rheumatism.

But it must be admitted that absolutely conclusive cases, not admitting of other interpretation, are not as yet very numerous, and, on the other hand, they present so many dissimilarities that they can hardly be ranged under the same denomination. Every attempt at synthesis would thus be premature at present, but it will be interesting to trace the clinical characters which distinguish this morbid process from true rheumatism. To form an idea of the subject, we will consider the most marked type of pseudo-rheumatism.

An over-worked individual, who has never had an attack of rheumatism, complains of general malaise with great loss of strength, high fever, and repeated attacks of epistaxis; as local accidents several of the joints are found inflamed.

Suppuration soon occurs in the joints and periarticular tissues; at the same time the general symptoms are more marked, and take on a distinct adynamic character. The tongue becomes dry

tended, the sensorium becomes affected, and alternatives of delirium and sub-coma come on.

An important fact is that the urine coagulates when treated with nitric acid, but does not present the dark red coloration with uratic sediment, so characteristic of veritable rheumatism. Finally death by collapse ends the scene.

At the autopsy, all the lesions proper to the infectious diseases are found in the blood and also in the viscera; a thickened condition of the blood, fatty degeneration of the liver and kidneys, softening of the spleen, sub-cutaneous and sub-visceral hemorrhage. When there is effusion into the serous cavities, the liquid is not serofibrinous, as in ordinary rheumatic polyarthritis, but really of a purulent character. Does not such a symptomatology prove the existence of an infectious process, without invoking the presence of minute organisms in the pus found in the joints and in the urine, a circumstance observed in several cases.

Again, as M. Bouchard observes the characteristic of infectious rheumatism is to respect the heart and attack the kidneys, and when albumen is found in the urine in a case apparently of true rheumatism, it should inspire doubts as to the real nature of the morbid process. Albuminuria, as Gubler has shown, is very exceptional in rheumatism, except when renal embolism occurs.

Clinical experience then demonstrates that certain forms of infectious disease exist, which have an especial tendency to affect the joints, and resemble in a certain degree ordinary attacks of rheumatism.

Such cases probably occur more frequently than is generally admitted. For besides the more marked and serious cases, others of slower evolution are met with which should be considered as attenuated forms of infectious pseudo-rheumatism.

One of our observations presents a good instance of this. A young man presents himself with slight fever and general malaise; locally there was pain in several of the joints, epistaxis, erythema nodosum, and albuminuria; no transpiration, the tongue coated and somewhat dry. The diagnosis was subacute rheumatism; but no exacerbation of the articular symptoms occurred on the following days, there was neither redness nor tumefaction of the joints; pain persisted, but was not of great intensity.

Little by little the general condition improved, and the patient suffered only from the joint troubles. These remain in about the same condition, and M. Bouchard fears that incomplete fibrous ankylosis may ensue.

In such a case it is evident that the infectious nature of the morbid process cannot absolutely be affirmed; but the presence of albumen in the urine is of importance. However, it is certainly not a case of true rheumatism, and it is of no avail to administer salicylate of soda, while the evacuant method, useful in all forms of infectious disease, proves here of benefit.

Diverse forms of cutaneous eruption are observed in these cases, such as polymorphous erythema, urticaria, purpura. Many cases termed erythema nodosum, nettle-rash with fever, rheumatic purpura, might be assimilated to pseudo-rheumatism of infectious origin.

To affirm this at present would hardly be justifiable, but this way of regarding such morbid conditions, which have so far proven refractory to any form of classification, merits further attention. Research on questions so obscure will, it may be affirmed, be continued by clinical observers of every school until valuable data for general pathology are obtained when necessarily much benefit will accrue to therapeutics.

COMMUNICATIONS.

THE THERAPEUTIC VALUE OF MENTAL OCCUPATION.

GRADUATING THESIS OF HANNAH M. THOMPSON, M. D.,
Of the Woman's Medical College of Pennsylvania,
Class of 1883.

Therapeutics, in the largest sense of the term, comprehends everything pertaining to the treatment of disease. Literally, it signifies to heal or cure; practically, it should, therefore, include all curative agents, whether acting directly or indirectly.

Hygienic and prophylactic measures, both of a mental and physical character, are as properly a part of the healing art as the discovery and application of medical remedies. To ascertain the causes of disease, to deal most efficiently and wisely with it, and to advise such a course of life as will most likely protect against it, and promote physical and mental vigor, requires a knowledge of the entire organism, both in health and disease, and of its environment as well. In addition to the subjects generally included in the curriculum of our medical schools, not less essential to the physician of to-day is a knowledge of psychology, sociology, of mental hygiene, and all that relates to psychical diseases and their treatment.

As teachers of health and as healers of disease, and is covered with sordes, the abdomen is dis-

we cannot ignore the relations of mind and body, for out of these are the issues of life and health, or of death and disease. When physicians come to a better understanding of the reactions of the moral and intellectual life, they will allow more for the immediate effects of spiritual causes upon the physical health.

Mental and moral influences are often more powerful in modifying bodily conditions, warding off disease and prolonging life, than all the remedies of the pharmacopœia and all other hygienic aids.

An increase of nervous and mental diseases, growing out of a complexity of organization and environment, which a high state of civilization implies, demands a consideration of all agencies which may have a value in their prevention and cure. Of these, the influence of mental conditions has not perhaps been sufficiently considered, nor all the advantages taken of it which might be taken, as a valuable therapeutic agent.

The Influence of the Mind upon the Body.

This is proven by abundant facts both physiological and pathological. That mental impressions have a powerful effect upon the action of the heart and other organs, as well as upon the various secretions and excretions, is illustrated by daily experience. We have a striking example of this in the case of the secretion of milk. A fretful temper, fits of anger, grief and fear, have a marked influence upon the quantity and quality of milk. On the other hand, other things being equal, a tranquil state of mind is most favorable to healthy secretion, as it is to health in general.

The familiar cases given by Carpenter, of instant death of the infant in one case, and convulsions in the other, show that this secretion may acquire an actually poisonous character from violent mental emotions.

Tuke proves by many illustrations that "Thought strongly directed to any part, tends to increase its vascularity, as well as sensibility."

It is well known that excessive emotion or long-continued mental depression is a prolific source of disease, and amongst the chief causes of insanity. Dr. Taylor of New York, in an article on "Emotional Prodigality," gives amongst many other cases, one of a child suffering from spinal curvature, clearly traceable to nervous excitement and exhaustion, attendant upon frequent visits to a favorite relative.

These, and many other facts which might be given, show the marvelous power of mind over body, and give us a potent element for good or ill, which we *cannot* always estimate, and *do not* always consider.

In the treatment of our subject we shall briefly consider it from the *hygienic* and *curative* as well as *prophylactic* standpoint. From the first point of view we are led to inquire: Is mental work promotive of health?

Physiology answers in the affirmative, as it is a law of the animal economy, that the exercise of any organ or structure, within certain limits, increases its growth and nutrition. The brain demands thought, as the muscles or the other organs of the body demand their normal exercise, and the refusal to satisfy this need is productive of suffering and loss of power in the one case, as in the others. Reasoning then from the very nature of things, and from experience, we can dismiss this part of our subject with but a passing consideration, as it is now a well-recognized fact that well-directed mental work contributes both to health and longevity. Some of our leading physicians attribute the delicate health which prevails among women and girls of the better classes to the strain of mental work. It is undoubtedly true that some cases of nervous and mental diseases of both sexes follow excessive mental work; but the cause can generally be traced to unhealthful modes of living, or to the excitements and dissipations associated with our educational system and the demands of modern society. "Too often it is the waste, not the legitimate outflow of force, which drains the supply of energy. In worry, not work, in excitement, not calm intellectual labor, lies the greatest peril." Competitive tests, cramming, premature and unregulated mental work, and the restriction of mental cultivation to any one period of life, is unphysiological and unpsychological, and cannot be too strongly condemned.

Education means something more than the acquirement of so much knowledge. It falls far short of its highest purpose when it fails of securing discipline, growth, and strength amongst its results. Our present system of education is greatly responsible for much of our mental infirmity and inefficiency, as well as for the physical impairment which too often results from its dwarfing and stupefying methods, and its disregard for the simplest laws of hygiene. There seems, however, to be an awakening in this direction. Better methods of instruction are being discussed, and the subject of physical culture is beginning to receive the attention it demands.

Mental Occupation as a Curative Agent.

The value of mental influence as a remedial agent is understood and made available by every physician who is fully master of his art. In this

way we may account for most of the salutary effects of cheerful society, change of scene and of occupation. Even famous methods of cure are oftener indebted to the hopeful state of mind which they arouse rather than to any direct action upon the suffering organ. The patient of cheerful spirits, hopeful views, and a calm abiding faith, has within himself a restorative which assists and intensifies the action of more direct therapeutic measures. This agent is a valuable adjuvant in all debilitated conditions, and especially in those of a chronic character. The physician who can interest or arouse the *mind* of his patient, by his sympathy, by the hope and courage he inspires, or by the tonic of new thoughts and a fresh purpose in life, has gained half, and in some cases the entire battle.

In the treatment of the insane, the importance of the environment cannot be over-estimated. This is now so well recognized as to be applied to ordinary cases of wear and tear. What is known as the "rest cure," makes it almost an essential that the patient shall be isolated as completely as possible from the daily people as well as the daily cares of his previous surroundings. Physicians do not, I think, always appreciate the importance of the impressions they make upon their patients, or realize the power of looks and words and thoughts in the treatment of many cases. A true and wise physician who has the real healing spirit, is himself often his best prescription.

Quackery takes advantage of this influence, often to the detriment of the patient and the dishonor of the physician.

The therapeutic power of mental remedies is best illustrated in the treatment of functional nervous disorders, especially when associated with mental symptoms. A natural susceptibility, which is one of the strongest factors in the etiology of these disturbances, becomes, when judiciously managed, a means by which curative action can be aroused—so sure is nature in compensations.

In neurasthenia, above all other diseases, there is no prescribed routine of treatment. Its diverse causes and varied nature would make this a failure. All remedies which have any bearing on the case, and all influences, are sometimes needed in meeting all the varieties of this disease, and the physician who has the clearest insight and the most ingenuity in devising ways and means will be the most successful.

A change of occupation is often beneficial, and in all cases of long duration employment of the mind is essential.

Some of our physicians, in endeavoring to combat a morbid self-feeling and introspection, which neurasthenia, and chronic diseases generally, is apt to engender, have recommended mental work — course of study and of instructions with some definite object in view. Anything that will interest the mind and supply it with healthy nutritive food is a saving power.

Many cases illustrating the beneficial and curative influence of mental occupation have come under my observation while a medical student, two of which I will briefly report:

Case 1. Had been in delicate health for about nine years previous to commencing medical studies, and for the preceding three years had been obliged to abandon all work. Her poor health dated from an attack of cerebro-spinal meningitis. From this illness she was an invalid for nearly two years. During the next five years she was able to continue her work most of the time; but it being arduous and of a sedentary nature, she not only did not regain strength, but with the addition of uterine disease, she became so debilitated as to be again reduced to almost complete invalidism. She remained in about the same condition for the three years previous to her attendance at college.

When she matriculated she was a great sufferer from general debility, severe nervous headaches and dysmenorrhœa, but she was still able to sit up a part of each day, take a little exercise, and accomplish a small amount of mental work. She commenced by taking two subjects of the medical course; the amount of mental labor required averaging about three hours a day. This much at first she could only accomplish on her best days.

At the end of the first winter her improvement in health had been so great that she decided to take the regular course. Improvement during the following three years was steady, continuous, and permanent. Each year showed a lessening of her most troublesome symptoms, and a gain in mental and physical strength.

At the end of this time, which was her last winter in college, she attended the lectures and recitations in five branches, and passed the final examination in all of these at the end of the session. During this last winter she was able to sit up all day, and to study the greater part of the time. She seldom failed in attendance upon fifteen lectures a week, with quizzes upon these, and clinics, besides preparation for examination upon five subjects, which of itself involves a full amount of mental labor, and requires no little physical strength.

When she graduated she was seldom troubled with nervous headache, and was entirely relieved of the dysmenorrhœa. After graduating, she engaged in hospital work for a year. The work here was not continuously hard, but like that of the general practitioner, was irregular and taxing at times, there being many consecutive days when great strength and endurance were required. During this year she was never unable to attend to her duties, however continuous and laborious they proved to be. She could walk four or five miles without discomfort, and at the end of the year had gained thirty pounds in weight, which brought her up to the normal standard before her long sickness.

It was my pleasure to meet her on her return from this year in the hospital, and I was surprised to see how greatly she had improved. I had noted her progress in health as we worked together in college, but I was scarcely prepared for this rapid stride toward what seemed perfect health and strength. She not only looked plump and rosy, but well and strong. She said she was feeling well, but had to be careful and not overwork.

Recently she writes me, now nearly two years since her graduation, "I am enjoying good health and am certainly growing stronger each year." During her attendance at college, this invalid student, besides struggling against physical weakness, and assisting in household work, labored under a mental strain entirely foreign to her studies. In regard to this, she says. "The wear and tear which are attendant upon severe study, quizzes and examinations, was nothing in comparison to the constant anxiety and pressure from this source."

(*To be continued.*)

THE HYGIENE OF INEBRIETY.

BY J. A. KIMMEL, M. D.,
Of Findlay, Ohio.

Since the days of slavery, which received its death-blow in the midst of a fearful internicine tragedy by one stroke of the pen of the lamented President Lincoln, perhaps no subject has received so great a share of the attention of the people of the United States, or filled them with as much apprehension, as the subject of the intemperate use of ardent spirits.

The medical profession, as a matter of course, have noted the deleterious influence of this evil on the human race. For when a stranger presents himself for relief at our clinics, he is almost invariably asked the question, "Are you a drinking man?" And no physician dare deny its pernicious influence, especially when surgical operations are to be made, and his success or failure will depend in a great measure upon the man's previous habits of temperance or intemperance. Yet I fear there is an erroneous idea gaining ground in the profession, which, if adopted, would encourage rather than discourage the use of intoxicating liquors, viz: That when a man addicts himself to inebriety, he is not to be blamed, but rather to be pitied, and not punished according to law; that he is the victim of a mental infirmity. The mental, moral, and physical effects of alcohol are mistaken for the original cause of his indulgence. To illustrate: Hepatization is not the cause of pneumonitis, but the result; so is mental feebleness not the cause, but the result of drinking.

If this doctrine be true, all our feeble-minded and eccentric people would constitute the drinking class, whereas the able-minded and educated are more frequently found to be addicted to this habit.

Let me ask: Is the man who premeditatively enters a saloon to indulge an unnatural appetite —one he has acquired by cultivation—any more the subject of pity than the man who enters a house of prostitution to gratify an appetite firmly implanted in him as well as all living creatures? —the very appetite which prompts him to propagate his species.

Bodington, of London, says: "For my part, I look upon all habitual drunkenness as a disease, and would boldly call it dipsomania."

Here, again, taking the purposely perverted appetite and sensations for the cause of his misfortune, as well regard every case of habitual thieving, of habitual adultery, of habitual lying, of habitual murder, as a disease, and recommend the abolition of all punishment for these crimes. It is true they are so regarded by a few would-be philanthropists, properly styled social traitors. Yet the man who indulges in drink is just as responsible as he who indulges in those other vices. It is simply the man's own indulgence in a vicious habit that brings upon him diseases, bodily and mentally. If I willfully expose myself to unhealthy localities or influences, I am liable to contract a disease which would become chronic by repeated attacks, and I then might claim that I was not responsible, or that the disease was the cause and not the result of my infringement on nature's law. Let men refrain, or be forced to abstain from vice, and we will have no use for

"Homes for Inebriates." If then the redress lies in the prevention and not in the cure of this evil, I wish to make a pertinent suggestion.

Has the American Medical Association, the great hygienic counselor to the government, ever advised its client on this matter? Or has it never noticed the mountain, because its attention was so closely directed to the infusoria found in a drop of water on its side? Will they recognize the facts in the case by introducing a resolution setting forth their belief that intemperance is a promoter, supporter, and entailer of disease on the nation, consequently a source of impoverishment? and that they recommend to state and nation the enactment and enforcement of such laws as shall effectually curtail if not entirely abate the malady—recommending punishment instead of *enjoyment* to the man who uses as well as to the man who sells alcoholic drinks as a beverage, as much as you would to a man who would open up in your town a stock of goods for sale that had been impregnated with the poison of small-pox or yellow fever? A word from this source would have more weight than any other in the land.

A CASE OF TETANUS, WITH STATISTICAL AND OTHER NOTES.

BY THOS. S. SOZINSKEY, M. D., PH. D.,
Of Philadelphia, Pa.

The subjoined summary of the clinical features of a case of injury followed by tetanic symptoms, met with in my practice, together with a few appended notes on statistic and other features of the disease, may be possessed of an interest to some.

"Charles W., aged four and a half years, well-developed and healthy, of no special temperament, while at play on May 2, was injured on the front side of the second phalanx of the little finger of the left hand, with a brick. The part was bruised and lacerated. Dr. ——, whose office is near, was called in. He made a hasty examination, said that the trouble was slight, wrapped a piece of adhesive plaster around the finger, and left. The boy's mother, who is intelligent and careful, drew attention to the fact that on feeling the finger something seemed to project and move, as if a fracture were present, but the doctor gave no serious attention to her observations. However, a week afterward the wound was only party healed, and was somewhat inflamed. It getting slightly re-injured, the mother examined it closely, and on removing something which she could observe through a little rent in the skin, found it to be a piece of brick, averaging about a quarter of an inch in diameter in all directions.

"On May 16, I (the family physician) was called to see the case. I found the sore angry-looking, and inflammation spreading, with the formation of little collections of pus under the skin. A flaxseed-meal poultice was applied, and poulticing was continued until the 15th, when the wound seemed almost healed. Later, petrolatum was kept applied for several days. No medicine, save a dose of magnesia, had so far been given. On the 15th, decided stiffness was observed about the lower jaw. The mouth could not be fully opened by a third. There was a tendency to excessive playfulness—a state of mental exaltation. The temperature was at 100° Fahr., and it persistently remained, I may here say, between 100° and 101° up until the 10th of June, when it gradually fell to the normal point. A teaspoonful every three hours of a mixture containing Hoffman's anodyne, paregoric, syrup, and camphor-water, was ordered and continued to the 21st. On the 21st, the mouth could not be quite half opened, and a loss of control of the muscles of the lower extremities, which had been becoming more and more marked, was then very decided. The so-called sardonic grin was very observable, and had been for several days previous. Swallowing of anything except liquids was accomplished with great difficulty. The salivary secretion tended to become inspissated and accumulate about the throat, and caused a tendency to cough. There was no tenderness on pressure at or near the seat of wound. This was the state of things when Prof. C. K. Mills saw him with me. It then (21st) being decided, at his instance, to resort to more active treatment, the following prescription was given:

℞.	Potassii bromidi,	℥ ij.
	Chloral hydratis,	℈ ij.
	Ergotini,	gr. xij.
	Syrupi aurantii,	f. ℨ j.
	Aquæ menthæ piperitæ, q. s. ad.	f. ℥ iij.

M. et S. One teaspoonful every four hours.

"This medicine was continued day after day in connection with hygienic measures, including keeping the patient in a quiet room. A careful examination daily did not bring to light any effect from it. But at any rate the case did not grow any worse. Two weeks later, quinine was given in moderately large doses for three days with the intention, mainly, of causing the temperature to fall, but without any apparent effect. Later, there being an obvious lessening in the tetanic symptoms, medicinal measures were largely relinquished.

"By the 15th, he was pretty well, and on the

20th no evidence of the disease was discoverable. The tetanic symptoms were present a month."

Now, of course, there is no reason to doubt that the tetanic symptoms in this case arose from the wound of the finger; and that the presence of the piece of brick largely, or even wholly excited them, is extremely likely. The removal of the foreign body was probably timely; if it had been allowed to remain much longer a fatal attack of tetanus might have been the result. Leaving this comparatively large body in the finger, I may here remark, was a rather unsurgeonlike piece of work. There was carelessness in the primary examination of the wound. The doctor was intelligent enough, being a regular graduate of over ten years' standing. He was only careless—very careless—in his examination, just as a great many others are, of apparently trivial injuries and conditions. Every wound should be carefully examined before it is dressed.

As is usual in such cases, there was much anxiety as to the issue, even in this extremely mild one. It is very well known by people in general as well as the members of the profession, that tetanus is a serious disease. It is, indeed, very serious. The saying, "Spasm from a wound is fatal," expresses the common belief to-day, just as it expressed it for an indefinite length of time before quoted long, long ago by Aretæus. A name often given it by the Germans is very significant, namely, *todtenkrampf* (death-spasm). Nor is the belief in its fatality poorly founded. In his "System of Surgery," Dr. Gross says: "If an instance of recovery is occasionally met with, it only goes to confirm the general law of the mortality of this affection. In an experience of forty years, I have seen but three cases where the patient escaped with his life, and then only after a protracted and painful struggle." This would give little room for hope, if the disease were common.

As to the degree of commonness of tetanus, Mr. Poland, in his notable article on the disease in "Holmes's System of Surgery," says, that of 3,668 surgical lesions observed in Guy's Hospital, during seven years, there occurred in 1,364 cases of "major and minor operations," one case of the disease; in 594 cases of "wounds of all varieties," nine; in 856 cases of "injuries and contusions," one; in 458 cases of "burns and scalds," three; and in 396 cases of "compound fractures," nine; thus making twenty-three (23) cases in all. Referring to the fatality, he says, "Taking all forms together in a fair average number of cases, the proportion seems to be seven and a half ($7\frac{1}{2}$) deaths to one (1) recovery."

In the third and last surgical volume, just issued, of "The Medical and Surgical History of the War of the Rebellion," it is said: "Of the two hundred and forty-six thousand seven hundred and twelve (246,712) injuries by weapons of war, five hundred and five (0.20 per cent., or a little over two in a thousand) were followed by tetanus. * * * Of the five hundred and five cases, four hundred and fifty-one, or 89.3 per cent. ended in death." The recoveries here were therefore in nearly the same proportion as that given by Mr. Poland.

In Philadelphia during the ten years ending with 1881, there were 311 deaths* reported from the disease, exclusive of 166 attributed to *trismus neonatorum*. This would be one death to every 565, there being 175,842 in all. Hence a general practitioner might not have one in his practice for a very long time.

(*To be continued.*)

Hospital Reports.

SERVICE OF LOUIS A. DUHRING, M. D.,

Professor of Diseases of the Skin in the University of Pennsylvania.

(Reported by Henry Wile, M. D.)

Acne Rosacea.

A woman thirty-five years of age presents a very marked case of this disease. The disease occupies the greater part of the face, and the patient having been under treatment for several weeks, has been steadily improving. The treatment first consisted in the use of an ointment composed of the white precipitate, thirty grains to the ounce of vaseline; then a lotion of Vleminckx's solution, one part to six of water. Under the use of the lotion the improvement was decided. It is dabbed on the parts twice a day, ten minutes at a time. The effect is to reduce the hyperæmia, lessen the development of additional papules and pustules, and to have a general stimulant action upon the cutaneous circulation. The effect of the lotion has been so satisfactory that I will advise a continuation of its use, in somewhat stronger proportions—one part to four, or even three. In strong solutions it should be used with some caution, it having a slightly caustic action. In addition, all pustules, and papules showing a ten-

*Of these cases the proportion said to be idiopathic cannot be given, because the Reports of the Health Officer are unsatisfactory on this point, all the cases being given as "tetanus" some years, while in the others the cases returned as traumatic, and so specified, are likely very far from complete. But, in fact, it is questionable whether all cases do not arise from wounds or local injuries of some kind. At any rate, as Dr. Flint says in his "Practice of Medicine," in either "its symptomatic characters are essentially the same."

dency to develop into pustules, should be incised and allowed to bleed, and the parts should be bathed with hot water and washed with soft soap or spiritus saponatus kalinus every day.

No kind of disease of the skin is more important than the one which this case represents. The practitioner is constantly seeing this disease, and its successful treatment often taxes his powers. The treatment of acne rosacea is sometimes easy, at other times most difficult. In this case the disease is yet in an early stage where there are no new-formed capillaries, and I expect to cure it entirely.

Besides the agents already mentioned, precipitated or sublimed sulphur, one to four drachms to the ounce of vaseline, may be employed with benefit. I generally use first some simple preparation like sulphur, and often with entire satisfaction. If this does not answer, some form of mercury may be tried. It is always a good plan in the treatment of most diseases of the skin to use simple remedies first. Internally the patient is using the fluid extract of ergot in half-drachm doses three times a day, with the view of acting on the capillaries and glands.

Lupus Erythematosus.

A woman twenty-five years old exhibits a marked disease on both lower eyelids, and on the upper portions of the cheeks and the nose. The patches are quite red, sharply defined, and on the right side the process has crept downward and is already involving the nose on that side.

The affection has existed one year, and until lately was confined to the eyelids. A careful and close examination is necessary to make the correct diagnosis. It may be mistaken for eczema, syphilis, or scrofula of the skin. There are certain points, however, which give the key to the diagnosis. On the nose may be noticed more recent lesions, showing involvement of the sebaceous glands, their ducts and outlets being enlarged, and if the yellowish seborrhœic crusts be carefully removed, they will be seen to have minute prolongations corresponding with the ducts from which they were removed. This is not the case with any of the other diseases above mentioned. The peculiarity of this case is that it began on the eyelids and crept downwards upon the nose, it being more usual to begin on the nose or cheeks. In one place the tendency to the formation of cicatrices may be seen, and besides the lesions already mentioned, there is to be noticed on the right upper lip a split pea-sized patch, which is evidence that the disease is developing; and it is probable that if left to itself it will before many months or years involve the greater portion of the face.

Lupus erythematosus is a tolerably common disease the world over, and it is therefore important to recognize it when it presents itself. It is one of the most difficult of all diseases of the skin to handle, one of the most obstinate to effect a cure, and it is well for the patient to understand this at the outset.

The treatment in this case has thus far consisted first in the use of an ointment of ammoniated mercury twenty grains to one-half ounce of cosmoline; later a lotion composed of the sulphate of zinc, sulphuret of potash, each twenty grains to four ounces of water, together with application of spiritus saponatus kalinus, and the internal use of two minims of Fowler's solution. The external treatment is most important, and the above sulphide lotion I can recommend in a certain class of cases. I have used it for several years, and in most of the cases with good results, in one or two with excellent results—so much so that I deemed it worthy of public notice, and therefore presented a paper on the subject to the American Dermatological Association, which met several weeks ago. The lotion is specially recommended in hyperæmic cases. This patient is steadily improving under its use, and I will advise her to continue. Internal treatment should be cautiously employed, as many remedies rather tend to aggravate the disease.

Psoriasis.

A young girl sixteen years of age comes here for advice respecting a disease occupying for the most part the extensor surfaces of the arms and forearms. The lesions consist of pin-head to split pea-sized pale red spots, covered with dry, whitish scales. There are a few lesions on the forehead, and some scattered over the surface of the body. The eruption first appeared about three months ago, and is spreading. The diagnosis is easy. Psoriasis is a common disease, and in point of frequency stands, perhaps, next to eczema and acne.

Where the lesions are small and pale, as here, there is usually not much scaling. The spots are entirely diagnostic and cannot be mistaken. Psoriasis is one of the easiest diseases of the skin to diagnose, because it does not show multiformity, the lesions varying but little, and always presenting the same general characteristics being, of course, sometimes redder, sometimes paler.

In the treatment of cases of this kind we get good results with arsenic, and I will order the use of Fowler's solution in two-minim doses combined with the compound tincture of cinchona, to be increased every week until four-minim doses are reached. In a few weeks the patient ought to show some improvement. Where the lesions are small, as in this case, no local treatment is necessary, though in private practice it may be resorted to.

Eczema Rubrum of the Face and Scalp.

An infant aged seven months presents a marked orm of this disease upon the cheeks and vertex, fconsisting of patches of inflammation, here and there oozing and covered with scales and adherent crusts. The case has been under treatment here for several days, and the lesions on the face are showing signs of improvement, while those on the scalp exhibit evidences of neglect, the crusts being allowed to remain. It is remarkable often how mothers, and even physicians, will object to the removal of these crusts. But as long as such effete material is permitted to remain, no remedies can be applied with success; it must, therefore, first be removed. After this has been done in this case, the following ointment will be ordered:

℞. Acid. salicylic, gr. xv.
Pulv. zinci oxid.,
Pulv. amyli, āā ʒj.
Cosmoline, ʒvj.
Sig. Apply twice a day.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Pleurisy with Effusion.

The next patient, D. M——, is a young man, nineteen years of age, and a native of Ireland. He is unmarried, and a laborer by occupation. Was admitted yesterday, December 7. He only drinks occasionally, and never to excess. He gives no specific history, and has never had rheumatism or ague. He was perfectly well until sixteen days ago, when he was working out of doors on a very cold day, and he thinks that he then caught cold, for in the afternoon he felt chilly, feverish, and he had a profuse sweat that night. The next day he felt sharp stabbing and shooting pains in his left side, which were made worse by taking a long breath and by coughing. He stayed at home for two days, and then, feeling better, he went back to his work; but he had to give it up again five days ago. Last Sunday he began to feel sick, and could eat nothing, and was troubled with nausea and vomiting. He also lost strength and became short of breath, and these difficulties still continue. On admission, a large red surface was noticed upon his left side, which he said was due to a blister which had been applied to relieve the pain. His bowels were regular, and his urine normal. His pulse was 77, respiration 24, and temperature 100.4°.

This, gentlemen, is the typical history of an acute disease occurring in a young and healthy individual. There is here a distinct history of exposure to a cold draft after he had become heated by work, and then a chilliness and slight fever, followed by pain in the left side, which was made worse by coughing or taking a deep inspiration; then after being ill at home for two days he went back to his work, which he had to give up again five days ago because he became weak, and lost his appetite, and felt sick, and was short of breath. Now, from this subjective history alone, no doubt some of you will be able to specify the name of the disease, for this is the typical history of many of the cases of pleurisy which come here.

Inspection.—The respirations are increased in frequency, and there is freer movement on the right side than on the left. There is some bulging of the chest-walls on the left side, and the intercostal spaces are not so well marked as on the right.

Palpation.—The apex beat can not be detected here. It is sometimes difficult to get it in this affection. But by pressing the hand as firmly and evenly as possible over the region of the heart, you can often detect it in this way. Or you may sometimes get it by pressing the hand up under the ribs in the epigastrium; and this I find can be done in this case.

Percussion.—As the patient lies on his back, in percussing from above downward over the left side of the chest, dullness begins to be appreciated at the second rib, and it is continuous and complete down to a line two and a half inches below the nipple. On the right side the area of liver dulness begins at the lower border of the seventh rib, and is normal in extent; but the organ is slightly depressed. As the patient sits up, percussion on the back shows dulness over the left side below the spine of the scapula, and there is a sense of resistance or solidity imparted to the hand.

Auscultation.—Posteriorly, over the upper portion of the left lung, bronchophony, or tubular breathing, and tubular voice is obtained, and just above the inferior angle of the scapula is heard an ægophony or bleating sound.

This bronchophony and bronchial breathing is not an unusual sign in pleurisy with effusion, and it is almost invariably present in children. But as a rule in adults we get an absence of vocal resonance and of the breath-sounds, though they may sometimes be obtained at the root of the lung posteriorly. On the other hand, in children under ten years of age, it is the rule to get them all over the upper portion of the chest. In this young man, however, we get the same vocal and breath-sounds as are usually obtained in pneumonia, or in any of those cases where from any cause the lung has become consolidated. And the presence of these signs in the adult often makes the diagnosis of a pleurisy with effusion from a condensation of the lung from any cause, extremely difficult, especially if the effusion nearly or quite fills the pleural cavity. And this difficulty is sometimes made greater, because of the fact that with the bronchial respiration and bronchophony, in cases of condensation of the lung, you are also apt to get moist sounds produced in the bronchi, which resemble the friction sounds in pleurisy produced by the rubbing together of the opposite surfaces of the roughened pleura. But there are certain points which, if you bear them in mind, will aid you often in distinguishing a pleurisy with effusion from a condensation of the lung. Thus when the amount of fluid exuded only partially fills the chest, the line of dulness will change with a change of position, and this settles the diagnosis. Again, when the effusion is on the left side and completely fills the chest, it usually causes a displacement of the heart, while the inflammatory processes do not. And again, when the effusion is on the right side of the chest, the depression of the liver may be such as to aid you in settling the diagnosis. But of late years a new means of determining the presence of a pleuritic effusion has been brought into use, which is a crucial test, and it enables you to lay aside the information derived from all the other signs. It consists in puncturing the chest with a small hypodermic needle, and drawing off a little of the fluid for examination. This is a perfectly safe procedure if it is properly done in the right place. There are two places either of which may be safely selected for the operation. One is in the axillary line at a point not lower than the seventh intercostal space, and the other is upon a line let fall from the inferior angle of the scapula down the back to a point not lower than the eighth or ninth intercostal space. The doctor has already punctured this man's chest, and he found fluid, and he will now repeat the operation in your presence. (The needle of a hypodermic syringe was now introduced into the eighth intercostal space, in the line of the inferior angle of the scapula, and upon withdrawing the piston the instrument became filled with a nearly clear and transparent watery-looking fluid.)

The chest is full of fluid of the description which you see there in the syringe. It is probable that the lung itself was not punctured, for there is no blood in the fluid withdrawn, and care was taken to use a short needle. Now, therefore, the diagnosis of this case is complete. It might easily have been made from the history and the subjective signs, and have been confirmed by the physical signs, but it is made certain by the single procedure which you have just witnessed. It is a typical case of pleurisy with effusion. The prognosis in this, as in the majority of cases, is good.

The treatment of pleurisy, in the olden times, consisted in the application of a blister and the administration of a diuretic. And this was the classical plan of treatment when I was a medical student, and for many years after I became a regular practitioner. The treatment by aspiration has only come into general use within the past twenty years; though I do not think that it is even now resorted to so frequently in cases of simple pleurisy with effusion as it was five years ago. But for those cases in which there is a purulent effusion, its use is becoming daily more and more common. Where there is simply a serous effusion this may be very readily absorbed when no other means than counter-irritation and diuretics are employed. And it is found that in those cases where aspiration has once been resorted to, it frequently becomes necessary to repeat the operation.

This patient will be treated with diuretics, and by counter-irritation. And the best way of applying counter-irritation, is to paint over the surface of the chest with iodine. This will not be done at present, however, because he already has a sufficiently large blistered surface. We will see at the end of a week what change has been effected by treatment.

The patient still has a slight fever, and his temperature last evening was 102.4°, while this morning it was 100.3°, and it is probable that this evening it will be 102° or 102.5° again. He may go on thus for some days yet, and then he will pass into the antipyretic state, and the fluid will gradually disappear, and then he will be well again. This is the course which the disease takes as a rule. But sometimes the amount of fluid will not be diminished by these means, and then it becomes necessary to relieve the patient by tapping. And as this is a simple operation, and never dangerous, it should always be employed if, after two or three weeks, the diuretics have produced no effect in diminishing the amount of the effusion.

For Shame!

The *Coll. and Clin. Record* tells us that the mal-appreciation of the services of medical men is a sufficiently familiar subject of remark. It is well illustrated in the amounts paid by different steamship lines to their medical officers, which are said to be wholly inadequate to the service and responsibility of the position. It is stated that on one line, which carries an immense number of passengers, he receives smaller compensation than the steward of the vessel, and is paid the same *wages* as the fifth engineer, or the steerage steward.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

The Duty of the Hour.

Being an Examination of the Relation of the Medical Profession to the General Use of Alcoholic Liquors.

Read before the Philadelphia County Medical Society, September 26, 1883.

BY HENRY LEFFMANN, M. D.

In his work on the descent of man, Mr. Charles Darwin, of blessed memory, remarks that he made in the course of his studies a large collection of the definitions which have been offered as expressing the distinctions between man and the lower animals. The primary object of this collection was to show the insufficiency of such definitions; but unfortunately the learned author abandoned his plan, and the list was never published. I have always regretted this, because I was anxious to see if any one had been bold enough to sacrifice the honor of the race to its independence—in other words, to define the human being as the only animal in which natural passions are abused and unnatural appetites developed. Though it may be a pessimistic view of human nature, yet we cannot avoid the conclusion that the definition is substantially correct. The history of races and nations presents us invariably with a picture of unbridled passions, the fierceness of which is but slowly and uncertainly assuaged by civilization; for in the modern as well as in the ancient world, it is in the centres of intellectual development that the greatest license has been seen. Legislators, both of the civil and ecclesiastical order, have wrestled with these problems, and in some forms of excess have tried every expedient, from the most desperate repression to the most indulgent remonstrance, but with only partial advantage. Among the vices which appear to be charactoristic of man under every climate and social condition, is the use of alcoholic liquors; and although the evils of this indulgence have been vividly presented to every one, yet a determined effort to obliterate the habit belongs only to our own time.

In that almost exhaustive treatise on moral and religious polity, the Jewish and Christian Scriptures, we notice that the duty of total abstinence has not been inculcated either among Hebrews, although the daily duties of life were regulated with microscopic minuteness, nor among the leaders of the new dispensation, although they founded a most extended system of asceticism and self-denial. We are concerned, however, with the present, not with the past. Around us is a social system of great complexity. Though progress is slow, yet we need have no fear of its general direction. Each year marks too slight a movement to permit us to distinguish the result, but each century gives us a definitely recognizable advance, and shows clearly the tendency of the race to a higher and purer life. It is the text of my discourse to-night that the basis of this higher morality is self-restraint, and the basis of self-restraint is the influence of example. In the consideration of total abstinence, and the relation of the

medical profession to its encouragement, we must clearly distinguish between the use of alcohol as a beverage and as medicine. With the question of its therapeutic indications and contra-indications, we have absolutely nothing to do in this paper. As to the method and form of its clinical use, however, as will be shown later, very important questions arise.

I think I may safely assume that the use of alcohol is not necessary to the maintenance of ordinary health. Its physiological effects have been extensively studied, and concordant results have not always been obtained. I need not stop to reconcile these differences, for the greater portion of the published results is not germane to my subject, nor will it be necessary to devote time to the presentation of statistics. One authority will be sufficient, because it is an authority in whom opportunities of observation and experiment are combined with sound common sense and accurate logic. Without desiring to slight the labors of other workers, I think we find in "Parkes' Hygiene," the whole subject of alcohol so thoroughly discussed as to render other authority superfluous. In this work it is established beyond question that the use of alcohol is not beneficial, that it does not increase the power of the system to resist extremes of heat, cold or fatigue, and that even in special cases in which stimulants appear to be needed to maintain the resisting powers, other substances may advantageously be used. It is certainly surprising to read that one of the most common opinions, I would rather say superstitions, about alcohol, that it assists the body in resisting cold, is without foundation. Scarcely any of the minor causes of drinking are more general than this; yet the unanimous testimony of those who have been in charge of polar expeditions is against its beneficial action in such vicissitudes, and some of these leaders have, after their first experiences, declared that they would not take on any subsequent voyage any person addicted to the use of stimulants. As regards the general effect of the continual use of alcohol on persons in ordinary health, I cannot do better than quote briefly from papers read by well-known clinicians, before this Society two years ago. Dr. Wood says:* "Although I hold that the habitual use of alcohol is to well-fed persons not only unnecessary, but positively harmful, it seems to me that in many cases of disease, and in those periods of life when by reason of age the body waxes weak, alcohol is found of great value. Under sixty years of age the daily employment of wine may for most persons be very well discountenanced. * * * It is notorious that in America almost every one in reasonable health consumes much more food than the system needs, so that any alcohol taken is added to that which is already in excess." Dr. Pepper holds,† that the quantity permissible is very small, not more than one and one-half ounces of absolute alcohol in twenty-four hours, taken much diluted and only at meals. A very large number of persons, either from susceptible stomach or a gouty diathesis, cannot safely take alcohol at all. Dr. Bartholow says:* "As a stomachic tonic alcohol is effective only in the case of those not habituated to its use. * * * That in time a catarrhal state of the mucous membrane is produced and a pathological secretion obtained, shows the impropriety of the long-continued use of alcohol as a stomachic tonic." Finally, although relating to the therapeutical use of alcohol, I cannot avoid quoting some forcible and logical remarks made by Dr. Woodbury † in a discussion on the treatment of pulmonary consumption. "Nothing in clinical medicine is more certain than that the continual use of alcohol in even moderate doses stimulates the development of connective tissue all over the body, nothing in pathology more evident than the fact that alcohol is a prolific source of pulmonary disease, nothing in toxicology better established than the observation of the action exerted by alcohol upon the respiratory centre. For this reason it is especially dangerous in pulmonary consumption."

It is unfortunately too true that no quotations from authority or rehearsal of statistics are needed to show the moral and physical injury done by alcohol. Directly and indirectly it is a prime factor in the promotion of disease and crime, and when we reflect upon the thousands of desolated homes and ruined prospects for which this agent is annually responsible, we cannot wonder at the sentiment which is slowly but surely developing in the community against all phases of industry or trade which have for their object the furtherance of the use of alcohol; nor can we doubt that to the success of the work of moral regeneration of our race the obliteration of these industries is essential. A powerful assistance in securing and maintaining sobriety would be to destroy the superstitious respect in which the various beverages are held. Non-medical persons are generally aware that physicians attribute particular values to particular liquors. In my own experience I have found very few persons who are willing to admit that they use liquor merely because they like it. They generally find some other reason—the necessities of the system, the advice of some physician, either to themselves or to some friend. One person uses beer because it is a tonic; another because of its nutritious value; and so on—every reason but the real one, because they like it. Not a little of this popularity of liquor is due to the glamour of sentiment which attaches to it. Even the austere psalmist, who, with the exception of a single sin, "did what is right in the sight of the Lord," has praised the "wine that maketh glad the heart of man." And for ages poets and prose writers have extolled the qualities of stimulating beverages and the romance of their manufacture. In our time, however, these sentimental features are but imaginary. Nothing in the present methods of producing liquors is of a character to make us respect them as types of poetic or convivial relations. The wine that stands on our tables no longer shows in its ruddy color the rainbow tints—

> "Caught where the morning sunbeams, stooping low,
> Have kissed Grenada's plain."

* Is Alcohol a Food. Proceedings Phila. Co. Med. Society, vol. iii, p. 135.

† Effects of the prolonged use of Alcohol in the Nervous System and Organs of Special Sense. *Op. cit.*, p. 139.

* Alcohol. Its therapeutical uses internally and externally. *Op. cit.*, p. 127.

† Proceedings Phila. Co. Med. Society, vol. iv, p. 175.

Nor does its aroma repeat

"The dainty perfumes of the East
That Horace used to praise."

No, the suggestions that are now called up by those who know the facts, are the suggestions of the fourth floor of a Front street warehouse, where rectified spirit, animal charcoal, glycerine, saponified cotton-seed oil, aniline red, burnt sugar, *et hoc genus omne*, are being mixed together and transferred to casks and bottles ornamented by lying labels. The foaming tankard of malt liquor no longer suggests the

"——house where nut-brown draughts inspire,"

but the images now appropriate are those of bloated workmen, aloes, quassia, and the hop substitutes, salicylic and boric acid, baking soda, gum for preserving froth, and beer pumps for producing it. In short, no romance belongs to our alcoholic beverages. They are the products of influences allied with the lowest levels of mercantile honor, and their touch is corrupting.

In an article read before this Society two years ago,* I put forward the view, that when alcohol is to be used by physicians, it should be used as such, and not in the form of special manufacturers. I cannot express myself better than by my words on that occasion, as follows:

"We know that liquors prepared by strictly natural methods are not constant in composition; we know that under the exigencies of trade additional conditions of variation are produced, and even complete substitution brought about. I have for some time thought that the best way to secure entire constancy in the therapeutic use of alcohol would be to have the preparations made up by regular prescription, or by printed formulæ in the Pharmacopœia. The substances which exist in wine, beer, or brandy, are in accidental mixture—some are useful, others useless. Why should we not have the useful articles properly combined by competent hands, and the useless omitted. * * * And the physician, instead of ordering a special wine, will simply prescribe such preparations as may be necessary of alcohol, water, flavoring ethers, and astringent or bitter principles." These prescriptions, like those containing other powerful ingredients, should be renewable only at the instance of the physician.

I have lately learned with much pleasure that Dr. A. W. Miller, of this city, a gentleman well known to most of the members of the Society as an experienced pharmacist, is about to publish a paper advocating a similar view. Dr. Miller indeed expressed such opinion publicly several years ago, although I was not aware of it then. His large experience in the manufacture of flavoring, coloring, and other materials used in liquor imitation, gives him the right to speak with authority, and I find by my conversation with him that we are entirely in accord. In his paper he intends to call attention to the fact which I would not have time to consider, that, in wines and brandies, factitious articles are sold at high prices, and thus the practice of ordering such articles exposes patient to both deception and robbery. Not the least of the injuries which is done to the community by the laxity of physicians in reference to the use of liquors, is the encouragement which is thus given to the sale of quack medicines under the guise of bitters and tonics. No greater fraud is put upon the public than the preparations which are advertised under these names. They are alcoholic beverages in their most dangerous and insidious form. I have this week examined one of the most extensively advertised of the lot—Warner's Safe Tonic—and I find it to contain a considerable amount of alcohol, in association with some other combination of syrup and bitter extract. When it is remembered that this article is bought at a price much above its value, and is used mostly by persons already somewhat out of health, we must see that the harm done is incalculable. Yet the popularity of these articles is largely due to the fact that they meet what most people believe to be a necessity in disease, an alcoholic tonic. During the last few years several eminent physicians and chemists in this country and abroad, have gone almost into spasms over a knowledge of such adulterations as the use of alum in baking powders, glucose in candy, and oleomargarine in butter, all trifling and non-injurious substitutions; but we hear very little about the far more dangerous preparations of the class just alluded to. The most striking evidence of the profoundly misguided condition of the public mind on these topics, was well shown lately in New York, when the officers of the Business Men's Moderation Society gravely condemned the use of the harmless glucose in beer, and then gave, inferentially at least, certificates of wholesomeness to beer containing between four and five per cent. of alcohol.

It is in view of the points which I have here enumerated, that I feel obliged to lay before this Society, and through its published proceedings before the world, the accusation that the medical profession is responsible for a very large portion of the misery which alcoholic beverages produce; and I declare that the time has now come when a stand should be taken in favor of abstinence. I believe that it is established by the citations I have given, that alcohol is not needed by healthy persons. I know that many non-medical persons use liquor because of the general approval of it by the medical profession; and I think it can be demonstrated that although alcohol itself is a substance of great value, alcoholic beverages are entirely unnecessary. Of late years, although physicians have assumed the right to speak broadly upon many questions affecting public health and public morals, they have been singularly conservative as regards the evil of moderate drinking. Yet it seems to me that sewer construction, registry laws, quinine pills, river pollution, ethical innovations, etc., on which topics so much energy has been expended recently, do not approach in magnitude the reform which is here urged.

The pollution of a river water by organic matter before it reaches a city reservoir is rarely so serious in its effects as the pollution of it by alcohol after it leaves the hydrants; and the dangers of Rye Beach, of which we have heard so much, are trifling compared with the dangers of rye whisky, or what is labeled as such.

The learned professions are potent influences in

*Medical Relations of the Commercial Adulteration of Wines and Liquors. Proceedings Phila. Co. Med. Society, Vol. iii., p. 132.

moral reform, and for many centuries law and divinity have exercised much more control over the race than has medical authority. This relation is now rapidly changing. The questions of civilization are regarded as practical problems, largely medical in character, and the direction of education is passing into the control of the scientist and physician. Both the lawyer and divine have recognized alcohol as a foe to public and private virtue, for courts now frequently regard intoxication as an aggravation rather than as an excuse for crime, and the almost unanimous temper of churchmen is against any form of indulgence in stimulants; even the time-honored employment of wine in Communiom is not sufficient to maintain its use, and unfermented wine is now a familiar article of commerce. Let us then begin at once to discharge our duties, and ally ourselves openly with the laity, who, though lacking in scientific knowledge, have the good of the community at heart. Let us recognize that while many evils claim our attention, the importance of a firm stand in favor of total abstinence is urgent, and is indeed the "duty of the hour."

(*To be continued.*)

Editorial Department.

Periscope.

The Causes of Undue Arterial Tension.

In his address before the late meeting of the British Medical Association (*Brit. Med. Jour.*, August 26, 1883), Dr. Broadbent thus sums them up. He says:

We may proceed now to the enumeration of the conditions under which arterial tension arises, most of them being such as are attended with accumulation in the blood of imperfectly oxidized nitrogenized waste.

1. Renal disease of whatever kind, except acute suppurative pyelitis and nephritis, and perhaps tuberculosis and amyloid degeneration, is attended with high arterial tension, due to the imperfect elimination of urinary constituents. So characteristic of disease of the kidney is the pulse of high tension, that it has been named the renal pulse; but the term is extremely objectionable, for, although such a pulse is often at once suggestive of disease of the kidneys, and may facilitate the diagnosis, it is very common when there is no renal change; and, on the other hand, it may be absent temporarily or permanently when advanced disease of the kidneys exists. If tension be permanently wanting, however, it may be a prognostic sign of the worst augury.

2. Gout, again, is so constantly accompanied by high pulse tension, that the term gouty pulse has passed into currency. It is, of course, open to the same objections as the name renal pulse. Arterial tension is present in both acute and chronic gout; and the name suppressed gout, so conveniently vague, and open as it is to abuse, might perhaps serve some useful purpose if it were employed simply to designate such states of impaired health in middle and advanced life, as are characterized by the presence of unduly high arterial tension.

The class would correspond very closely with the conditions described by the late Dr. Murchison, in this work on *Functional Derangements of the Liver*, the symptoms being attributed to lithæmia. In gout, the form of nitrogenized waste is uric acid: in some of the states comprehended under the head of suppressed gout, the oxidation of nitrogenized matter has probably stopped short of the stage at which uric acid is formed, and the compounds are even more injurious in their effects on the system. It is not necessary to describe in detail the modes of life which conduce to the accumulation in the blood of this imperfectly organized nitrogenized waste—they are excessive consumption of animal food and alcoholic drinking, sedentary habits, and the like.

I have been greatly struck with the frequency and degree of high arterial tension met with in Englishmen returning from India and other hot climates. My preconceived idea was that the external heat and free perspiration would produce general vascular relaxation, but observation has shown the exact contrary of this to be the usual result. The explanation, no doubt, is that the Englishman carries his meat-eating habits with him to hot climates, and there being there comparatively little need for combustion in order to maintain the temperature of the body, the nitrogenized food is imperfectly burnt off and eliminated.

3. Lead-poisoning is another cause of high arterial tension, and it is noteworthy that it frequently gives rise to gout and kidney disease, the conditions already spoken of, attended with excessive intra-arterial pressure. Probably the formation of compounds of organic matter with lead salts, albuminates of lead too stable to undergo readily dissociation and oxidation, is the cause of accumulation of imperfectly-oxidized products in the blood.

4. Pregnancy is invariably accompanied by increase of tension in the arteries. Whether this arises from a general augmentation of the volume of the blood, or from the presence in the blood of effete matters derived from the fœtus, is, perhaps, not altogether settled. Drs. Mahomed and Galabin have carefully investigated the rise of pulse-tension in pregnancy. It is worthy of note that Bright's disease may be established by pregnancy as well as by lead-poisoning.

5. Anæmia, and especially chlorotic anæmia, is accompanied by high arterial tension. This, as I have before said, is an unexpected fact, but it is

in my experience, constant. Probably the explanation is similar to the explanation of the breathlessness attending this condition—the red corpuscles, the carriers of oxygen, are deficient, and just as they are insufficient to convey to the nervous system the increased amount of oxygen required in exertion, so they do not supply sufficient oxygen for the oxidation of the effete matters in the blood and tissues. The occurrence of dilatation of the left ventricle and mitral regurgitation, as an effect of anæmia, is at once understood when the resistance in the peripheral circulation is taken into account. It is not merely the innutrition of the walls of the heart, due to anæmia, which causes them to give way, but the increased pressure thrown upon the left ventricle by this resistance.

6. In cases of emphysema and chronic bronchitis, and sometimes even in phthisis, the systemic arteries present the signs of increased tension; in emphysema they are specially marked. This might be attributed to general fibrotic change in the tissues as well as in the lungs, but this is not the whole explanation; imperfect aëration of the blood has a share in provoking the resistance, as is shown by its varying degree in the early stages of the affection of the lungs. Mitral stenosis may here be mentioned as associated with arterial tension, without discussing the relation between the two. With scarcely an exception, the radial artery is full between the beats in mitral stenosis.

7. Inherited tendency must, in some cases, be assumed to exist as the only explanation of undue tension in the arterial system. I have frequently found it in young students, and sometimes in school-boys and children of ten or eleven, quite independent of overt gout or gouty family history, and not traceable to habit, climate, or mode of life. Again, I have seen several examples of this kind. All the males of a family die about or before the age of sixty, from consequences of high arterial tension of one kind or another, while the females, or most of them, survive, presenting, however, the signs of extreme pressure within the arterial system. Women, it need scarcely be said, are not exposed in the same way as men to the influences, dietetic and others, which intensify arterial tension, and precipitate its fatal effects.

8. Finally, constipation must be mentioned as a cause of temporary increase of tension, which very frequently proves to be the last straw in bringing on an attack of apoplexy or syncope.

Disseminated Sclerosis in Children.

The *Medical Times and Gazette*, September 29, 1883, says:

The absence of any mention of this affection in the leading text-books on the diseases of childhood has induced M. Marie to investigate the literature of the subject, and the result of that inquiry is the collection of fourteen published cases in which a diagnosis of disseminated cerebro-spinal sclerosis had been made in children. The majority of these have been recorded in this country; a large proportion of them will be found in our pages during the years 1877 to 1879. The characteristic symptoms are the same as in adults, the most important being trembling on voluntary movement, usually first noticed in the legs, and generally accompanied by exaggeration of the tendon reflexes. Strabismus and nystagmus were frequently present; and affections of speech were almost constant, the speech becoming slow, monotonous, and measured; occasionally trembling of the tongue was noticed. A certain amount of mental disturbance was usually present, *e. g.*, irritability of temper, impaired memory, or weakened understanding. Epileptiform or apoplectiform seizures were present in some of the cases. Affections of common sensation were but seldom present. In most of the cases the disease came on quite early (about the age of four years), and in one or two may have been congenital. We should exclude M. Charcot's patient altogether, as the patient was fourteen before any symptoms were recognized, and it therefore cannot fairly be grouped with cases in which the disease commenced in childhood. In several instances the disease seemed stationary, in some was slowly progressive; in one instance the patient completely recovered, but had a relapse afterwards consequent upon a fright. In only one case did death occur. The patient in this instance was a girl of fourteen, who had first presented symptoms of nerve disorder seven years previously, strabismus, diplopia, and left facial paralysis being the first indications. Two years later, paralysis came on, and became general, but was not persistent. Mental changes commenced about the same period, and from this time the intellect progressively deteriorated. There was marked incoördination of movements before her death, but no evident muscular wasting. On examination there was found increased resistance of the brain substance, due to affection of the central parts, and not of the cortex, the whole of the corona radiata being involved and altered in consistence; the crura cerebri, crura cerebelli, and pons were also more resistant than natural, and this was more marked on the right side than the left. In the spinal cord the posterior columns were most affected, and next the lateral. Microscopically, a process of sclerosis was found to be going on in the affected areas, and it was especially noted that the changes were most obvious around the blood-vessels, which themselves had undergone some cell-infiltration. The writer is of opinion that the irregular distribution of these patches of sclerosis justifies him in considering the case to be one of disseminated rather than diffuse sclerosis. M. Marie has endeavored, in the paper we have been analyzing (*Revue de Médecine*, July), to show that disseminated cerebro-spinal sclerosis may occur in children with the same symptoms and pathology as in adults. We feel bound to confess that we do not think he has succeeded in proving his position. Out of the fourteen cases he has collected, only one proved fatal, and there was found a diffuse, or at any rate a widespread, irregular sclerosis of the white matter of the brain and spinal cord, the grey matter apparently being uninvolved. This is not quite in accordance with what is usual, nor do we consider that the symptoms and course of the disease in many of the cases were such as would exactly tally with a case of disseminated sclerosis. These cases, however, appear to us all to belong to the same group, but we consider that further pathological evidence is required before

they should be classed as of the same nature as disseminated sclerosis in adults.

On the Treatment of Whooping-cough.

Dr. W. C. Webb thus writes in the *American Practitioner*, August, 1883:

My only design in asking the attention of the Society to the treatment of whooping-cough is to relate my experience in the use of croton-chloral in nearly two hundred cases of the disease observed during the last four years.

The lesson taught me by this experience is to the effect that croton-chloral is, with very rare exceptions, singularly well borne by children. Next, that to get the full value of the drug it must be given in decided doses—doses large enough to produce quick and marked effect. A child twelve months old will bear a grain of the medicine every four hours, day and night, or six grains in the twenty-four hours; and to get its curative effects, not less than this should be given. This during the first week. After that time the cough is usually so much relieved that the number of doses may be lessened, the drug being given say during the day only. Used in this way, that is, pushed to its full effect, I have very seldom seen a case in which the cough was not under entire control within a fortnight. And I include in this statement several excessively severe cases, complicated by convulsions and marked catarrhal difficulty.

Children from ten to twelve years old will require two grains of croton-chloral at a dose, while an adult will not often bear more than four grains repeated, as in the young child, every four hours.

The drug does not disorder the digestive organs, and by lessening the frequency and severity of the paroxysms, puts an end to troublesome hemorrhage and vomiting. Occasionally, the first few doses produce some irritation about the throat and fauces, but this soon passes off. The toxic effects of the medicine do not seem to affect the organic centres. I have more than once seen patients fall asleep under its influence while in their chairs, the respiration and movements of the heart remaining unchanged.

Croton-chloral is readily dissolved in comp. tr. cardemons, if first the drug be thoroughly pulverized. An eligible mixture is formed by dissolving one drachm in two ounces each of tr. card. and glycerine.

I have met with several cases in which the paroxysms of cough were so severe and accompanied by such extreme gastric irritability that it was necessary to give the patient a few whiffs of chloroform before attempting to administer the croton-chloral. I have seldom found it necessary to repeat the chloroform more than two or three times. In such cases as have used the anæsthetic the very happiest effects have followed.

Of the mixture I have mentioned, one drachm of croton-chloral and two ounces each of tr. card. and glycerine, the dose is a half teaspoonful every four hours for a child two years old and under.

Croton-chloral is so expensive a medicine that I have, owing to the known efficacy of belladonna in whooping-cough, sometimes used the following recipe, and with very good results:

℞. Croton-chloral, ʒ j.
Tr. cardam., ʒ ij.
Tr. belladon., ʒ ij.
Glycerin., ʒ iij.
M. Dose, same as of other.

I have sometimes combined the several bromides with the croton-chloral, but I never felt sure that they added in any degree to its efficacy. If one bromide was better than another, it was the bromide of quinia. But I rely now exclusively on the croton-chloral in the management of pertussis. While I have never seen any unpleasant effects from this drug, I scarcely need add that in its exhibition a watchful care should be exercised lest, for some reason, its toxic effects should manifest themselves.

Recurrent Gangrene of the Lung.

Dr. Thomas A. Vesey reports a case in the *Dublin Jour. Med. Sci.*, September, 1883, and makes the following remarks:

In practice I have met with but three cases of gangrene of the lung. In two the fœtor was constant, and from start to finish there never was any improvement or remission; both these cases were fatal.

In the case above related there were well-marked remissions. Between the attacks the health was almost perfectly restored, for Mr. ——— ate well, slept well, was almost free from cough, with scanty expectoration; no fœtor of expectoration or breath; the respiration clear, and no crepitus.

Of this extraordinary form of gangrene, but few cases are met with. The late Dr. Stokes, of Dublin, mentions two well-marked cases. In one instance, occurring in a female of middle age, the disease proved fatal after a continuance of many months. No cavity was found until within a few weeks of death.

The other example was in the case of a young man, who, after a long struggle with the affection, seemed to have recovered perfectly. However, he subsequently died of pneumonia. In both cases there was singular obscurity of physical signs in the early periods of disease.

In my case, I over and over again examined and failed to detect any cavity, dilatation of a bronchus, or evidence of large amount of fluid in the lung. *Primâ facie* after the copious expectoration of fœtid matter, one expects, by the usual means, to detect a cavity, but it appears that copious fœtid expectoration does not necessarily imply the formation of a cavity or the detection of the source of the expectoration.

Stokes argues that in the earlier periods of this disease there is no solution of continuity or much consolidation of the lung, and that this is a disease commencing in points (healthy tissue intervening) with all the difficulties of diagnosis attending the detection of analogous changes—*e. g.*, the first stage of tuberculosis or isolated cancers. But there must be something more, for one of the phenomena of the disease is the copious secretion of a fœtid matter, which makes it almost certain that either the portion of the lung which suffers death must be insignificant, or that the surface which secretes the putrid fluid is extensive, and this fluid is originally poured out in a putrid form and the disease is at first one of secretion. The

presence of such sputa proves nothing, except that generally a disintegrating process is taking place somewhere in the pulmonary apparatus, and the question is, whether this disintegrating process occurs with the *intact* bronchi or is associated with destruction of the parenchyma of the lung.

We may conclude with Stokes that in any case where sudden fœtid expectoration has occurred, we are not justified in pronouncing the lungs healthy or the patient in a safe position because physical examination, even the most accurate, fails to detect disease sufficient to account for the symptoms.

The Mutability of Bacteria.

The *Lancet*, September 29, 1883, says:

The question whether the same germs under different conditions give rise to various diseases has been raised, but not settled. Dr. Carpenter, at the meeting of the British Association, treated the subject from a point of view of natural history. He referred to the facility which the lower forms of life possess of adapting themselves to changed conditions of existence. He believes that the same germs may, under altered circumstances, produce various diseases, and these opinions he supported by various arguments. The decrease of the virulence of the small-pox which ravaged Europe in the fifteenth century, he attributed to the cultivation of the mildest cases which occurred. A severe attack of any particular disease may so affect the system that a disease arises which cannot be recognized as related to that from which it proceeded. Under favorable conditions an ordinary intermittent fever may develop into a virulent form, which is highly contagious. There is, in his opinion, very strong ground for the belief that even the innocent hay bacillus may undergo such an alteration in its type as to become the germ of severe disease.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Woman as a Physician," is the title of an introductory lecture delivered before the class of the Woman's Medical College of Baltimore by Eugene F. Cordell, M. D., which we receive as a reprint from the *Maryland Medical Journal*, October 6, 1883. It is an excellent historical resumé of the position of woman in the profession of medicine.

——We have received a circular letter addressed to the legislators, reputable physicians, and other enlightened citizens of Louisiana, in behalf of State medicine. It is a reprint from the Proceedings of the fifth annual session of the Louisiana State Medical Society.

——An exceedingly valuable book to all physicians is entitled "Medical Education and the Regulation of the Practice of Medicine in the United States and Canada." It is issued by the Illinois State Board of Health, and contains concise and reliable information concerning the various medical schools of this country and Canada.

——As reprints from the *New Orleans Medical and Surgical Journal*, May, June and July, 1883, we have received the following papers, read before the last meeting of the Louisiana State Medical Society: "Some Debatable Points in Small-pox and Vaccination. 1. Origin of Small-pox. 2. Comparative Merits of Bovine and Humanized Vaccine Virus. 3. Compulsory Vaccination," by S. S. Herrick, M. D., Secretary Board of Health, State of Louisiana. "Laceration of the Cervix Uteri, Its Causes, Pathology, Diagnosis, and Treatment," by D. M. Clay, M. D., of Shreveport, La. "Address of the President," A. A. Lyon, M. D. Oration of Rev. W. T. Dickinson Dalzell, and "Surgical Treatment of Wounds," by R. H. Day, M. D., of Baton Rouge.

——Among the several interesting papers in the Seventh Annual Report of the State Board of Health of Wisconsin, we have read with particular pleasure and satisfaction the one entitled, "Hints concerning Infantile Hygiene and Dietetics," by Dr. Knut Hoegh, of La Crosse. The volume contains a deal of interesting reading, all of which is exhaustively indexed.

——"Copp's U. S. Salary List and Civil Service Rules." Our many readers will welcome the solid information contained in the 160 pages of this recently-issued book. It is prepared by Henry N. Copp, a lawyer of Washington, D. C. All the Government salaries are given, from President Arthur's $50,000 to postmasters with $500, officials of the Treasury, Interior, War, and Navy Departments, Custom Houses, Post-offices, and fully 20,000 federal offices arranged by States and Territories. Specimen examination questions for admittance to the Civil Service throughout the coutry are added. The price of the book is only 35 cents.

——Of late years the profession has begun to more clearly realize that proper training can do much to elevate the mental condition of feeble-minded children. Hence the pamphlet by Dr. Chas. H. Stanley on "The Classification, Training, and Education of the Feeble-minded, Imbecile, and Idiotic," should find many appreciative readers. It comes to us as a reprint from the *Virginia Medical Journal*. It will give many valuable suggestions to physicians located away from the large cities where institutions for such children exist.

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INTESTINAL OBSTRUCTION.

The innate disposition of human beings to argue, the almost invincible desire of men to differ from one another, was never more clearly demonstrated than in the discussion of the important question of "Intestinal Obstruction" at the recent meeting of the British Medical Association.

From the *Brit. Med. Jour.*, October 6, 1883, we note that the discussion was opened by Mr. Rushton Parker, the essence of whose address was that in all cases of intestinal obstruction, unless we are absolutely sure of the cause of the obstruction, we should avoid all active treatment, and content ourselves with merely watching the case carefully and noting any symptoms that may aid us to an accurate diagnosis, when our line of treatment becomes plain.

The constitutional symptoms of intestinal obstruction are practically identical, no matter what the cause may be, and until some special sign calls our attention to the particular cause, Mr. Parker's expectant plan of treatment is clearly the rational one.

Suppose we have obstruction from invagination, or intussusception; we know that nature cures this condition by a process of gangrene of the incarcerated gut and union of the upper and lower segments of the unimplicated intestine; suppose now, before this union has become firm, or while the process of eating through of the invaginated gut is going on, we administer purgatives or enemas to remove the obstruction — will we not almost necessarily produce perforation, extravasation, and death? Hence Mr. Parker's wise injunction: *when in doubt, use opium enough to control the pain, stimulants enough to keep up the strength, and avoid solid food;* if invagination be the trouble, this treatment will put the bowel in "splints," until nature restores the continuity of the canal; if it be not so, then no harm results from our treatment.

But on the other hand, if we can clearly make out the cause of obstruction, without excessive and likely-to-be-injurious manipulation, and if it calls for surgical interference, as in strangulated hernia, adhesive bands binding down the gut,

carcinoma or some other tumor pressing on the bowel, Mr. Parker advises operation.

Several of the distinguished gentlemen present, catching only Mr. Parker's first part, or expectant plan of treatment, and either wilfully not hearing his wise regulations concerning the indications for operative interference, or actuated by a desire to hear themselves talk, roughly handled Mr. Parker.

They assumed that he advised the "let-alone" treatment in all cases, and they censured him severely for it, indicating that operation was imperatively demanded in certain instances, and citing cases to sustain what they claimed, all of which Mr. Parker had already said.

His views were probably a little more conversative than those held by some of his critics, for Mr. Lawson Tait held that it was wholly unnecessary and dangerous to wait for an accurate diagnosis, and he advocated early opening of the abdomen in the middle line, with the formation of an artificial anus in the first piece of distended intestine which presented.

With all respect for this distinguished opinion, we must think that the error of such precipitancy is evident; for should the obstruction prove a naturally curable one, as in many cases it would, we have not only subjected our patient to a dangerous operation, but we have afflicted him with a disgusting and inconvenient deformity. Again, by such a procedure, we are just as likely to open the gut *below* as *above* the obstruction, and in such an event we are truly "out of the frying-pan into the fire."

It may be much more brilliant surgery, but it seems more in accord with the dictates of common sense and prudence to postpone surgical interference, either until our diagnosis is sure, or until nature has demonstrated that, unaided, she is incapable of correcting the trouble.

Billroth has set the example of bold and almost reckless surgery; and in these days of competition and overcrowding, he has plenty of disciples, anxious to gain notoriety by similar boldness; but the teachings of our really great masters, of nature and of experience, clearly indicate that the resort to the knife should be truly a "*dernier resort*," and that it is always best to give nature a fair show.

It is easy enough to *cut*, but it is sometimes extremely difficult to *heal*, and it behooves us to think twice before we cut once.

There are certain clearly-defined cases of diseased condition, where the knife is the only corrective, and "intestinal obstruction" is not one of them. We will better fulfil our noble mission, if we patiently watch and wait, until nature tells us in unmistakable terms that her opponent is too powerful for her great energies, and indicates clearly that she requires the assistance of the surgeon's knife, which, we cheerfully admit, in certain cases, such as tumors, constricting bands, and the like, she does.

AN ELEMENT OF SUCCESS IN PRACTICE.

As is well known, some men of but medium professional acquirements meet with remarkable success in practice, while others, admittedly their peers, go through life struggling, with but a very small and insignificant patronage.

Some few years ago a man of unusual talents and acquirements, who was cheerfully recognized by the profession as one of its leading minds, but whose practice amounted to next to nothing, met on the street one of his old classmates, who enjoyed a very lucrative practice, drove a very fine equipage, and was generally regarded as an unusually successful physician, though his professional brethren knew very well that his spare time was not devoted to study, and that his professional acquirements were not of the most substantial or profound order.

The following colloquy ensued:

"See here—: we were students together; you didn't work as hard as I did; how is it that you have such a large practice, while I can't get any patients at all?"

The significant reply was: "Go to a barber's and have your hair cut; go home and take a bath, and put on some clean clothes; keep your shoes

polished and your face and hands clean; tone down your manners and drive a stylish horse and carriage, and you will get practice."

Here was the *polished* man and the "rough diamond;" the one made the money, while the other commanded the greatest respect and admiration from those whose opinion was worth having.

This anecdote illustrates the true position of physicians towards success. Though it is a pity that it should be so, nevertheless it is a fact beyond the possibility of denial, that he who possesses the greatest policy, he who can the best *advertise* himself, and not he who is the most competent, is the one who enjoys the largest measure of success.

Shut our eyes to it as we may, yet in our innermost selves we must admit that in medicine, as in any business, he who advertises the *most* and the *best* is the one who succeeds the best.

To a certain extent this is all as it should be. It is eminently proper and commendable for a physician to keep himself clean, and by this and other devices to make himself agreeable to his patients; it would be censurable for him to do otherwise; and so long as he does not detract from his brethren and does not in any way endeavor to represent himself as that which he is not, it is right and proper.

But we desire to call attention in an especial manner to a point that will have much to do in securing clients for those who properly practice it.

The mind of the latter part of the nineteenth century is an exceedingly inquiring function, and it is anxious to know the why and wherefore of everything.

Simple statements of so and so will not satisfy, and when a man or woman visits a doctor's office, they want to go away with a clear idea of what is the matter with them, and what you propose to do to remedy it.

If you do not satisfy this inquisitiveness, they will go to some one who will, and you will lose your patient. The man who can most clearly impart this information, is the man who has in him a great element of success.

We cannot better illustrate this idea than by quoting from the address of Dr. T. Clifford Allbutt, delivered at the opening of the Leeds School of Medicine, and published in full in the *British Medical Journal*, October 6, 1883. He says:

"A shake of the head and a dark allusion to the liver will not now satisfy an intelligent patient, nor ought it to do so. Fact and due season must guide our language; yet people nowadays 'want to know, you know,' and they are right. Such persons, wholly free from morbid curiosity, feel nevertheless that they ought to carry away with them a definite notion of their ailment—where it is, and how you will try to avert it. If you have no story for them, some one else has; and you must be brave enough to point out, if necessary, where your knowledge ends. Avoid infallibility. As some hot-tempered person cries, 'If you know nothing, why the deuce can't you say it?' There is no better test of a man's knowledge than his neat delineation of the shore-line of his ignorance. As a rule, a patient calls on you for information as well as skill; and while you are incapable of brutal frankness, your sympathy will be wise enough to teach you to give your opinions candidly and clearly."

A NEW SOURCE OF DANGER.

The *Lancet* recently warned its readers of the danger of infection from books, that they might be the medium of conveying the germs of infectious disease from one locality to another, and very sensibly warned us that before receiving books from doubtful sources, they should be carefully and thoroughly disinfected.

Notwithstanding the fact that the *New York Medical Record* rather ridiculed this idea, no less an authority than the *British Medical Journal* has seen fit to add its influence to the warning, and we cannot see why they are not correct; for if it is possible for clothing from a diseased locality to carry the disease, we cannot comprehend why books that have been in the sick-room, or have been handled by the sick person, may not prove equally potent.

And now comes a fresh source of danger, for the

British Medical Journal, October 6, 1883, tells us that Dr. Grassi is said to have made an important, and by no means pleasant, discovery, in regard to flies. It was always recognized that these insects might carry the germs of infection on their wings or feet, but it was not known that they are capable of taking in at the mouth such objects as the ova of various worms, and of discharging them again unchanged in their fæces. This point has now been established, and several striking experiments illustrate it. Dr. Grassi exposed in his laboratory a plate containing a great number of the eggs of a human parasite, the *tricocephalus dispar*. Some sheets of white paper were placed in the kitchen, which stands about ten metres from the laboratory. After some hours, the usual little spots produced by the fæces of flies were found on the paper. These spots, when examined by the microscope, were found to contain some of the eggs of the tricocephalus. Some of the flies themselves were then caught, and their intestines presented large numbers of the ova. Similar experiments with the ova of the *oxyuris vermicularis* and of the *tænia solium* afforded corresponding results. Shortly after the flies had some mouldy cream, the *oïdium lactis* was found in their fæces. Dr. Grassi mentions an innocuous and yet conclusive experiment that every one can try. Sprinkle a little lycopodium on sweetened water, and afterwards examine the fæces and the intestines of the flies; numerous spores will be found. As flies are by no means particular in choosing either a place to feed or a place to defecate, often selecting meat or food for the purpose, a somewhat alarming vision of possible consequences is raised. Dr. Grassi invites the attention of naturalists to the subject; and hopes that some effectual means of destroying flies may be discovered.

INSIDIOUS SYPHILIS.

Still again do we have to report cases that illustrate how insidious may be the transmission of syphilitic poison from one person to another, and to urge upon physicians to be always on the look-out for this hydra-headed monster.

A large ulcer on the cutaneous surface of the upper eyelid, that would not heal under ordinary treatment, bothered Dr. T. S. Meighan (*Glasgow Medical Journal*, September, 1883). Subsequently, constitutional syphilis became manifest, and the young man, though denying illicit intercourse, *remembered* that he had kept company with two lads who had venereal disease, and may have had communicated to him some of the matter from their sores, as he had something to do with their dressings.

In the other case, a young man received a "black eye;" a girl who was with him pricked the swelling on the eyelid, and sucked it to draw out the blood; by this means a good deal of blood was taken away. In a few days after the wound began to swell, and he felt it painful, and it soon developed into a small ulcer, which gradually increased in size; the swelling and hardness also became more marked. He has never had any venereal disease, but learned since that the girl had been suffering from a skin eruption on her body, and her mouth was also affected, and thinks that he was affected through her.

We may or may not believe these two stories, but whether we do or not, there is no question but that syphilis can be so communicated; and it will aid us very much in our therapeutic results, if we bear the fact in mind and allow it to influence our treatment in appropriate cases.

NOTES AND COMMENTS.

Forty Cases of Incision of the Chest for Empyema.

Dr. J. E. Eddison presented a tabulated report of these cases to the Section of Medicine at the last meeting of the British Medical Association (*Brit. Med. Jour.*, September 29, 1883), which he concludes as follows:

Children and young people do much better than adults. The duration of a case before operation has, on the whole, an unfavorable effect in proportion to its length. A very large amount of pus has a distinctly bad effect. Anæsthetics, ether at any rate, may be safely given, provided the breathing and circulation are fairly good at the time. The particular point at which the chest is incised has not much importance. The contents should be allowed to escape slowly—the larger

the quantity, the more slowly should they be removed. The maintenance of free drainage is of the very highest importance; any accumulation of pus, owing to obstruction of the drainage-tube, or to any other cause, being followed by an increase of temperature, and delay in the progress of the case. The use of antiseptics is worth the extra trouble; and, although cases may do admirably in which no antiseptics are used, yet, on the whole, patients do better and seem more comfortable when they are used, both for operations and dressings. Simple cases of empyema—in which the lungs are themselves sound, and in which the other organs of the body are fairly healthy—are almost sure to do well; but it is not possible in any case to estimate its probable duration with any exactness. Cases in which fluid has re-accumulated repeatedly, after having been drawn off, and especially when such fluid contains blood-cells, do badly as a rule, though not always; in such cases, it may be suspected that the lung itself is diseased, and probably tuberculous. No matter what complication is present, or what the probability of an ultimately unsatisfactory ending of the case may be, it is the duty of the attendant to incise the chest, even if only for the sake of temporary relief from pain and distress.

Nephrectomy for Cystic Tumor of a Floating Kidney.

Dr. William Walter reports a case in the *Brit. Med. Jour.*, September 29, 1883. The patient was a woman aged forty-two years. Some years since, when carrying two heavy pails of water, she felt something "give way" in the abdomen, and a tumor appeared below her ribs. This gradually and slowly increased in size, until about five weeks before the operation, when it rapidly augmented, lost its renal shape, became spherical, and a slight sense of fluctuation was detected. Vomiting and rapid emaciation ensued. Fearing it might prove to be cancer of the omentum, an exploratory incision was made in the linea alba. Upon enlarging the incision, the tumor appeared as a cyst attached to the lower and anterior portion of the kidney. This was punctured, and ten ounces of fluid drawn off. Carbolized silk ligatures were placed around the ureter, renal artery, and vein, which structures being divided with scissors, the kidney was removed. A sponge being applied to the parts was scarcely tinged with blood, and the edges of the wound were then brought together with five wire and two superficial silk sutures. The wound was then dressed with thymol gauze and cotton-wool pads, which were kept *in situ* with strips of plaster and a many-tailed bandage. Notwithstanding febrile complications, the woman made a good recovery.

On a Pupil Phenomenon Observed in Certain Pathological Conditions of Infancy.

The *Edinburgh Med. Jour.*, July, 1883, says that J. Parrot (*Revue de Médicine*, October, 1882), has noticed that in several children affected with acute diseases of the brain or its membranes, while they were in a comatose condition, if he pinched the skin of the epigastrium sharply, the pupil suddenly and decidedly widened, sometimes to a size thrice that of what it originally stood at, and he argues that while the general sensibility is lost, the sensibility of the skin may remain. He explains the phenomena on the supposition that it is reflex through anæmia, in consequence of the skin irritation, resembling the mydriasis resulting from a deep inspiration. The cases he relates are as follows:—6 of tubercular meningitis (3 with, 3 without, *post mortem* demonstration), 4 of hemorrhage into the pia mater (2 with P.M.'s), 3 of hydrocephalus, and 2 in which no cerebral lesions were found. He relates seven cases of various diseases other than of the brain, where, during the state of insensibility preceding death, he was unable to elicit the phenomena. The writer gives the following conclusion: "A child, with or without convulsions, which is in a state of coma, and whose pupils do not react on sharply pinching the epigastrium, is neither affected with tubercular meningitis nor with hemorrhage into the pia mater. It is in an advanced state of asphyxia, and its death is imminent."

Laparotomy in the New-born.

From the *London Med. Record*, June 15, 1883, we note the following:

At a meeting of the Imperial and Royal Medical Society in Vienna (*Wiener Med. Blätter*, March 22), Dr. Felsenreich showed a child, two weeks old, on whom he had performed a radical operation for the cure of umbilical hernia. The birth had been easy and natural, and the child itself was strong and healthy, with no other malformation. A tumor of the size of a lemon was situated in the abdominal wall, the umbilical cord being attached to its summit. The separation between the recti muscles was eight centimètres long and four centimètres broad, and contained intestines and the margin of the liver. Twelve hours after birth, the operation was made in the usual way, the hernial sac being attached to the edge of the skin-wound, which was closed by twelve

silk sutures, and dressed with iodoform. The operation was completed in twenty minutes, without much sign of pain on the part of the child, which took the breast immediately afterwards, and had a normal stool on the second day. The progress of the case was very satisfactory throughout, although the healing of the skin was somewhat slow.

Iodoform Intoxication.

We have been hearing a good deal of late about poisoning from the absorption of iodoform applied locally, and there already exists sufficient evidence to make us careful in its use. Mr. P. J. Hayes reports a case in the *Dublin Jour. Med. Sci.*, August, 1883, and makes some remarks on the subject. In the mild cases there is anorexia, headache, loss of memory; moroseness or even delirium; pulse accelerated and temperature elevated. In grave cases, hallucinations or furious delirium, urine scanty, temperature perhaps 104°, and in fatal cases, death in a state of coma. He concludes by saying:

"I think few surgeons will be found to oppose the recommendations of Martin and Veliaminoff, that iodoform should, in all cases where its use is indicated, be applied in small quantity; that especial caution should attend its use when much adipose tissue is exposed, and when the wound is extensive; that its employment is more or less contra-indicated by advanced age, tendency to fatty degenerations, diseased conditions of heart or lungs, and when there exists a susceptible condition of the nerve centres."

"Dysidrosis" or "Cheiro-pompholyx."

Before the Academy of Medicine in Ireland (*Lancet*, August 18, 1883) Mr. Corley read a paper on the disease to which Tilbury Fox applied the name "dysidrosis," and which Mr. Jonathan Hutchinson termed "cheiro-pompholyx." He detailed the history of two cases, both following injury of the median nerve, and in one of which, after the eruption had disappeared from the hand of the injured side, a similar eruption broke out on the other hand. This, he considered, indicated that the irritation produced in the member first affected was propagated to the spinal cord, and produced there a nervous disturbance which passed across and down the nerves of the opposite limb. From the consideration of these cases, as well as those detailed by Hutchinson and Fox, Mr. Corley was of opinion that the disease was genuine herpes zoster of the hand, due to either centric nervous disturbance or irritation of nerve-trunks; and he therefore rejected the name and pathology suggested by Tilbury Fox.

Lateral Closure of Vein Wounds.

Dr. Lewis S. Pilcher discusses this question in the *Annals of Anatomy and Surgery* for August, 1883, and formulates the following principles:

In every case of incomplete wound of a vein, attempt should be made to secure its lateral closure, and the preservation of its functional integrity, provided an unirritating ligature of suture material can be obtained, and the wound can afterwards be kept from septic infection.

In cases of incomplete wound of a trunk vein at the root of an extremity, the lateral closure of the wound should be attempted, even though an ordinary thread be necessarily used, and perfect antiseptic cares be impracticable.

In cases of incomplete wound of an internal jugular vein, when ordinary thread must be used for its treatment, and perfect antiseptic cares are impracticable, the vein should be ligatured in its circumference above and below the wound, and the division of the vessel made complete.

Electricity in Dermatology.

Dr. W. A. Hardaway contributes an article on this subject to the *St. Louis Courier of Medicine*, June, 1883, which concludes as follows:

"I will close by enumerating a few of the diseases of the skin in which electrolysis may be confidently employed, viz: pigmented nævi, small fibromata, miliary nodules of lupus, sebaceous cysts, xanthoma (Fox), warts, cutaneous horns, and some stages of epithelioma. From certain observations that I have made in regard to the action of this means in hypertrophied scar tissue, I am inclined to look upon it favorably in keloid.

"In short, it may be confidently stated that whenever it is necessary to use a destructive agent on the skin—one that is readily managed, that causes no hemorrhage, and leaves few scars—there is none better or more efficient than electrolysis."

A Successful Gastrostomy.

As an offset to our editorial on "Intestinal Obstruction" (see this issue, p. 494), in which we deprecated the use of the knife, we have now to report a case in which its use is to be strongly advocated. From the *Brit. Med. Jour.*, September 22, 1883, we learn that Mr. Fagan in August last performed gastrostomy for malignant stricture of the œsophagus. Of course, the patient experienced great relief, and up to date of report was

doing well. In these cases, if not immediately fatal, more or less relief *must* follow the operation; and as it cannot be procured in any other way, as nature is powerless to battle with her enemy, a resort to the knife is not only justifiable in suitable cases, but absolutely imperative.

Vleminckx's Solution in Acne Rosacea.

In the *Med. News*, July 7, 1883, Dr. H. W. Stelwagon says:

The solution is made by adding one part of lime and two parts of sublimed sulphur, or flowers of sulphur, to twenty parts of water. This is boiled down to about twelve parts, cooled, and then filtered. The result is a dark, orange-yellow colored liquid, with a strong odor of sulphuretted hydrogen. This is to be diluted as circumstances require.

Hot-water applications at bed-time, press out as many comedones as possible, and then apply for several minutes a lotion made up of one part of the solution to five of water, gradually increasing the strength.

Important Diagnostic Points of Popliteal Aneurism.

In a lecture on this subject, Dr. John Ashhurst (*Med. News*, July 14, 1883,) thus sums them up:

1. Expansive pulsation.
2. Stoppage of the pulsation and lessened tenseness of the sac by compression of the artery above the tumor.
3. The suddenness with which the pulsation returns when the pressure is relieved.
4. The thrill.
5. The bruit.
6. The diminution of pulsation below the tumor.
7. The increase of pulsation on flexing the limb.

An Instructive Case of Gastric Cancer.

The case reported to the Baltimore Medical Association by Dr. F. W. Pearson (*Maryland Medical Journal*, October 20, 1883), is instructive because of the difficulty attending the diagnosis, owing to the form of the cancer. The patient was unable to swallow; that is to say, everything ingested was immediately regurgitated. There was no evidence of cancer. The œsophageal catheter could be readily passed, but as its introduction caused alarming prostration, rectal alimentation was resorted to. The diagnosis was left in doubt. The autopsy revealed a cancer of the cardiac orifice, with a peculiar valvular arrangement of the new growth, which admitted of its being thrust aside by the catheter, but not by the food bolus, acted on by the enfeebled muscles of the œsophagus.

The Morbid Anatomy of Diabetes Mellitus.

As showing how little light has been shed upon this important question, we note that in the *Dublin Jour Med. Sci.*, August, 1883, Dr. Windle thus concludes an elaborate thirteen-page article, replete with tables:

"At present the position seems to be nearly this—either diabetes is a distinct disease, or it is not. In the former case we can scarcely believe that it has not some definite lesion, which up to the present has certainly not been discovered. If the latter hypothesis be true, we must learn to look upon it in the same light as jaundice, as a symptom which may be due to various causes and lesions."

The Common Diseases of Children.

Dr. R. L. Moore read a paper on this subject before the last meeting of the American Medical Association (*Ass. Jour.*, October 6, 1883), which concludes as follows:

One of the watchwords in treating children is "elimination." Don't lock up the secretions. Give Nature, that grand old mother, a chance. Very rarely should opium, or any of its preparations or derivatives, be used in the treatment of children. He who abides the nearest to this rule will always have the best success in treating them. Look after them closely. Stand by the small and frequently-repeated doses of tasteless medicines. Never forget that a sick child is always dangerously sick.

Report of a Case of Abscess of the Left Iliac Fossa.

Previous to the publication by Grisolle, in 1839, of his monograph on "*Les tumeurs phlegmoneuses des fosses iliaques*," the various inflammations liable to give rise to collections of pus in the pelvis were much confounded. In the October, 1883, number of *The American Journal of the Medical Sciences*, Dr. Louis W. Atlee, of Philadelphia, reports a case which shows throughout its whole course the distinguishing and characteristic features of a phlegmon of the iliac fossa, together with some very rarely observed consequences. In some remarks appended to the case, Dr. Atlee fully and clearly defines the diagnostic points between phlegmons of the iliac fossa and other inflammatory affections in that region.

Recurrent Hip Disease.

In the *Medical News*, October 20, 1883, Dr. H. R. Wharton reports a case of coxalgia, in which as a result of constitutional treatment, all active disease of the joint ceased. Deformity existing, subcutaneous osteotomy was resorted to; result, a comparatively straight and useful limb. While playing one day, the child fell on the diseased hip. An abscess formed, which was opened, and from this time the patient went rapidly down to a fatal termination. The autopsy revealed firm union at the seat of the osteotomy, while the head of the femur was found dislocated upon the dorsum ilii, and carious at points. The acetabulum was entirely denuded of cartilage, was carious, and communicated with the cavity of the pelvis.

Inflammation of the Middle Ear.

Though it is a self-evident fact, yet it is well to remind our readers that, as Dr. H. N. Spencer says in the *St. Louis Courier of Medicine*, October, 1883, those ulcerations of the middle ear which do not heal on account of some constitutional disease require, of course, that this interference be dealt with. The importance of constitutional treatment should not be overlooked in other forms of suppurative inflammation of the ear, but here it takes a more important and governing place, without which all local treatment will prove utterly inefficacious. The topical treatment will differ in no respect from that which would obtain under other undisturbed conditions.

Good Advice Concerning Laceration of the Cervix Uteri.

Apropos of hemorrhage as a result of laceration, Dr. William T. Lusk, in the *N. Y. Méd. Jour.*, October 20, 1883, says:

"It is always a good plan, therefore, at the time of laceration, to take a pair of vulsella forceps, and, as an assistant presses down the fundus of the uterus through the abdominal walls, you can draw the cervix down, and then with a needle and thread sew up the wound, as the tissue is now patulous and easy to work upon. In this way you can check the hemorrhage, and a suture makes the best hæmostatic we have."

Calculous and Other Affections of the Pancreatic Ducts.

Dr. George Woodruff Johnston, of Washington, D. C., in an elaborate paper in the October, 1883, number of *The American Journal of Medical Sciences*, presents the most complete clinical study of this subject in our literature. Altogether he has been able to collect only thirty-five cases in which, upon post mortem examinations, stony concretions were found in the pancreas. He cannot but believe that calculi are present in the pancreas far oftener than is supposed, and he can only attribute the paucity of medical literature upon the subject to the inexperience or carelessness of observers.

The Count De Chambord.

The post mortem of the Count de Chambord is a painful reminder of the narrow limits of our science. The professional leaders of the world thought he had cancer, and the autopsy says he had not; simply ulceration, non-malignant, of the lower part of the œsophagus and stomach. Still it is some consolation to know, that *simple* ulcer, especially in a man somewhat advanced in years, and more or less worn out by a life of care and worry, would be expected to present many of the symptoms of *malignant* ulcer.

Galvano-Puncture for the Cure of Aneurisms.

This operation deserves more recognition than it has obtained. Hence a case of subclavian aneurism so treated and reported by Dr. T. R. Chambers, of East Orange, N. J., in the October, 1883, number of the *American Journal of the Medical Sciences*, will be read with interest. The case lived four months and a half after the operation, and during three months of this time was in comparative comfort, many of the distressing symptoms disappearing.

Beri-beri.

Dr. F. H. Enders writes to the *Louisville Medical News*, October 13, 1883, from the Sandwich Islands that he has had the opportunity of seeing several cases of this disease. The symptoms are, pain, resembling cramp, in the posterior tibial muscles, œdema of extremities, great dyspnœa, quick and rapid pulse, high-colored and scanty urine, bowels constipated. The successful treatment consisted in the use of squills and digitalis, with tonics and a diet of potatoes, fresh meat, lard and fruit.

An Unsuccessful Nephrectomy.

Candor under adversity, which truly is even more rare than Christian charity, has induced Dr. Kidd to report in the *Med. Times and Gaz.*, September 8, 1883, an unsuccessful case. The diagnosis was made of a right kidney enlarged by abscesses. Nephrectomy was performed, and while at first the patient seemed to rally well from the operation, she died twenty-four hours afterwards.

from collapse, without any hemorrhage having taken place.

Suppression of Urine in a Child.

In the Lancet, September 29, 1883, Mr. Herbert E. Paxon reports the case of a child aged six years, in which there was absolute suppression of urine for five days. No cause could be discovered; uræmic symptoms were slight. Diuretic mixtures were given, and hypodermic injections of pilocarpine produced no apparent effect, not even diaphoresis. Finally the normal urinary secretion was re-established by the passage of about a pint of dark-colored urine.

The Treatment of Puerperal Convulsions.

A correspondent writes to the *Lancet*, September 29, 1883, that he has recently treated two cases as follows:

About twelve ounces of blood were taken from the arm, and a hypodermic injection of one-third of a grain of morphia administered. The seizures stopped immediately, and sleep was procured. A little chloral and bromide of potassium were given for a day or two subsequently.

Percussion of the Skull as a Means of Diagnosis in Epilepsy.

In the course of an article in the *Lancet*, September 22, 1883, Dr. A. Robertson tells us that in a case under his care, percussion of the skull revealed a painful area over the motor region of one side of the brain. The patient had long been subject to convulsive seizures, mainly unilateral, and has greatly improved since the application of a series of blisters over this region.

Fracture of the Olecranon.

In the *Medical Press*, October 3, 1883, Mr. W. Macnight Wilson reports a case in which the fragments were sutured with silver wire, and a perfect recovery ensued. It is best to remove the wire when union has taken place; but cases are on record where the wire has become imbedded, but in all of them it has ultimately made its way out.

Vaginitis in Old Women.

Of practical value is Dr. Deprès' note in the *Gaz. des Hopit.*, concerning cases of vaginitis in old women, which he finds due to the urine, highly charged with urates, obtaining access to the vagina, owing to incontinence from partial paralysis of the neck of the bladder.

Mushroom Poisoning.

Julius A. Palmer contributes an article on this subject to the *Boston M. and S. Jour.*, September 20, 1883. So far as known, the amanita is the only mushroom that has proved fatal to human life. The treatment consists in the hypodermic injection of atropine.

The Immediate Suture of Divided Nerves.

In the *Glasgow Med. Jour.*, October, 1883, Mr. Clark discusses this subject, and concludes that it is eminently proper to at once suture divided nerves. It should be as much a rule of practice to bring together the cut ends of a divided nerve as to stitch the wound in the muscles or skin.

Tetanus Neonatorum Successfully Treated with Bromide of Potassium.

Dr. L. Emmett Holt reports a case in the *Boston M. and S. Jour.*, October 18, 1883, with the hope that others may be led to test the drug in future cases, to see whether after all we have not in the bromide of potassium a remedy fully as efficient as chloral, and much safer.

CORRESPONDENCE.

Pleurisy with Effusion with Unusual Complications.

EDS. MED. AND SURG. REPORTER:—

Mrs. C. T., 26 years of age, very small in stature, of spare build, delicate constitution, had been in very poor health for nearly a year in consequence of overwork and confinement in nursing a sister through a long illness, but had regained about her usual health and strength.

Early in March, 1883, she began to be troubled with pain in the right hypochondriac and lumbar regions, but kept around until the 22d, when I was called to see her. The pain was now severe all over the right side, from the supra-clavicular fossa downward, aggravated by any motion and by cough or talking. Pulse, 132; respiration, 32; temperature, 102.8°. Dullness on percussion over right lung as high as second rib anteriorly and spine of scapula posteriorly. Diminished respiratory murmur over the same extent, with complete absence in inferior portion. Exaggerated respiratory murmur over left lung.

On the following day the urgency of the symptoms was much abated, and continued to improve until the 30th, when, after sitting up in bed, she had a slight chill, faintness, and pain in the abdomen, which was followed by menstruation, which proceeded normally.

On April 7, there was pain in the left mammary region, accelerated pulse, and slight rise in temperature, but no friction sound could be found; but on the 8th the distress of breathing was increased, and pleural friction very well pronounced. On the 10th, Dr. B. saw her in consulation with me, by which time the friction sound was gone as well as the pain, and with no evidence of effusion in that

side, while the line of dullness on right side was now about on a level with the nipple. On this day she complained of aching pain in the back and lower extremities, which by the following day had become constant, and so severe as to be the prominent symptom. There was no perceptible swelling, but tenderness on pressure, especially about the left ankle-joint, and in the left inguinal region. On the 12th there was slight swelling about the internal malleolus of the left ankle, and there seemed to be a little fullness of the whole leg, and a tenderness especially marked in the line of the larger lymphatic vessels, but not the least redness of the surface. In the following days the inflammation ascended the thigh, and on the 23d was centred in the pelvis, while the leg and thigh were much better. The pain and tenderness in the pelvis was great, and the neck of the uterus was found to be very tender and engorged, as was also the vagina and surrounding tissues. (At this date it is noted that the chest is normally resonant, and the respiratory murmur distinct over the whole of the right side, except at the extreme base.) This condition of the pelvis gradually improved, while simultaneously pain and tenderness appeared over nearly every portion of the abdomen, but all finally disappearing, and convalescence proceeded without special interest. On May 25 she menstruated, having missed the April flow.

The treatment of the pleural effusion was by the common method of diaphoretics and diuretics, with alteratives (pil. hydg. gr. j-ij. ter die), with counter-irritation by tr. iod., and tonics and opiates as required. During the acute inflammation, aconite in small and frequent doses, and quinine in two-grain doses every two hours, with fomentations to the limb and abdomen. During the whole illness I had continually to *insist* on the taking of nourishment, though the patient would insist that she was taking enough, while the strength was so reduced that she could not turn in bed, or hardly draw up an extended limb. When she had been sitting up for two weeks she weighed 82 pounds.

The peculiarities of the case were the supervention of acute pleurisy on the opposite side of the chest, with no appreciable aggravation of the previous trouble; and the inflammation of the lymphatics of the extremities, and the abdomen—a complication which I do not remember of ever having heard or known—these seeming to be simultaneous with the absorption of the effusion in the chest.

Did they sustain the relation of cause and effect?

O. A. Dean, M. D.

Stoughton, Wis.

Idiosyncrasies.

Eds. Med. and Surg. Reporter:—

The tomato having been accused in some late numbers of the Reporter of affecting the urinary organs, allow me to add that it may affect the intestinal tract in a manner very similar to the effect of oxalic acid, only it is milder. Until 1871 I had been in the habit of using tomatoes quite freely each season. That year I had to use them quite moderately, and the discomfort increased year by year, till in 1874 they were entirely discarded. Several times during the past five years I have experimented by eating a slice of tomato, and have invariably suffered from two to six days after each trial. The same idiosyncrasy has developed in a robust, hard-working farmer, originally from the north of Ireland. In his case also, it increased from year to year, till in about four years he discarded them entirely.

But an idiosyncrasy may be developed suddenly. In the winter of 1853, I was attacked with pneumonia, and, according to the feeding and stimulating theory of treatment, ought to have died; for I took neither food nor medicine, till the fever was entirely gone. I then drank a glass of milk, took a long sleep, and awoke uncontrollably hungry, and no one about but a strapping Hoosier girl. Persistent inquiry of Betty brought out several interesting facts. There was nothing eatable in the house but tainted bacon and cold boiled parsnips. Pap had gone to Evansville for cornmeal; Mam had gone to Buckskin for turnips; and Crit had gone to Big Creek to try and shoot a duck for supper. (Some of my Hoosier brethren can locate me.) I proposed to Betty to go to some neighbor and borrow a bit of meal for gruel. But Mam had taken her shoes, and her feet could neither be coaxed nor crowded into my boots; and I could not ask her to go a mile and a half barefoot in February for the chance of getting a spoonful of meal, when Pap was *sure* to be home to-morrow, and Crit *might* get a duck or a rabbit to-night. I told Betty I would wait till some of them came home. But I had miscalculated my endurance, and towards night told her to warm up a little of the cooked parsnip. I ate, and oh! how I suffered! I have taken tartar emetic and croton-oil, but neither singly nor combined have they even approached that dish of parsnips in activity. And ever since, though the taste is pleasant, they act as an irritant poison.

F. R. Millard, M. D.

San Diego, Cal., October 9, 1883.

News and Miscellany.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, July 1, 1883, to September 30, 1883.

Bailhache, P. H., surgeon. Detailed as member of Board to examine candidates for promotion, August 23, 1883. Detailed as Surgeon-in-charge, Cape Charles Quarantine Station, September 5, 1883.

Miller, T. W., surgeon. Granted leave of absence for twenty-five days, August 31, 1883.

Wyman, Walter, surgeon. Detailed as member of Board to examine candidates for promotion, August 23, 1883.

Long, W. H., surgeon. Granted leave of absence for twenty days, September 25, 1883.

Smith, Henry, surgeon. Directed to take charge of quarantine service at the Capes, July 29, 1883.

Stoner, G. W., passed assistant surgeon. Granted leave of absence for thirty days, August 24, 1883. To inspect the relief stations along the coast of Maine, September 29, 1883.

Goldsborough, C. B., passed assistant surgeon. Granted leave of absence for thirty days, August 29, 1883.

Banks, C. E., assistant surgeon. Relieved from duty at Portland, Oregon, and to report to the Surgeon-General at Washington, July 10, 1883.

Carmichael, D. A., assistant surgeon. Granted leave of absence for ten days, August 31, 1883.

Peckham, C. T., assistant surgeon. To proceed to Portland, Maine, for temporary duty, August 25, 1883.

Devan, S. C., assistant surgeon. To proceed to Portland, Oregon, and assume charge of the service, September 11, 1883.

Kalloch, P. C., assistant surgeon. To proceed to Philadelphia, Pa., for temporary duty, July 25, 1883. To rejoin his station, New York, July 31, 1883.

Yemans, H. W., assistant surgeon. Relieved from duty at Sitka, Alaska, and to proceed to Portland, Oregon, for temporary duty, July 10, 1883. To proceed to San Francisco, California, reporting for duty to Surgeon Vansant, September 11, 1883.

Glennan, A. H., assistant surgeon. To remain at Norfolk, Va., until further orders, July 29, 1883.

Wasdin, Eugene, assistant surgeon. To proceed to New Orleans, La., for temporary duty, August 2, 1883. To proceed to Mobile, Ala., for temporary duty, August 27, 1883. To rejoin his station (New Orleans) as soon as practicable, September 25, 1883.

PROMOTIONS.

Guitéras, John, passed assistant surgeon. Promoted and appointed passed assistant surgeon by the Secretary of the Treasury, from September 1, 1883, August 31, 1883.

Wheeler, W. A., passed assistant surgeon. Promoted and appointed passed assistant surgeon by the Secretary of the Treasury from September 1, 1883, August 31, 1883.

RESIGNATION.

O'Connor, F. J., assistant surgeon. Resignation accepted by the Secretary of the Treasury, to take effect August 1, 1883, August 2, 1883.

APPOINTMENT.

Wasdin, Eugene, M. D., of South Carolina, having passed the examination required by the regulations, was appointed an assistant surgeon by the Secretary of the Treasury, August 2, 1883.

Post-graduate Courses.

The Medical and Surgical Reporter was the first journal in the United States to advocate the establishment of post-graduate courses of instruction, and it is pleasant to see how warmly this novelty in medical education has been received by American physicians. There are three at present organized in this city, one connected with the University, one with the Jefferson, and a third independent of these colleges. Of that connected with the Jefferson, Dr. R. Bartholow is Dean, and it has a corps of eighteen instructors, numbering among them several of the ablest specialists in Philadelphia. Such facilities for graduates are urgently needed in this country, and we hope will be largely patronized.

Burgess' Air Compressor.

This useful invention, which will be found described in our advertising pages, is extremely well adapted for the continuous and regular administration of spray. It allows the operator to have one hand free, while with the other he directs the atomized fluid. It is worked by an easy motion of the foot, and the instrument is light, commodious, and cheap. In this city it has been in use for more than a year in the offices of specialists and in hospitals, and is steadily growing in favor. It has also many uses in general practice.

Personals.

—The death at the age of eighty-four is announced of Dr. Wilhelm Baum, of the University of Göttingen. He became the senior of the medical faculty on Wöhler's decease, and had long held the chair of surgery, which is now occupied by Kœnig. He was considered in Germany as one of the school of conservative surgery, to which Langenbeck and Stromeyer belonged.

Items.

—The following is from a recent official circular in relation to the medical corps of the U. S. Army: "Few candidates pay the attention to hygiene which it deserves; it is always made a subject of this examination, and will be considered *a vital one in the examination for promotion after the expiration of five years' service.*"

—M. Sebas, former pupil of the "Ecole Polytechnique," informs the Académie des Sciences that he has discovered the means of extracting alcohol from the fermented pulp of melons. Alcoholic fermentation does not take place in the pulp, notwithstanding the sugar it contains, until sulphuric acid is added. Five litres of alcohol can be extracted from thirty kilogrammes of pulp.

QUERIES AND REPLIES.

A Vehicle for Salicylate of Sodium.

Eds. Med. and Surg. Rep.:—

Will you or some of your readers kindly give me a method of combining salicylate of sodium so as to be as pleasant as possible? I desire a method that can be employed by a practitioner who dispenses his own medicines. I have been using spts. lavand. co. and syr. limon., but they do not answer.

"Country Doctor."

MARRIAGES.

JACKSON—TIERS.—In this city, October 20, 1883, by the Rev. Thomas P. Hutchinson, Dr. Charles Percival Jackson and Rosalie Vallance, daughter of the late Arundius and Anna M. Tiers, of this city.

RUDDEROW—WRIGHT.—In this city, on Thursday evening, October 18, 1883, at the Arch Street Methodist Episcopal church, by the Rev. Andrew Longacre, D. D., and the Rev. Joel Rudderow, Dr. Benjamin Janney Rudderow and Mary Armstrong Wright, daughter of Mr. Thomas F. Wright.

DEATHS.

BURNETT.—In New York city, on Friday, October 19, 1883, Dr. D. Walton Burnett, aged twenty-three years.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE THERAPEUTIC VALUE OF MENTAL OCCUPATION.

GRADUATING THESIS OF HANNAH M. THOMPSON, M. D.,
Of the Woman's Medical College of Pennsylvania,
Class of 1883.

(*Continued from page* 482.)

Case 2. I am able to give more in detail. This was a typical case of neurasthenia, complicated, as it so often is in women, with uterine disease.

The symptoms of cerebral neurasthenia were the most prominent, and indeed the only marked symptoms of this case, and were of such a nature as to threaten serious disaster. Of these, insomnia was perhaps of the most alarming import.

The patient complained of a continual aching at the base of the brain, inability to hold up the head without support, and an intense throbbing and pressure increased on lying down; frequent attacks of severe nervous headache; occasional syncope or vertigo with momentary loss of consciousness; heaviness and numbness of the limbs, with partial paralysis of one arm at times, and great general exhaustion. In addition, failure of memory; a want of power of concentration; great mental fatigue and confusion, with brain excitement and inability to rest, rendered her condition extremely pitiable.

She expressed herself as feeling sometimes as if her brain were on fire, or as though it were in convulsions.

Here was certainly every indication for brain-rest, absolute and prolonged, but how was it to be attained? The patient was compelled to give up her accustomed occupation of teaching. Rest at home, with but little medical treatment for about a year, was followed by only slight improvement. Different methods of treatment away from home brought but little better results, at least no permanent benefit. Indeed, it seemed that too frequent dwelling upon her own ills—real and severe as they were—was impairing her mental integrity, and thwarting all efforts at cure. About this time she consulted a physician of keener insight into nervous diseases than is usual. He at once recognized this danger, and in looking about for a change of thought for her, found her tastes inclined toward medical studies. An attendance upon one subject of the medical course, under the instructions of a live teacher and vigorous thinker, was proposed. She at once entered into the project with much interest. There was a stimulus and encouragement even in the thought that it was possible for her to do something.

A favorable change was noticed by her physician and friends both in her expression and conversation, almost upon her first effort at work in this direction. The progress, however, was slow, as is always to be expected in cases of decided brain-exhaustion of so long standing. Recovery was also greatly retarded by the uterine affection. This was not only very stubborn in yielding to treatment, but the shock of local treatment was so great that she would scarcely rally from one before another was required. In spite, however, of this source of irritation and weakness, she continued steadily to improve, especially in nervous and mental strength. The first winter she was only able to attend, and very irregularly, three lectures a week.

The second winter she undertook two subjects, and private recitations once a week.

The next session she commenced with three branches, but on account of sickness and death in her family, she abandoned lectures for that winter. In the spring she commenced dissection and laboratory work, and recitations with the class, besides a part of the lectures of the spring course.

The next winter she attended lectures in three branches (two of these new subjects to her), recited twice a week publicly, continued dissection, and at the end of the session passed the final examination in one subject. The next session lectures in four branches were attended; she finished practical anatomy, recited generally three times a week, attended clinics, and passed the final examination in two branches.

The next winter she again took four subjects, was able to take hospital week for the first time, to attend regularly at lectures, clinics, and recitations, and to take the final examination in two branches for the first time *with her class*, and at the appointed hours.

The next, and her final winter in college, she took the three remaining subjects and recitations upon these, with lectures upon a special subject, and clinics, generally four times a week. At the close of this session she passed examination in the three branches, and graduated, holding what she had gained in health, and showing marked improvement upon the year previous. This record shows of itself that each year she was able to undertake and accomplish a little added mental work. At the beginning of the first winter she could not hold up her head without support during one hour's lecture, nor could she read and comprehend a page on the subject. In fact, it was at first impossible at the close of a lecture to *recall the subject*. The very presence of others, and the excitement of new surroundings and new thoughts, was all that she could bear. At her first efforts at study she could only read five or ten minutes without resting, then she might be able for a few more minutes, and often that would be all for that day. Sometimes she would sit for hours with a book or notes before her, unable to get her brain quiet.

She found the best way was to take one statement of the lecturer, and *think that out*, and as she continued with sentence after sentence in this way, generally choosing the most difficult, she would find her brain growing quieter and less painful. It was a kind of mental gymnastics, with frequent and sometimes discouraging halts, and no great gain from day to day. In comparing year with year, there was no doubting the progress, as already shown.

Friends predicted that the mental strain, and festivities attendant upon graduation, would be too much for her.

On the contrary, after resting but a short time, she commenced a post-graduate course, and during the spring following graduation, with other practical work, she performed an important surgical operation in the presence of the class.

This gives the history of this case up to the present date. Relatively speaking, the results have been quite as marked, and as forcibly illustrative of the recuperative power of satisfying mental work as case 1. She has not yet reached the same standard of health and strength, but the tendencies are strongly and steadily in that direction.

When two lives, almost wrecks from nervous troubles, are restored to usefulness, to comfort and health—or sure prospects of health—by earnest mental work, it is time we were looking on this side, and collecting the facts to combat false theories upon this subject. Before medical as well as non-medical people denounce intellectual work as injurious to woman's health, it would be well for them to study her mental constitution and the possible effects of mental repression upon her physical condition. Far oftener it is the want of adequate thorough mental training, and of a definite object in life which undermines the health of woman. When she learns the laws which govern her physical nature, and lives in accordance with those laws, she will have strength, even though delicately constituted, to be a scholar, a thinker, and a worker, in the largest and best sense. And as her education is extended and improved, the reaction upon her character and physical condition cannot fail to be most beneficial.

The reflex functional disturbances and nervous disorders which are associated with uterine and ovarian disease, present an important field for investigation. And while it is not to be supposed that mental influence, of whatever nature, will cure serious uterine, or other organic disease, there is no doubt but that in many cases of debility and diseases of woman, much good can be accomplished, if not a complete cure wrought, by directing her nervous energies into healthful channels. Where the nervous system is deeply involved and uterine disease reacts mainly upon the brain it requires all counteracting influences to *preserve the mind*, under such a pressure. That many women do succumb to the strain from this source, and become insane from these causes, there are sufficient facts to prove.

But there is one difficulty always to be met in carrying out some such plan of treatment as is indicated in our report of cases. While we cannot believe, as is often asserted, that the nervous or nervously debilitated must not study or think, these have to guard continually against the excitements and pressure of a stimulating mental atmosphere. But with the utmost care, patience and courage on the part of the invalid, and the coöperation of physician and instructors, this danger can be safely passed. Upon this subject Dr. Brown-Sequard says: "How often have I not seen young epileptics kept in idleness—alas! by medical advice—improve rapidly by having their minds occupied at regular hours in nearly the same way as healthy people of their age."

The study of medicine is not the only road to better health and a wider life, though its many sources and tributaries offer a large field for thought and work, and the knowledge of the laws of life and health which it unfolds, invaluable as they are to all, are of paramount significance to the seeker after health. Besides, it would seem that the very *extent* of this work, and its constant and absorbing interest, makes it one of the best of all mental rejuvenators, and one which holds possibilities for woman, unsurpassed by no other occupation or field of labor.

In the more enlightened methods of treatment of the insane of the present day, regular and varied mental occupation has become an important part of the system of cure.

Mental Cultivation as a Prophylactic.

Preventive medicine has been justly regarded as the highest department of the art of the physician. And in this extensive field there is no more urgent or important work than the prevention of nervous and mental diseases. In the language of Grotius: "The care of the human mind is the most noble branch of medicine." Still, the attention of parents and teachers is seldom directed to the important object of the prevention of insanity, and but little interest is really taken in *education* as a means to this great end. "That which is preventable," says Tuke, speaking of insanity, "shall have been reduced to a minimum by the widest extension of a thorough, but not oppressive and too early-commenced education."

And Maudsley: "I believe that the aims of a true education would, if sincerely recognized and earnestly pursued, do more than all the maxims of philosophy have done, and all the arts of medicine can do, to lessen the amount of insanity on earth."

All that has been said, and all that can be said of the hygienic value of mental training holds good here, for whatever promotes health tends to prevent disease; but where there is a predisposition to certain diseases, whether inherited or acquired, there is an additional necessity for avoiding all exciting causes, and considering all preventive measures. If the prevalence of nervous and mental diseases is due to the pressure of modern life, by strengthening the nervous system, and fortifying mind and body by all available means, we might largely, if not wholly, neutralize this danger. While the property of irritability is the normal condition of nervous tissue, and the one by virtue of which it performs its function, over-irritability becomes a pathological condition, and the initial stage of structural changes.

This may be a result of a lack of vitality, a failure of nutrition, or a want of the power of inhibition from defective development of the higher centres of thought and will. Much might be done toward counteracting the tendency in these unstable centres, to disorderly and excessive action, by development and habitual exercise of the *higher brain centres*, as well as by improving the condition of the nervous system. On the physical side our aids are proper diet, exercise, rest, and other hygienic influences, but these are not as likely to be neglected, nor are they as important in a prophylactic sense, as a *special care of the mind*, and provision for its activities. Says the late Dr. Isaac Ray: "However important may be the physical regimen of persons predisposed to mental disease, it is unquestionably upon their mental exercises, that the fate of the larger portion must chiefly depend."

There is in every nature special inclinations and impulses of development which may be fostered or checked by the conditions of life, and the influences of education and training. A neglect of mental and moral training, an injudicious education, and an unwise mode of life, may so aggravate an inherent mischief that insanity is the natural outcome; on the other hand, a wise and harmonious education and happy external influences, may raise a barrier against the strongest—even the hereditary tendency. The records of insane hospitals show that there is scarcely an idiot so low that he cannot be so far improved by patient and laborious culture, as to acquire some power of self-government, both in regard to his body and mind.

But great as is the power of will when rightly developed, we must not forget that its development is a slow and gradual process. It represents a physiological and psychological growth, which

requires time and systematic exercise for its perfection.

But just as we may gain by practice, control of the muscles of the body, so that they may be coördinated in the most complicated action and thus obedient to the will; so can we by exercise acquire control over our thoughts and feelings, and associate them for the accomplishment of a definite aim in life. But how seldom is self-development and the formation of a character founded upon self-discipline and self-command an aim in life! The aims which chiefly predominate are of such a nature as will inevitably arouse and foster dangerous emotions and passions in their attainment. All the commonly named moral causes of insanity spring from wounded self-love, or from an undue prominence of the lesser things of life. They are griefs of a kind to which a rightly developed nature should not fall a prey.

Mental cultivation as a prophylactic can scarcely be carried too far, so long as consistent; for the more extended the range of the mind and the broader the discipline, the less danger of that partial, one-sided mental activity which is strikingly characteristic of insanity. There is also greater recuperative power in a mind of large resources, and it is less difficult to awaken new trains of thought, and to excite new emotions in such a mind, than in one who has scarcely an interest or a thought beyond his daily occupation.

But for the mind's healthy working, there must be variety and recreation. There is as much danger in keeping the bow ever bent, as in allowing the mind to lie long fallow.

This applies to all, but with the greatest force to those who are predisposed to nervous or mental diseases. Not only must they avoid all haste and excitement in their mental, as their other movements in life, but there must be a due relation between their abilities and their ambitions. They must not only understand the best methods of working, but that a full amount of mental labor and continuous mental strain is out of the question.

On the importance of directing the mind to *healthy* subjects, both from a curative and prophylactic point of view, too much cannot be said.

It has been said that where one has gone deranged from the study of science, hundreds have become so from studying the mysteries of existence and endeavoring to solve the problem of evil. The subject referred to is so common a cause of mental derangement, that its consideration properly belongs to preventive education.

The religious feeling, when properly regulated, is a power more efficient than any other in moderating the daily anxieties and fevers of life, as well as in keeping the mind calm and steadfast through all its conflicts. But when religious devotions and feelings are allowed to entirely absorb the mind, and to induce a morbid self-analysis and introspection, it becomes a dangerous element.

When men have grasped the true meaning of life, and have founded their faith upon the Eternal Verities, they will not be greatly distressed about the future, nor much concerned about their part or place in the universe. Neither will they be unduly depressed or elated by the ebb and flow of the tides of life.

It is to the influence of the great truths of Christianity, clearly apprehended and practically applied, and to the development of the vast amount of undeveloped mentality which there is among mankind, that we may look for the highest health, and the diminution, in time to come, of the sum of insanity upon the earth.

APSITHYRIA.

BY J. SOLIS COHEN, M. D.,

Of Philadelphia.

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Several years ago (THE MEDICAL AND SURGICAL REPORTER, May 1, 1875.) I reported a series of cases of *apsithyria* or inability to whisper, associated with paralytic aphonia or loss of voice. Some additional examples of the double infirmity have come under my observation since that period. One of these was attended with so much difficulty in management, and gives withal such striking evidence of the value of persistence in treatment, that I am tempted to record the circumstances of its origin and progress, at some length.

A farmer's daughter, unmarried, forty years of age, who had at one time taught in a country school, was brought to me November 22, 1881, by her physician. For fifteen months her voice and whispering power had been absolutely lost, the double infirmity compelling resort to tablet and pencil as her only means of personal communication.

In February, 1879, she had been the subject of pneumonia. Recovery left her aphonic. For about eighteen months she had remained able to talk in

a whisper; but since that time, "word of mouth" had been for her an impossibility.

Submitted to the most rigorous tests, the apsithyria proved to be real. It had no analogy with the simulated infirmity attending some cases of so-dubbed hysterical aphonia. Laryngoscopic inspection revealed paralysis of the arytenoid muscle and of both lateral crico-arytenoids. The larynx and pharynx were pallid.

The lady was debilitated, dispirited, languid, and hypersensitive. Stomachic digestion was good, but appetite was lost. Intestinal digestion was imperfect, and decomposition of its products frequent. Insomnia was constant. The patient asserted that this condition had been of some two years' duration, and that for more than a year she had not known what a sound sleep was. To complicate matters still further, the unfortunate lady was so deaf that she could not distinguish words uttered in unfamiliar tones, even though they were shouted close to her ear. Hence, for a long time, I had to depend upon the voice of her sister as my source of communication with her. Occasionally even this resource failed, and there was no communication save by the pencil. So many directions have to be given patients during laryngoscopic examinations, and still more so during intra-laryngeal manipulations, that treatment of the diseased larynges of the deaf is far from being a pastime. I begged the lady to write out her own medical history for me up to the period of our first interview, and from the notes she gave me I cull the following data:

From the age of one year to eighteen, she had suffered from asthma, to which she attributed her deafness, which began in her tenth year and increased with every cold she took. She probably suffered with a chronic rhino-pharyngitis, which gradually extended into the middle ear, and also excited asthmatic paroxysms of reflex origin from occlusions in the nasal passages.

Fifteen years before her visit to me (1865) she had an attack of typhoid pneumonia which left her invalided for seven months. Indeed, she never fully recovered, having had impaired respiratory power, occasional hemorrhages, and delicate lungs, ever since.

Five years later, during an attack of remittent fever, her head was kept bathed with ice water during several days and nights. After recovery, the hearing was much worse, and continued failing until at the end of about two years it had reached its present deplorable condition. Thirty-three months before applying to me (February, 1879), while visiting relatives in the Northwest, she was, after a ride in the cold wind, seized with such intense dyspnœa and severe pain in the chest (mediastinal pleuro-pneumonitis?) that her physician remained by her side for four hours before he deemed it prudent to withdraw, having despaired of her recovery for three hours. Every inspiration seemed a gasp for life, and the pain was sharp as though daggers were being plunged into the chest. The abdomen and extremities were cold and numb. The recumbent position could not be maintained. For three hours she had to sit propped up in an arm-chair; and for three days thereafter she remained sitting upright in bed with supports to her back, breathing being absolutely impossible in a reclining posture. Confinement to bed continued two weeks. During the first week of illness, the voice remained natural in tone, but very faint. It gradually waned to a laryngeal whisper, as had been usual with her, for a time, after every illness. Hence the aphonia excited no alarm. It was probably but one expression of general muscular debility.

Several weeks elapsed before strength began to be regained. During this period, the loss of voice was attributed to general nervous exhaustion, and recovery was predicted as she should increase in vigor. Six more weeks passed with returning health, and still the voice continued to be a mere whisper. After careful examination of the throat at this time, the physician announced that the aphonia was probably irremediable, but suggested that my advice should be sought.

The patient returned to her home in Pennsylvania during the following June. Her own physician encouraged her with hopes of recovery of voice, and put her upon general tonic treatment. For months the voice showed little change. At times it would be an audible whisper; again, barely distinguishable. Every attempt at conversation induced weariness and muscular fatigue.

A second attack of thoracic pain and dyspnœa occurred about one year after the attack described. It was much less severe, but it left her with so weak a voice that she could barely make herself heard; and often she could not be understood.

She now consulted the gentleman who ultimately transferred her to my care. She remained under his immediate attention for five weeks, during which applications of electricity (induced current) were made daily to the exterior of the throat. The voice became stronger under these manipulations, but even then, it was but a low and feeble whisper. Efforts to speak were so exhausting that they were made under compulsion only. She was then advised to continue the elec-

tric treatment at home during the summer, and to visit Philadelphia when the weather became cool enough, for the purpse of consulting myself. Her sensitiveness in approaching strangers, due to her hardness of hearing and her difficulty in talking, long deterred her from acting on this advice.

Meanwhile, she did not continue the applications of electricity; and within two weeks from their cessation, her voice failed her utterly, and she could no longer be understood. This failure seems to have been the first manifestation of aphthyria.

At this time (August, 1880), the patient began the use of slate and pencil, which she had not been able to discontinue.

In October, the applications of electricity were resumed, and continued for many months, but without the slightest benefit to the voice. The lungs, however, seemed to improve in respiratory power and endurance under the electricity, and hemorrhages became much less frequent. Since her first attack of painful respiration, she could bear neither wind nor cold, and for the last two years, the throat had been more or less sore continuously—so sore at times as to prevent deglutition. For fifteen months it had been better under frequent treatment by sprays; and more comfortable for the last three months than at any other portion of the two years.

This history was not a very promising one for treatment, nor was the patient a favorable subject. Nevertheless, basing my opinion chiefly on the integrity of the gastric function, which had been fairly maintained, I gave a cheerful though guarded prognosis, and predicted return of both whisper and voice as the reward of persistent, while necessarily protracted treatment. I had the good fortune to secure the thorough confidence of my patient; and this was not withdrawn, though disappointments and relapses were frequent.

The plan adopted comprised the internal administration of sulphate of strychnine in gradually-increasing doses, and topical applications of currents of electricity daily to the paralyzed muscles of the larynx, to some of the voluntary muscles of respiration, to the orbicular muscles of articulation, and to the region traversed by the pneumogastric nerves in the neck—the strychnine being given in aqueous solution, one grain to the ounce, commencing with a dose of ten drops thrice a day for the first day, eleven drops for the second, twelve for the third, with continued daily increase of the same quantity until some indication of its constitutional influence was manifested, when the dose was at once diminished to ten drops, with a daily increase of two drops, instead of one as before, and so on in permanent medication.

(*To be continued.*)

A CASE OF TETANUS, WITH STATISTICAL AND OTHER NOTES.

BY THOS. S. SOZINSKEY, M. D., PH. D.,
Of Philadelphia.

(*Continued from page* 484.)

It appears that tetanus very rarely manifests itself later than the twenty-first day after the reception of the wound. Usually, as in the case reported, it shows itself some time in the second week.

In Gross's, as in most authoritative works on surgery, it is stated that the "great majority of deaths [from tetanus] occur from the third to fifth day;" and it is further commonly held, that the more rapidly the disease develops the more likely is it to prove fatal, and *vice versa*. This is very similar to the dicta of Hippocrates, one of whose celebrated "Aphorisms" reads as follows: "Such persons as are seized with tetanus die within four days, or if they pass these they recover." Mr. Adams, the learned translator and commentator of the works of "the father of medicine," remarks: "No doubt this prognosis is generally applicable in hot climates." Death has been known to take place as soon as from four to five hours after the onset of the symptoms, and on the other hand, not until as late as the thirty-ninth day. Says Dr. Macnamara, a surgeon of large experience in India, where tetanus is common, and author of the excellent article on the disease in Quain's "Dictionary of Medicine": "In the greater number of instances, patients die of tetanus from the seventh to the eleventh day after the commencement of the disease. If they survive the twelfth day, the malady, as a rule, gradually subsides, and the patient may usually be pronounced cured in twenty-five days from the commencement of the attack, but he often suffers for many weeks subsequently from rigidity of the muscles which have been involved in the tetanic spasms."

Males are said to be more liable than females to become affected with tetanus. Of the 311 deaths from the disease recorded in Philadelphia during the ten years ending with 1881, there were 259 of males and 52 of females. Although these figures are very striking, it does not necessarily follow that males are more susceptible to the disease, or

succumb more readily to it, than females; for there is sufficient reason to believe that vastly more males than females sustain injuries which are apt to induce it. As bearing on this point, I may say that of the 166 cases of *trismus neonatorum* reported in Philadelphia during the ten years ending with 1881 there were 81 males and 85 females.

Mr. Poland says: "The influence of the seasons has no effect on the mortality in tetanus." It is generally held, however, that it is in the warmer part of the year, and in warm climates, that the disease is most common.

"In a person of nervous, irritable temperament," says Dr. Gross, "any injury, however trifling, may readily induce the affection, especially in hot and damp states of the atmosphere, or during sudden transitions from heat to cold."

On examining the bills of mortality of Philadelphia for a series of years, I find that on the average there are about the same number of deaths in the first quarter as in the second, and the same in the fourth as in each of these, while in the third there are more than in the two preceding ones. It is more than probable that there are far more lesions sustained which are liable to produce the disease in the third than in any of the other quarters. The celebration of the fourth of July is accountable for many deaths from the disease. Of the 67 deaths attributed to tetanus in Philadelphia during the year 1880—far the greatest mortality recorded from it in any one year in that city—a very large number could be traced directly to the numerous wounds received on the fourth of July. This obvious fact largely led to the passage and enforcement of ordinances prohibiting the use of pistols and fireworks of all kinds on that day.

It is said by Dr. Gross that "The tetanus of new-born infants is met with chiefly in the Southern and Southeastern States of America, in consequence apparently of injury sustained in the ligation of the umbilical cord." This statement is open to other besides literary criticism. As the figures given above show, cases are not rare in this city.

As to the period of life when tetanus is most common Mr. Poland states that of 449 cases there were, in persons under ten years, 29; in persons between ten and thirty, 261, or 60 per cent; in persons between thirty and fifty, 122; and in persons over fifty, 37. Of the 311 deaths from the disease in Philadelphia during the ten years ending with 1881 there were 10 of persons under five years; 17 of persons between five and ten; 109 of persons between ten and twenty; 43 of persons between twenty and thirty; 42 of persons between thirty and forty; 22 of persons between forty and fifty; 14 of persons between fifty and sixty; 14 of persons between sixty and seventy; and 7 of persons between seventy and eighty.

Rather remarkable statements on the condition, as regards fever in tetanus, are made by both Poland and Gross. One says: "Febrile excitement is not essential, but if present is secondary;" and the other, "Fever is seldom present in traumatic tetanus, even when it has reached its height. These opinions are likely based on hand-observations.

A great source of anxiety in treating a case of tetanus is expressed by Dr. Gross as follows: "There are no reliable signs which serve to guide us in regard to the prognosis in the affection." On this important point Dr. Macnamara remarks that he "has for some time past relied much on the thermometer not only as a means of forming a prognosis, but as indicating to some extent the treatment to be followed in tetanus," and continues: "As a general rule in instances of tetanus, so long as the thermometer indicates that the temperature of the patient's body is under 101° Fahr., we may remain easy regarding the issue of the case. If the mercury rises in the instrument beyond 101° there is impending danger, and if it reaches 103° the case is one to cause us the greatest anxiety."

These are very practical remarks, and are highly interesting.

The essential nature of tetanus would appear to be yet a matter of mystery. No more is absolutely known about it than of the nature of epilepsy; and this disease is but little better understood by us than it was by the ancients, who, readier than we to confess their ignorance, in general attributed it to the gods, and regarded it as a sort of sacred disease (*morbus sacer*). But no doubt there is, as Hippocrates said of epilepsy, a real pathology of tetanus, whether we can fathom it or not. Tracing the symptoms to a local neuritis is a hardly tenable mode of explanation. It leaves idiopathic cases, so called, without explanation. Then, as Dr. Macnamara says, "it is the exception, rather than the rule, for the muscles in the neighborhood of the wounded part to be first involved in the disease, as they probably would be if it arose from a purely reflex action." The muscles first affected in the great majority of cases, are those about the face, and those of the extremities last.

"Whatever the pathology of the disease may be," says the author just quoted, "the morbid influence which produces it commences in the me-

dulla oblongata, and extends to the spinal cord." The septicæmia hypothesis, which has not a few adherents, especially among German surgeons, (Billroth, etc.), is perhaps more rational than the other. We know that the absorption of a particle of strychnia, placed under the skin, will certainly induce tetanic spasms; and hence it is clearly possible that the absorption of an obscure product of certain sores may be the essential cause of tetanus.

In the volume of "The Medical and Surgical History of the War of the Rebellion," already quoted from, it is said: "In the fully developed forms all remedial measures failed, and the cases ran on unchecked to a fatal termination." The heroic measure of "amputation was resorted to in twenty-nine instances after incipient tetanic symptoms," Ten of the cases resulted favorably, and in several instances it is noted that the symptoms ceased after the operation. If the twenty-nine cases were not specially promising, which likely they were, the result of the operation was decidedly good. "In several cases the removal of the missile or of foreign bodies, as pieces of bone, seems to have quieted the threatening symptoms." Removal of a piece of the nerve at the seat of lesion is considerably practiced, but with little or no demonstrable success. Altogether Dr. Macnamara expresses the general opinion when he says: "We know of no system of treatment which will cut short the progress of tetanus, and therefore the indication is to employ all our efforts to keep the sick person alive during the illness through which he is passing." The experimental practice so generally resorted to is hardly justifiable. Still there is a glimmer of hope that an effective remedy* may thus be discovered—a prospective boon to humanity. Not a word do I desire to utter rgainst rational therapeutic experimentation; not an idea would I knowingly express "tending," to use the words of Bacon, "to the circumscription of man's power and to artificial despair;" I do not wish to assist in "killing in men," "the comfort of imagination," nor "the industry of trial;" but blind experimentation is irrational, and should not be encouraged. Experimentation which has been shown time and again to be futile, is entirely objectionable. The perennial raising of various points about remedial measures in tetanus, and indeed other diseases besides, reminds one of this passage in Gœthe's "Maxims:" "*Unwissende werfen Fragen auf, welche von Wissenden vor tausend Jahren schon beantwortet sind;*" that is, "The ignorant raise questions which have been answered thousands of years ago by the wise." However, as it is, the tetanic patient can have almost no more done for him to-day than if he had lived ages ago. The medical attendant stands nearly powerless by his bedside. Really it may still be said of him as was said by Aretæus, "He can merely sympathize." And as the same writer truly adds, "This is the great misfortune of the physician."

*There is good reason to hold that the remedy will not be such because of its narcotic properties. Inducing lethargy may be expedient, but experience has only too clearly shown that it does not serve in the least to cure.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA,

BY WILLIAM GOODELL, M. D.,

Professor of Gynæcology in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M. D.

Carcinoma of the Abdominal Walls—The Influence of Worry and Nervous Shock on the Uterus and Its Functions—Epithelioma of the Cervix.

GENTLEMEN:—The first case that I shall bring before you is one in which there is said to be an abdominal tumor. I have not yet seen the patient. Before she is brought in, let me say a word about these tumor cases. Yesterday a lady who had been examined by two physicians, was sent from a long distance to the hospital to have ovariotomy performed. There being no room in the hospital, I had her brought to my office for examination. She came this morning. I found not a vestige of a tumor. Looking at the abdomen, there appeared to be a tumor, but it was nothing but wind and fat. By catching up a fold of the abdominal wall between the fingers, you can always avoid being misled by an excess of fat. This patient also had milk in the breasts. This might have led to the supposition that the woman was pregnant. This is a common blunder. When a woman who has reached the age of forty-four or forty-five finds that her menses have stopped and the abdomen is beginning to enlarge, and if at the same time milk appears in the breasts, she is very apt to think that she is pregnant. Her physician will take her word for it, as she may have had several children, and he thinks that she ought to know. Time passes on, but no child is born, and an examination reveals that there is nothing but wind and fat. The presence of milk in the breasts in the case which I have described to you is extraordinary. It is difficult to account for this except by the close relation which exists between the brain and body—between mind and matter.

In the patient before us to-day I fancy there is no phantom tumor. Her age is sixty-three years. Four years ago she had a fall, and shortly after-

wards a tumor appeared in the middle line below the umbilicus, and two months ago it suddenly moved around to the left side. A glance at the abdomen shows that this case does not belong to my department. Here you see a tumor as large as a small orange, and the question arises, what is it? There is another tumor on the right side. If the patient were young, I should attribute it to specific disease; in other words, I should consider it to be a specific abscess, for it is exactly in the position of a bubo. I ask her to cough, because it might possibly be a hernia. No impulse is transmitted to the hand. Pressing on the abdomen in the median line below the umbilicus, I find another tumor. This patient was examined by two excellent physicians, who sent her to me as a case of abdominal tumor. There is evidently glandular enlargement, and my impression is that it is due to carcinoma. An abscess would not have lasted four years. Specific disease might run that long.

There is said to be an offensive discharge from the vagina, but I shall not make a digital examination, for I feel satisfied that we have here a malignant disease, and as I am going to perform an oöphorectomy immediately after the lecture, I do not wish to have my fingers in any offensive discharges.

The best thing to do in this instance is, I think, to watch the case and give some placebo. Her tongue is heavily coated. I shall, therefore, order the following:

℞. Hydrarg. chloridi mitis, gr. ij.
Sodii bicarb., gr. xxx.
Misce et ft pulv., No. vi.
Sig. Begin to-morrow morning and take one every two hours.

If this does not act on the bowels, she will take to-morrow evening a dose of magnesia. I tell her to take these powders dry on the tongue and wash them down with a little water. I do this because if she mixed them with water in a spoon, the heavy part of the powder would sink to the bottom and she will fail to get the full dose of it. I shall also order:

℞. Liquor potassii arsenitis, ʒiv.
Sig. Three drops after each meal.

I order a small quantity in order to avoid accidents. She will report in one week, and I shall then have her examined by one of the surgeons.

The Influence of Worry and Nervous Shock on the Uterus and its Functions.

This lady is 37 years old. She has had four children, the youngest of which is nine years old. Her trouble began twelve years ago, but has been worse since the birth of her last child. She complains of pain in the back and head, fluttering of the heart, cold hands and feet, irritable bladder, wakefulness, and when she does sleep has bad dreams, which wake her in a fright.

What is the meaning of these symptoms? They are nervous symptoms. We must decide whether they are due to a local or constitutional disease with a constitutional expression, or whether to a pure nervous trouble. In the first place, I ask her whether she has had any trouble in her family. She tells me that she has had no trouble; she has had a happy home and no cause of worry.

I have a patient who often comes to see me, complaining with these nervous symptoms, and I have repeatedly told her that she must have had some cause of worry or of nervous shock, but she has always denied any such cause until a day or two ago, when she said that possibly a passage in her history might explain the trouble. She said that her father had softening of the brain and became insane, but the insanity was of a passive type. He had never done any one harm until one day when she entered his room, he made a spring at her, and she saw from his expression that he was going to do her harm. She seized some heavy article exclaiming, "Father, if you come near me I shall throw this at you," and looking him steadily in the eye, he quailed. In order to get out of the door, she had to turn her back towards him, and the instant she did this, he sprang and caught her and tried to bite and injure her. She shrieked for assistance, which fortunately was at hand. This fright made such an impression upon the nerve-centres that from that time she was never well. This was the foundation of her troubles, although she thought that it had nothing to do with them.

I have had a patient under my care for seven months, suffering from menorrhagia and these nervous symptoms, in whom the trouble was caused by the throwing of a dead cat into her lap. You may ask, how can a dead cat produce menorrhagia? or, in other words, how can a fright produce menorrhagia? It does it in this way. It produces a profound impression upon the nerve-centres, and there is no longer that correlation of nerve-power which exists in health. The nerves behave as they please. There is irregular distribution of nerve-fluid; this leads to irregular distribution of blood; more blood goes to one organ than to another. The most exacting organs during the woman's menstrual life are the womb and its annexes, the ovary, the vagina, the erectile tissue around the womb, the broad ligaments, and the fallopian tube. They receive more blood than they should. There is increased nutritive action, vegetations develop, and the womb increases in size. In the lady of whom I have spoken, I was unable to cure the menorrhagia. I used the currette and could control the hemorrhage for a time, but it would always return, and ultimately I removed both ovaries. These organs were found to have undergone follicular degeneration.

I shall now make a vaginal examination. I examined her once before, but did not think that any operation was required. There has been a laceration of the cervix and of the perineum, but these lesions do not usually produce such severe symptoms. She has worn a pessary, but it always caused pain. I must honestly say that I dislike to subject this woman to an operation, when I am by no means positive that it will do her good, but I shall do something which I think will modify and tone up the condition of the womb. The sound gives a measurement of 3 inches. There is no ectropion of the mucous lining of the cervical canal, and that is one reason why I think an operation is not indicated. To-day I shall curette the womb.

Is there any danger in the use of the dull currette? This is an important question, for you will frequently do the operation in your office. I have

never lost a patient from the use of the curette, but I have occasionally had some inflammatory disturbance.

There has been a little bleeding following the passage of the sound. I shall first introduce the blunt curette. I remove several vegetations. A few of these are quite large. These little fungous growths are entirely benign. I have often told you how unreliable the microscopical examination of uterine growths is. The best microscopists have told me that certain growths were epithelioma, when the subsequent course of the case has proven that the disease was perfectly benign. I lately came across a passage in the works of a German writer in which he says that it is one of the most difficult things to decide between benign and malignant growths of the womb by the microscope. The alveoli of innocent growths simulate very closely cylindrical epithelioma. I think that this is the reason that microscopists have been misled.

Having removed so many of these vegetations, I shall go over the endometrium with the sharp curette. This is an instrument I do not advise you to use at first, for your fingers are all thumbs, and you cannot manipulate with the delicacy that is necessary in employing this instrument. I first dilate the canal with Ellinger's dilator, in order that the instrument may readily enter, and then, taking it as I would a pen, I gently pass it into the cavity of the womb. I can hear and feel the curette passing over the rough vegetations. The lining of the womb should be perfectly smooth. Having removed all the vegetations, I shall make an application of strong tincture of iodine to the fundus. She will then be put to bed, and if necessary receive an opium suppository.

What shall we give this patient internally? If she were rich enough, I should put her to bed, have her well rubbed, and electricity applied. She cannot do this. The next best thing is to give some remedy to tone down these nerve centres which are not behaving themselves. I should like to give her the valerianate of zinc and quinia, which, take it all in all, is the best combination which we can give. I shall order a triple valerianate as follows:

℞. Zinci valerianatis,
Quiniæ valerianatis,
Ferri valerianatis, āā gr. xx.
M. et ft pil., No. xx.
Sig. One three times a day.

After a time, I shall give strychnia in small doses, gradually increased. She would, I think, be benefited by the use of malt. Keasbey and Mattison make a good preparation. Of this, she will take a tablespoonful three times a day in milk. It is a good plan to take one dose of the malt at bed-time. This favors sleep. (The patient was now removed.)

I tell you frankly that I do not believe her statement that she has had no trouble; I believe that she has some cause of worry which has aggravated this, for there is not sufficient local trouble to account for the constitutional symptoms.

To illustrate this, let me refer to a case which I saw the other day. A young girl was sent to me with the history of dysmenorrhœa, and all the train of nervous symptoms which the patient before you to-day exhibited. I examined her and, as a matter of course, found anteflexion, but the sound passed readily. The dysmenorrhœa had developed within a few months. I asked her if she had studied hard at school. She said that she had, and had been compelled to leave school. She stated that she had no cause of worry. After she had left the room, the lady who came with her told me that the girl's father, although a good man, was an intemperate one, and that his intemperate habits worried the girl very much. In the great majority of such cases a cause for worriment will be found.

Epithelioma of the Cervix.

I wish you to listen carefully to the history of this patient as she gives it to me: She is thirty-three years old, and has three living children and two miscarriages—one at six months and one at three months. Two of the children were born after the last miscarriage. She says that the miscarriages were honest ones. For the past two years there has been an offensive discharge mixed with blood. The monthlies are not more abundant than usual, but there is a hemorrhage between the periods. The marital relations are painful. They are painful because something is hit that is sore.

This case is not as typical as I thought it would be; but when a woman who has borne children begins to have a discharge tinged with blood, making its appearance between the monthlies, in nine cases out of ten it means carcinoma. Suppose, however, that a woman who has not borne a child begins to have these symptoms; they then do not indicate carcinoma. There are exceptions to this rule, but in the majority of cases it is true. In such a case the symptoms indicate a fibroid tumor, a polypus, or, perhaps, ulceration of the cervix, but not carcinoma. In the great majority of cases carcinoma is situated in the neck of the womb and starts at the seat of an old laceration. A woman who has not borne children of course has no laceration of the cervix.

Introducing my finger I at once come upon a growth which is projecting. While the anterior lip of the womb has been eaten away, there is still a projection. I did not intend to examine this woman, but I introduced my finger before I thought. I shall thoroughly wash my hand, and use turpentine to disinfect it.

There is no doubt as to the diagnosis. We can do a great deal of good by removing as much as possible of the diseased structures. I wish you to pay attention to what I tell this patient. "You have a bad condition of the neck of the womb. This ulceration is very difficult to remove, but by removing it we can sometimes cure it wholly, and in the great majority of cases, do a great deal of good. I want you to come to the hospital, and I will operate on you next Wednesday." (The patient was now removed.)

I wanted you to listen, for I know nothing harder to do than to tell a woman that she has a cancer. I never tell a woman that she has a cancer unless she asks me, and then I do not like to tell her. Many patients will say, "Doctor, if it is cancer, do not tell me." I told this woman the truth, but I did not tell her the whole truth. If she had asked me, "Is it a cancer?" I should

have said, "Yes. It belongs to the cancer kind. It is of that family, but it is not so bad as the cancer which comes in the breast. This is what we call epithelioma." Like the cuttle-fish which, when pursued, squirts ink in the face of its pursuer and escapes in the darkness, so I escape under cover of a big word.

When told that they have cancer, women will sometimes give up, and so go right down hill and die. I was once called by a physician to see a plucky little woman, whom he thought had a cancer. She wanted to know exactly what it was, and I had to tell her. I met the physician some time afterwards, and he said to me: "Doctor, we should not have told her what the disease was, for after you informed her that it was a cancer, she never left her bed." She had gone to bed simply for the examination.

You may give the disease any hard name you choose, and it deserves a hard name, but do not call it cancer. It is a great comfort to the woman to know that it is an epithelioma. Of all the varieties of cancer, this is the most amenable to treatment. When I told her that we might cure her, I told her the truth. I have unexpectedly cured several cases, that is, if the non-recurrence of the disease after a lapse of five or six years means a cure.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Pleurisy.

GENTLEMEN: This patient is the boy whom you saw last week with a pleurisy, and an extensive effusion into the left pleural cavity. (See REPORTER, p. 486, vol. xlix.) Since then he has received treatment by external applications of iodine, and by the internal administration of what is sometimes called the diuretic mixture. This is a combination of squill, digitalis, and acetate of potash. Under the influence of this, the quantity of urine passed a day ran up from forty to sixty ounces, and then up to one hundred and thirty-two ounces, and from that it fell off to eighty-six ounces, then to seventy-four, and yesterday it had diminished to sixty-seven ounces, which is still a very considerable increase over the normal amount. Now, you would expect that under this diuretic treatment there should have been a very marked change in the amount of the exudation, from an absorption of the fluid. And no doubt we shall find this to be the case when we make the physical examination of the chest. There has been no material change in the fever, pulse, or respirations. There has been a moderate continuous fever throughout, and the pulse has not been slow. The temperature has averaged 102.4° in the evening, and 100° and a fraction in the morning. There has been very little pain, cough, or dyspnœa.

Inspection.—There is still a marked increase in the expansive movement on the right side as compared with the left. But, nevertheless, there is a certain amount of expansive movement on the left side.

Auscultation.—Posteriorly, above the inferior angle of the scapula, I now get tolerably natural vocal sounds, and with forcible inspiration there is a restoration of the normal respiratory function. Ægophony may still be obtained just below the scapula. In front, last week, I could get no respiratory murmur, but now I get a very good one under the clavicle, and as low down as the fourth rib.

Percussion.—The upper line of dullness is a little lower than it was last week, and it varies with change of position.

It is evident from the examination that there has been some absorption of the fluid since you were here last, and I think there has really been more than there appears to have been from the physical signs. For I think that the layer of fluid which is between the lung and the costal wall is thinner than it was, and it will continue to go on diminishing in thickness. There is no longer any bronchophony and bronchial respiration, and below the level of the fluid there is a general absence of all sounds. I suppose the heart is still displaced, but this is difficult to ascertain without spending a good deal of time. The apex, however, is plainly not in its natural place.

I now wish to show you the method of application of an instrument called the stethometer, or chest measurer, which consists of two strips of flexible pipe, made of an alloy of zinc and lead, enclosed in rubber tubing, and jointed behind in the middle. The point of junction should be placed on the back of the chest just over the spinous processes, and then the two free ends are to be brought around and united in front. If closely fitted, this measures the size and shape of the chest, and indicates any variation in form on the two sides. After removing the instrument, it should be placed upon a sheet of white paper, and an outline of it made with a pencil. It should thus be applied around the chest on the line of the nipple, and at two or three other points above and below this line; and diagrams should thus be made each day, and this will show the progress of the exudation in the chest from day to day. The diagram of this chest, which the doctor has just made, shows that it is tolerably symmetrical, but there is a little bulging on the antero-lateral portion of the left as compared with the right side. But on the whole it is more symmetrical than you would expect, considering the amount of the exudation. After some time we may get still more change from the formation of adhesions in the pleural cavity, which by contracting will draw in the chest wall on that side.

I have said that this patient has had but little dyspnœa since he came in. Now, the difference in different patients in respect to this symptom is very striking; and, as a rule, the amount of suffering from dyspnœa is in no respect in proportion to the amount of fluid in the chest. Last week this man seemed to be thrown upon the resources of one lung for breathing, and you would have expected great dyspnœa as a consequence. But when in the recumbent posture, and with his shoulders elevated, he did not seem to suffer either from subjective or objective dyspnœa. His respirations have averaged only from twenty-four to thirty a minute since his admission. Sometimes when there is not more than half this amount of fluid the patient will suffer greatly from dyspnœa, and in other cases, where there is a large amount

of exudation, it will cause but little or none. Why there is this difference in different individuals, it is not easy to explain.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Discussion on the Relation of the Medical Profession to the General Use of Alcoholic Liquors.

(*Continued from page* 490.)

The President stated that the points presented for discussion were:

1. That the use of alcohol in any form and in any amount by persons in ordinary health is deleterious.

2. That the medical profession, by its lax attitude on this question, is responsible for much of the prevailing abuse of alcoholic liquors.

3. That if alcohol is to be used at all, it should be given as such, and the prescription should be made non-renewable, as with other powerful medicines.

Dr. J. T. Eskridge, in opening the discussion by request of the President, said: "I like the practical and novel way in which the subject has been treated. It will attract attention, and, I hope, serve to make the members of this Society, and of the medical profession in general, consider their own responsibility for the abuse of alchol.

"One of the conclusions at which the writer of the paper has arrived, is 'that the use of alcohol in any form and in any quantity by persons in ordinary health is deleterious.' This is a broad and sweeping statement, and, while in the main it is correct, circumstances may arise when alcohol may be administered to persons in health with benefit.

"Dr. Percy's experiments showed that the free use of alcohol tends to prevent the solidifiability of fibrin, and thus renders wounds difficult to heal; and those of Vierodt and Prout, that less carbonic acid is given off in the exhalations by the breath under similar conditions. Bouchardat first pointed out that alcohol darkens arterial blood. These results were obtained by experimenting upon subjects whose stomachs had been overcharged with alcohol, or into whose veins the spirit had been directly injected. They show the poisonous effects of alcohol, and reasoning from these, it by no means follows that the administration of small quantities well diluted is injurious to health. But observations are not wanting to prove the evil effects of alcohol on healthy persons when taken in small quantities for a considerable length of time.

"Prof. W. B. Carpenter, a strong advocate of temperance, in his admirable prize essay on the 'Use of Alcoholic Liquors in Health and Disease,' after describing the baneful effects of alcohol on mind and body, when taken in small quantities several times daily for a length of time, frankly admits that its temporary administration to persons in health, on certain extraordinary occasions, is attended with decided benefit. Prof. Miller, of Glasgow, in an excellent review of the subject, entitled 'Alcohol: Its Place and Power,' arrives at conclusions almost identical with those reached by Prof. Carpenter.

"I am satisfied that persons in health, under ordinary circumstances, do not need an alcoholic stimulus, and that if its administration is attended by no good results, evil only follows the use of alcohol at such times; but on the other hand, I am convinced that circumstances do arise when, if alcohol is properly administered to persons in health, its good effects far outweigh its evil; and that there are conditions, short of what we are accustomed to call disease, which are improved by the temporary and judicious employment of alcohol.

"Bodily and mental labor that cannot be endured without resorting to artificial stimulants had better be left off; but times come in the history of many persons, when they are not their own taskmasters. A great deal may depend upon a few hours' work. Tea and coffee may not be sufficient stimuli, and a little alcohol taken at these times will allow an extra strain being made upon the system. The use of alcohol must not be often repeated for the purpose of increasing the power of endurance. It must be remembered that a stimulus in these cases acts the part of the spur to the tired horse. It probably does not directly add force to the individual, but it enables him to call more upon his latent powers, and, of course, the exhaustion which follows is all the more profound by the reason of the extra strain upon the vital forces, made possible by the use of alcohol.

"Again, the appetites of some persons have been rendered capricious by the process of coddling, and those of others lessened, and the power of digestion weakened by worry and over-mental exertion, so that the simplest articles of food cannot be digested properly. To such the administration of a little wine, with a bitter tonic, before meals, for a week or two, and subsequently a bitter tonic given before meals, and wine during or immediately after the ingestion of food, is followed by admirable results. In all these cases the use of alcohol must be cautious and temporary, and not allowed to be continued longer than is absolutely necessary. I agree with the statement made by the reader of the paper to-night, that below sixty years of age a person is generally not benefited by the use of alcohol in health. I know, indeed, of a case in which it did not become necessary to resort to it before the ninetieth year.

"In regard to the use of alcohol in phthisis, to which a casual reference has been made, I have very strong convictions of its value when properly employed. In this disease, when pulse is rapid and temperature considerably elevated, alcohol is contra-indicated; but in the more chronic cases, when respiration is difficult and pulse and temperature nearly normal, its beneficial effects in prolonging life are evident to every one who has given it a fair trial. Prof. Flint speaks in the highest terms of alcohol in phthisis.

"As a preventive of phthisis, alcoholic stimuli have their place and power. It is well known that in the same family, several children, whose parents have suffered from phthisis, may die from this disease at about the same age. For these persons, if alcohol is occasionally employed judiciously, whenever vital force falls below its normal in them, I have no doubt that in many instances the fatal disease might be prevented.

"To the second proposition I may say that I do not know of any case in which the use of alcohol in disease, under direction of a physician, gave rise to drunkenness. Some time ago Dr. Hamilton, in a discussion before this society, mentioned a case in which a patient became a drunkard in consequence of the use of alcohol in typhoid fever, but it appeared on further inquiry that the man was a habitual drinker before the disease occurred. Lax prescribing, however, may easily become a serious error. It is important that if alcohol is ordered, the quantity, form, and time of taking should be indicated. It should be taken only at meals. This periodic and formal use of it will make the patient willing to stop when required. I admit that if we consider that alcohol is injurious in health, we must regard its use in social gatherings, and especially in those composed of medical men, as wrong.

"In reference to the last point, I cannot speak from experience. If the adulteration is as extensive as pointed out in the paper, then the author's view, that alcohol should be used as mentioned, is correct. I, however, doubt that we can make, extemporaneously, mixtures which will take the place of natural liquors."

Dr. Mills said: "I would not wish to be regarded as an advocate of anything else but temperance in the best use of the word, but the question of the influence of the moderate use of alcohol upon intellectuality and the longevity of intellectual workers, is one of considerable interest, from what might be termed a biographical point of view. During the International Medical Congress of 1876, one of the English delegates expressed the opinion, in words which I do not exactly recall, that the intellectual productions of men who did not use alcohol at all were not of a character to indicate the value of abstinence. Many distinguished men who have lived to a comparatively advanced age—the English Lord Chancellors, German thinkers, and well-known American statesmen, for instance—used alcohol in moderation throughout their lives. I simply introduce this point for discussion. About the evils of the abuse of alcohol no doubt can exist."

Dr. Wood: "I consider the first proposition advanced by the author of the paper to be untrue; it is entirely too sweeping. To say alcohol is deleterious in *any* form and in *any* quantity in health, is to say that one would be injured by simply smelling a bottle of whisky. I am fully convinced that we do not need alcohol in health, but indulgence in it moderately, on occasions, is probably no more hurtful than over-eating. I have seen, at social gatherings, total abstainers, who, while standing apart from the general company and congratulating themselves upon their superior virtue in not indulging in stimulants, gorge themselves beyond repletion with the food set before them, much to their stomachs' distress.

"The moral question involved is the old one of use and abuse—whether I must forego the use of a thing because some one else abuses it.

"Are we to abstain from a certain amount of pleasurable indulgence because of the example which that indulgence offers to others? I do not believe in attempting to force total abstinence, because I do not believe that the movement will accomplish the desired result. Not long ago I was traveling in Kansas, and I met a prominent prohibitionist, a member of the Central Committee of the State, whom I questioned about the success of the prohibition movement, asking, *inter alia*, if they had destroyed the grape industry, as the law directed, in the wine-making districts. He replied that they did not expect to do this in those places. Here was an admission of the weakness of the cause, for where the manufacture and use of wine were now most active was the least hope of abolishing it. In the same car was a traveling salesman on the verge of delirium tremens, and I asked him as to the effect of the liquor laws in Kansas. He replied: "I can get a drink of whisky anywhere in Kansas for fifteen cents." The Scandinavian method of dealing with the temperance question seems to me more practicable. In Sweden and Norway the country is divided into districts, in each one of which only one tavern is allowed. The licenses are sold at public auction. The temperance people have combined and bought up the licenses. They are obliged to open the tavern, but they can adopt such regulations as will prevent the excessive use of alcohol by those who frequent the place, and also employ all moral means to persuade men not to drink at all. I do not think that the adulterations of liquor are as harmful as has been stated by the lecturer. Liquors and wine are artificial products always.

"I think that good liquors can be easily obtained. I do not agree with the proposition that medical men are responsible for the habit of drinking to excess; on the contrary, the example and teaching of the medical profession have done much to diminish the evils of intemperance."

Dr. O'Hara: "In reference to the remarks of the last speaker, let me read the following from Richardson, 'Induced Diseases of Modern Life,' page 232: 'Speaking honestly, I cannot, by any arguments yet presented to me, admit the alcohols by any sign that should distinguish them from other chemical substances of the paralyzing narcotic class.'

"If this view be correct, we can have no doubt that alcohol is injurious in health, and that it does not serve as food. We are too much under the ideas of Liebig in this matter. For my part I cannot see that the total abstinence movement is a failure, or that the views advanced in the paper are erroneous. They are the views which have been advocated by high authority, in the International Medical Congress in 1875, and other scientific bodies, for instance. The medical profession may be responsible indirectly for much of the excessive drinking, through the idea scattered, but now passing away, that it was food.

"I have myself learned by experience the evils of too much confidence in alcohol, when I thought it was food, and now watch it closely as a medicine. As to the cases narrated by Dr. Eskridge, they cannot be regarded as cases of healthy persons, and the use of alcohol in treatment of them is a question of therapeutics, not of hygiene.

"Medical men may certainly accomplish a good deal by the teaching influence of example.

"I recall an instance in which brandy was used for dyspepsia; the patient, it is true, got rid of the dyspepsia, but he complained frequently until the day of his death, which was superinduced

by liquor, that he made a bad swap, and would rather have held on to his dyspepsia.

"The conclusions of Dr. Hunt's paper were adopted by the International Medical Congress, 1876, and ordered to be transmitted to the National Temperance Society, the Women's National Christian Temperance Union, and the Friends' Temperance Union of New York. They were:

"1. Alcohol is not shown to have a definite food value by any of the methods of chemical analysis or physiological investigation.

"2. Its use as a medicine is chiefly that of a cardiac stimulant, and often admits of substitution.

"3. As a medicine, it is not well fitted for self-prescription by the laity, and the medical profession is not accountable for such administration, or for the enormous evils arising therefrom.

"4. The purity of alcoholic liquors is, in general, not as well assured as that of articles used for medicines should be. The various mixtures when used as medicines should have a definite and known composition, and should not be interchanged promiscuously."

Dr. Tyson: This question is one very difficult to discuss; both parties are apt to go to extremes. Dr. O'Hara's remarks are a case in point, for the injurious effects to which he alludes are the effects of the use of alcohol in excess, and not in moderation. It must have been the experience of all practicing physicians to see many cases which are benefited by the moderate use of alcohol, especially at meals, while in many aged persons its use is very appropriate, and even necessary. I am not prepared to deny altogether the correctness of the second proposition offered in the paper. I think there may be some ground for it, yet I do not know a single case in which the recommendation of the use of alcohol in disease has resulted in establishing a habit of drinking. I recall a case in which a gentleman was advised by a non-medical friend to use whisky for dyspepsia. It was tried, and finding good results from it he continued using it in small amounts daily; the use was kept up until one day the patient found the bottle empty. He missed his usual dose so greatly that he was forced to realize that he had been drinking, and never used the liquor again. It may be laid down as a rule that it is not safe for physicians to advise the regular use of alcohol for dyspepsia; it may lead to a habitual use of stimulants. As to the third point, I think that in view of the fact that it is still possible to get pure wines, especially if we are satisfied with domestic wines, the flavor and other properties which made them more acceptable to the patient, justified their continued use; but I for one am willing to try the effect of pure alcohol properly diluted in cases where alcohol only is indicated.

Dr. Hamilton: Moderate drinking, it must be remembered, is very often the road to immoderate drinking; and therefore the physician, whose influence in this connection is paramount, should sedulously avoid the too frequent and too liberal use of liquor, especially in young subjects. In the low forms of fever, or in chronic, wasting disease, such, for instance, as pulmonary consumption, to which allusion has been made, it is often of great advantage, and in the latter disease, where expectoration is profuse, but unaccompanied with much fever or difficulty in breathing, it may prolong life for an indefinite period. The custom of drinking in the wealthy and fashionable circles may still be said to prevail with tyrannic power, and in ordinary social reunions the same practice is common. The influence of wealth and fashion is dominant, and until some amelioration in this connection is manifest, no general temperance reformation need be looked for in the people at large.

The allusion to the adulteration of wines and stronger liquors was deservedly made, but it occurs, doubtless, much more frequently in regard to the finer and more costly than to the cheaper liquors, and the perfection to which this adulteration has attained is simply notorious.

(*To be continued.*)

Editorial Department.

Periscope.

The Treatment of Fracture of the Larynx.

The *London Med. Record*, October 15, 1883, tells us that Dr. W. Wagner, of Königshütte, in a contribution to the *Centralbl. für Chir.*, No. 23, 1883, points out that fracture of the larynx is very rarely met with, and that not even the most experienced surgeons are in a position to derive from personal experience fixed rules for treating this injury. Most observers, however, agree that in such cases the first indication is the performing of tracheotomy, in order to prevent suffocation. Occasionally, where there is much displacement of the fragments, it is advisable to perform thyrotomy. A case is reported of multiple fracture of the larynx, which led the author to consider the subject of the treatment of this injury, and convinced him that further therapeutic measures were necessary beyond opening the trachea. The subject of this case was a robust and very powerful man, whose neck had been forcibly squeezed in a fight. He remained unconscious for about half an hour, and on recovering himself found that his breathing was very bad. On the following day, when the patient first came under the notice of Dr. Wagner, there was extreme dyspnœa; and, with coughing, much blood, partly fluid, partly coagulated, was brought up. The face, neck, and surface of the thorax were distended through emphysema. There was found to be free

abnormal mobility of the left wing of the thyroid cartilage; and during the prompt performance of superior tracheotomy the cricoid was found to be also fractured, and partly torn away from the upper ring of the trachea. The patient did well up to the third day after the date of operation, when signs were presented of hypostatic pneumonia on the left side, and there was a complaint of acute pain beneath the sternum. On the evening of the fourth day, there was free bleeding from the wound in the trachea, and on the following day the patient died. On *post mortem* examination, there was found to have been mediastinal emphysema and suppurative mediastinitis. The lungs, with the exception of the lower lobe on the right side, appeared quite healthy. Dr. Wagner thinks now that in any similar case of laryngeal injury thyreotomy would be indicated, not so much for the purpose of replacing any fragments of cartilage, as for rendering the seat of fracture antiseptic and for maintaining for a time this antiseptic condition. In a recent case of this kind he would, after having plugged the trachea, incise the larynx in the middle line, and then separate the two wings of the thyroid cartilage so as to be able to see the whole of the interior of the larynx and to apply some antiseptic fluid. He would then plug the interior of the larynx with small pieces of iodoform gauze. The wound would thus be rendered antiseptic, the fragments of broken cartilage be kept at rest, and the risk of hemorrhage be diminished. If there be no longer any danger of infection, a late thyreotomy, it is held, is still justifiable if performed with the view of putting displaced fragments of cartilage in a better position, and, if the thyroid cartilage be fractured, of uniting the alæ by silver suture. If the fragments of the thyroid cartilage cannot be thus united, or if stenosis cannot be prevented, Dr. Wagner would advocate extirpation of the partially detached portion of thyroid cartilage, and even removal of half the larynx. In a case reported by Billroth in which this partial operation had been performed, a good voice was retained, and, at all events, the patient is thus placed in a better position than that of having to go through life with a completely useless and much obstructed larynx.

Resection of the Wrist for Disease.

In the *London Med. Record*, October 15, 1883, we note the following:

In a contribution to the May number of the *Revue de Chirurgie*, Dr. G. Nepveu, of Paris, gives an analysis of sixty collected cases of pathological resection of the wrist. Of these, six cases, which are published at length, occurred in the hospital practice of M. Verneuil. In seventeen of the cases, the operation had been performed by Esmarch. In twenty-eight only of the sixty cases does the resection seem to have been total. Dr. Nepveu's list, however, is evidently a very incomplete one, and no reference is made to Lister's published cases. Dr. Nepveu's views as to the operation are expressed in the following conclusions:

1. Carpal, radio-carpal, and carpo-metacarpal resections for disease are not very serious operations with regard to life, especially when they are performed antiseptically.

2. They are sometimes followed with good results, with regard to removal of the local disease and preservation of an useful limb.

3. Perfect results, however, are very rare, and have been observed in barely one-fourth of the number of cases. The most frequent result is an incomplete cure, and very imperfect restoration of the function of the extremity.

4. More serious terminations are just as frequent. Sometimes the operation itself is directly or indirectly fatal; at other times it does not arrest the course of the disease, and amputation through the forearm becomes necessary. Again, notwithstanding a good local result, the patient succumbs sooner or later to pulmonary tuberculosis.

5. With regard to a definite and complete curative result, resection of the wrist is not a promising operation.

6. This failing of the operation is due in part to the fact that it has been frequently practiced under very unfavorable conditions. It is contra-indicated in cases of osteo-arthritis, and particularly of articular and tendinous synovitis with tubercular deposits, which should be treated promptly by amputation. Resection, probably, should be rejected in the treatment of disease of the wrist in old people and in phthisical subjects, and should be practiced but exceptionally in cachectic scrofulous patients.

7. To improve the functional results, it is necessary to diminish the extent of the operative procedure, to extract as little bone as possible, and to preserve as much as one can of the dorsal and plantar layers of ligamentous and periosteal structures.

8. Above all, it is necessary not to operate until all the resources of conservative therapeutics have been exhausted. Rest, compression, blistering, drainage, prolonged antiseptic baths, have given excellent results in cases where the constitutional condition was so serious as to forbid any operative interference.

The results of this combined treatment compare not unfavorably with those of résection, even in cases where operative interference seemed justifiable. Dr. Nepveu does not discuss the subject of traumatic resection of the wrist, as he cannot imagine how this operation is ever likely to be thought necessary.

Advice to Sexual Hypochondriacs.

Dr. Fred. W. Lowndes thus concludes a paper on this subject in the *Brit. Med. Jour.*, September 22, 1883:

In conclusion, there is a still more delicate matter—one which I approach with much hesitation, but which, as it often comes to our notice, had better be boldly met. I allude to the circumstance that some of these sexual hypochondriacs, being anxious to set at rest their doubts as to sexual disability, propose resorting to illicit sexual intercourse, and endeavor to obtain our sanction to such a proceeding. There can only be one proper answer to such a question; and I should not have alluded to this had I not known for certain that some of our brethren have been unwise enough to sanction, and even recommend, such a proceeding. Now I do not see that special practice in venereal diseases requires a lower standard

of moral rectitude or professional honor; and to such of our patients as are open to such an argument, we may quote the excellent words of Sir James Paget, who, in a lecture on this very subject, says: "Many of your patients will ask you about sexual intercourse, and some will expect you to prescribe fornication. I would just as soon prescribe theft, or lying, or anything else that God has forbidden. If men will practice fornication or uncleanness, it must be of their own choice, and on their own responsibility. We are not to advise that which is morally wrong, even if we have some reason to think a patient's health would be better for the wrong-doing. But, in the cases before us—and I can imagine none in which I should think differently—there is not ground enough for so much as raising a question about wrong-doing. Chastity does no harm to mind or body; discipline is excellent; marriage can be safely waited for; and, among the many nervous and hypochondriacal patients who have talked to me about fornication, I have never heard one say that he was better or happier for it; several have said they were worse, and many I know have been made worse." But it may be urged, to many of our patients, such a line of argument would be little short of mockery. This is unhappily too true; but I think that, without descending a step from the same moral altitude, we have other cogent arguments. We might urge on our patient that it would hardly be "janak" (to use a Lancashire phrase) to recommend a course which might bring our patient back to us suffering from something infinitely worse than sexual disability, even assuming the latter to be real, and not fanciful. We might also urge that, to sanction such proceeding might involve many awkward questions, not the least of which would be as to how often the prescription was to be repeated. I forbear to say more, and would only add, as a last word, that we are not justified in saying in the quiet of our consulting-rooms what we should not venture to say before an assembly of our professional brethren.

On Certain Abscesses of the Neck which may Cause Sudden Death, and How to Treat Them with Success.

Dr. John A. Lidell, in a very instructive article on this subject in the number of *The American Journal of the Medical Sciences* for October, 1883, points out that sudden death may occur from deep-seated abscesses of the neck, or the continuance of life may be greatly endangered, much oftener than is generally supposed, and that these abscesses in the neck are more frequently attended with hemorrhages due to the opening of important blood-vessels by ulceration or erosion, and by *ramollissement* consequent upon the disorders themselves, than abscesses in the other surgical regions. The superior liability of cervical abscesses to the spontaneous occurrence of dangerous hemorrhages arises in part from the greater number and importance of the cervical blood-vessels; but more particularly from the inanition and exhaustion, or low state of the constitutional powers, and consequent feebleness of the reparative forces, which rapidly result from most of the deep abscesses of the neck, or rather from the inability to swallow enough food to support life, and from the powerlessness to get any refreshing sleep, or even repose, with which these abscesses are oftentimes attended. The septic or toxæmic influence of the fœtid secretions and exudations which present themselves in the oral and faucial cavities in many instances, also aids materially to still further depress the patient, and weaken the reparative processes of his system. These deep-seated abscesses of the neck, when allowed to run their own course, do not exhibit any tendency to a spontaneous cure; but, on the contrary, they always tend to destroy life by burrowing or spreading, etc.; and Dr. Lidell shows that the earlier they are laid open and evacuated the better for both patient and surgeon.

As soon as fluctuation is discerned, the abscess-cavity should, without delay, be freely laid open, the coagula turned out, the bleeding point or source of the hemorrhage brought distinctly into view, and the delinquent vessel itself should be ligatured on each side of the aperture in its walls. But should the ligatures cut through, the actual cautery must be applied to the bleeding point, the primitive carotid artery should be firmly compressed against the cervical vertebræ by the surgeon's thumb or fingers applied on the anterior part of the corresponding side of the neck, between the larynx or trachea and the inner border of the sterno-cleido-mastoid muscle, with force enough to press the artery backward and inward against these vertebræ, and flatten it thereon. Should this procedure fail, it will be advisable, especially in cases where the bleeding proceeds from tonsillary abscesses, to ligature at once the primitive carotid artery.

Green Oysters.

We take the following from the *Brit. Med. Jour.*, September 29, 1883:

In the Biological Section of the recent meeting of the British Association for the Advancement of Science, at Southport, Professor Lankester, F. R. S., gave an account of an investigation he had made into the coloring matter of the green oyster. The cause of the green color in the oyster was decided fifty years ago by a French oyster-cultivator, who was in the habit of producing them for the Paris market. This gentleman found that in the ponds in Normandy in which these oysters were produced, there was always a green deposit. He thought it was a vegetable substance, and called it *Vibrio ostrearis*. It had since been maintained that it resulted from the contact of the oyster with copper, and it had been alleged that cases of poisoning had in consequence occurred. The explanation, though plausible, as there were minute quantities of copper in the tissue of the oyster, was not the real one. The green substance to which he had referred, had been found to be living protoplasm. It came from a microscopical organization known as the *Mavicula ostrearis*. This organism was swallowed with the water by the oyster, was absorbed into the blood, and the coloring matter was deposited on the surface of the gills and the labial tentacles. It imparted no particular flavor to the oyster, for he would defy any man to distinguish between the green oyster and the white one with his eyes shut.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *North American Review* for November, by the liveliness and the sterling worth of the articles it contains, satisfies the requirements of the most exacting reader. Senator H. B. Anthony writes of "Limited Suffrage in Rhode Island," giving incidentally a highly interesting sketch of the early constitutional history of that little commonwealth, and setting forth the considerations which influenced its people in restricting the exercise of the electoral prerogative. Dr. Norvin Green, President of the Western Union Company, in an article entitled "The Government and the Telegraph," cites the provisions of the Federal Constitution and the determinations of the Supreme Court which appear to debar the General Government from assuming the management of the telegraph lines; and presents statistics designed to prove that the service in this country is both cheaper and more efficient than in any of the countries of Europe, where the governments own the lines. The Rev. David N. Utter brings out from oblivion the record of certain alleged atrocious crimes of "John Brown of Ossawatomie." There are two scientific articles, namely, "Solar Physics," by Professor Balfour Stewart, and "Modern Explosives," by General John Newton. W. H. Mallock contributes "Conversations with a Solitary," an imaginary passage-at-arms between a Radical and a Conservative, in which the two opposing theories of government and society are advocated with rare spirit and ingenuity of argument. In "Suggestions in Regard to the Public Service," Green B. Raum offers certain facts going to prove that the clerks and other employés of the government departments at Washington, even before the passage of the Civil Service act, were in the main both faithful and efficient. Finally, "Dr. Hammond's Estimate of Woman," is reviewed by Mrs. Lillie Devereux Blake, Miss Nina Morais, Mrs. Sara A. Underwood, and Dr. Clemence S. Lozier. Fifty cents a copy; $5 a year. Published at 30 Lafayette Place, and sold by newsdealers generally.

BOOK NOTICES.

The Collective Investigation of Diphtheria. Edited by J. J. Mulheron, M. D., Detroit, Mich., 1883. 1 vol. 8vo., pp. 120. Price, cloth, $1.00.

The plan on which this work is composed is as follows: Circulars containing a number of inquiries, chiefly theoretical in character, were addressed to physicians and their opinions asked; also the facts in support of those opinions. Having the replies, of course as varied and as contradictory as most medical opinions are (we all know how that is), the daring editor strikes a balance, and delivers his verdict, "acting," as he tells us, "judicially in the matter."

We shall not at present proceed to discuss the conclusions reached by this plan. They are not more open to criticism than most theories about diphtheria. They may, and we hope they will, aid in solving the enigma of that dread disease. But we cannot refrain from doubting results so attained. The method employed appears to us totally inapplicable to the problem. The patient investigations of one competent, unbiased worker, were worth the "opinions" of no matter how many "leading practitioners in different States." This is no question to be settled by an appeal to the ayes and noes, as the editor seems to think. The "facts" on which the "opinions" are based are just as deceptive as all facts are which are not approached by strict methods. In fine, "collective investigations," in such directions are in the highest degree delusive.

The Physiological Factor in Diagnosis. A Work for Young Practitioners. By J. Milner Fothergill, M. D. New York: Wm. Wood & Co., 1883. 1 vol., 8vo., pp. 256.

Dr. Fothergill wields a portentously fluent pen. He turns out book after book, letter after letter, for students, for young practitioners, for old practitioners, for the public, with a rapidity that excites amazement. His style is popular, and he has a pleasant knack of putting very well known and quite familiar facts in such a way that his readers at first sight almost think they are discoveries of his own!

In the volume named above, whose title is almost the only obscure sentence it contains, he discourses of such matters of diagnosis as the family history, the physiognomy, the tongue, respiration, pulse, bowels, urine, temperature, etc., tells how they are affected in various diseased conditions, what prognosis these changes permit, and in passing drops a number of therapeutic hints, new and old, and a good deal of advice to the junior physician how to behave, what to say, what not to say, etc., etc. It is a readable book, and one that no one, youthful or mature, would regret an hour or two spent over.

—Dr. H. P. Bowditch has been elected Dean of Harvard Medical School.

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M. PASTEUR AND HIS PARENTS, AND HIS CHILDHOOD HOME.

Many of our readers will doubtless be glad to have a translation of M. Pasteur's address to the people of Dôle on the occasion of the affixing of a commemorative tablet on the house in which he was born, which we note in the *Microscopical News*, London, October, 1883. The tablet says simply, "Here was born Louis Pasteur, December 27, 1882." M. Kaempfer, who represented the Ministry of Public Instruction and Fine Arts at the ceremony, said: "In the name of the Government of the Republic, I salute this inscription, which commemorates the fact that in this small house, in this small street, was born one who was to become one of the greatest of scientific men in a century distinguished by the greatness of its science, and who, by his admirable discoveries, has increased the glory of the country and deserved well of humanity."

M. Pasteur's reply was as follows: "I am deeply touched by the honor which the town of Dôle has conferred upon me; but permit me, while expressing my gratitude, to deprecate this excess of glory. In rendering to me the homage which is usually rendered only to the illustrious dead, you encroach too hastily upon the judgment of posterity. Will it ratify your decision? And ought not you, Mr. Mayor, to have prudently warned the Municipal Council against so hasty a resolution? But having protested against this outburst of an admiration which I do not merit, permit me to say that I am touched to the bottom of my heart. Your sympathy has united in this commemorative tablet the great things which have been at once the passion and the charm of my life —love of science and reverence for the paternal home. O, my father and my mother!—O, my dear departed, who so modestly lived in this little house, it is to you I owe all! Your enthusiasms, my brave mother, you transmitted them to me. If I have always associated the greatness of science with the greatness of the country, it was because I have been full of the sentiments with which you inspired me. And you, my dear father, whose life was as rude as your rude trade, you showed

me what patience and sustained effort could accomplish. It is to you that I owe the tenacity of my daily work. Not only had you the persevering qualities which make life useful, but you had an admiration for great men and great things. 'Look above, learn there, seek to rise always,' this was your teaching. I see you again, after your day's labor, reading some story of battle from a book of contemporary history which recalled to you the glorious epoch which you had witnessed. In teaching me to read, it was your care to teach me the greatness of France. Be blessed, both of you, my dear parents, for what you were, and let me transfer to you the homage which is to-day bestowed upon this house. Gentlemen, I thank you for giving me the opportunity of saying aloud what I have thought for sixty years. I thank you for this celebration and for your reception, and I thank the town of Dôle, which does not forget any of its children, and which has borne me in such remembrance."

MICROBOMANIA AND MICROPHOBIA.

The symptoms and effects of these two maladies are wittily described by M. Paul Somans in the feuilleton of a recent issue of the *Gazette Medicale de Paris*.

In connection with the numerous maladies, or rather symptoms, which have recently been described, such as agarophobia, claustrophobia, morphiomania, etc., there is a new mental disease, which is making great ravages among our medical brethren. I speak of microbomania and its indispensable corollary, microphobia.

Microbomania is an affection of adult or middle age, sometimes attacking those in advanced years. It is most frequently observed among the best educated physicians, those most given to biological research, and almost always ambitious.

It is characterized at the début by a great desire to be spoken of in the scientific world, accompanied by a slight degree of fever and a strong resolution to discover by the aid of the microscope certain mobile corpuscles in the blood or other liquids of patients suffering from the most diverse maladies.

The desire is soon followed by acts calculated to satisfy the special craving.

In the end the presence of corpuscles is averred in impaludism, measles, scarlatina, even in mumps, and the minute organisms are charged with all the crimes imputable to each pathological individuality.

But if, perchance, several individuals under the influence of this form of mania should concentrate their attention on one and the same disease, they are very apt to describe widely differing microbes.

But this mischance affects them very little, the noise raised by their discovery, and the discussion it provokes, brings their names before the scientific world, and that generally suffices for the cure of the disease; but relapses are frequent. Microphobia is more frequently observed than the other, and its ravages increase in proportion to the discoveries made by the microbomaniacs. The married physician, with the constant fear of microbes before his eyes, dreads the approach of his children until he has removed his outer clothing and made antiseptic ablutions. But happily carbolic acid has penetrated to the most distant climes, and enables the microphobic physician to return to his family circle.

THE AIMS OF MODERN THERAPEUTICS.

At the last meeting of the German Association of Naturalists and Physicians, a thoughtful essay with the above title was read by Prof. Liebermeister, of Tübingen.

He began by referring to the prevalence of therapeutical skepticism and Nihilism, and maintained that there is no occasion for the despairing of the progress of this branch. Looked at broadly, the transformation in recent times had been from an anatomical to an etiological method. With regard to the great field of prophylactic therapeutics, the doctrine of a *contagium vivum*—not new, but newly demonstrated—has had vast results. The means of prevention may be classified in two categories, direct and indirect means. To the former belong the precepts of hygiene and sanitation; to the latter, such discoveries as inoculation and vacci-

nation, and the limitation of tubercle by early treatment of catarrhal affections of the lungs, which, the speaker maintained, had been shown to afford a favorable breeding-spot for the tuberculous bacillus.

As for therapeutics applied to existing diseases, its aims were defined to be at present the acquisition of greater knowledge in three directions, each of which has shown itself to be full of promise.

The first of these is the discovery and right use of *specifics*. Examples of these are quinine in intermittents, mercurials in syphilis, salicylic acid in rheumatism, santonine in verminous affections, etc. The speaker expressed great confidence that in the future this list will be extended to include equally efficient means against cholera, diphtheria, and tuberculosis.

The second is the *alterative* method. This proceeds from the idea of changing the physiological actions and thus promoting restoration to health. Mineral and thermal waters, bathing, medical gymnastics, change of climate, electricity, massage, etc., are the therapeutic agents here employed, and their results are eminently satisfactory in a vast number of cases.

Finally, in general, the *expectant-symptomatic* method is that most promising in the greater number of dtseases. Here the attention is directed mainly to reducing threatening symptoms. That very solid ground has been gained in this domain is obvious by the fact that the mortality of typhus has been reduced one-half since the adoption of antipyretic measures.

On the whole, the speaker claimed that we have no reason to feel discouraged when we survey recent progress in therapeutics, and still less to allow ourselves to fall into a state of chronic distrust of our abilities to prevent and to cure disease.

INTRODUCTION OF TUBERCULOSIS BY THE ALIMENTARY CANAL.

That animals may be inoculated with tuberculosis, by means of tuberculous matter introduced with the usual food, is a fact demonstrated by Villemin and other experimenters.

Strong presumptions are in favor of the supposition that the malady is sometimes acquired in this way by the human subject.

This would seem to be the case for infants fed with the milk of cows affected with la pommeliere, which is supposed to be tuberculosis as it appears in the bovine species. M. Bollinger (*Biarrisches Intelligenz-Blatt.*), has after careful research discovered the bacilli of Koch in the mammary glands of a cow affected with this disease, and also in the milk contained in the excretory ducts of the gland. Some of the liquid taken from the ducts was introduced into the peritoneum of a guinea pig. The animal succumbed eleven days later, presenting a miliary tuberculization of the spleen and peritoneum.

There can be then no longer any doubt that the raw milk of phthisical cows is capable of transmitting tuberculosis.

It remains to determine whether boiling may remove its unhealthy properties, a subject of such importance that it will, no doubt, provoke ulterior experimentation.

CONSULTANTS AND GENERAL PRACTITIONERS.

Dr. A. H. Newth publishes a paper on this subject in the *British Medical Journal*, October 6, 1883, which contains some suggestions that may prove valuable to us, in view of the present over-crowded condition of our profession.

He deplores the fact that in England the consultants do not treat the general practitioners with fairness, but make use of their favorable positions to rob their brethren of their patients; and to remedy this condition he makes the following suggestions, which we reproduce and recommend to our readers:

1. That there should be a distinct grade of consultants.

2. That consultants should see patients only in association with a general practitioner, either by correspondence or by a personal interview.

3. That prescriptions and letters of advice should be given to the medical attendant, and on no account to the patient.

Notes and Comments.

Dilatation of the Colon.

In the *Dublin Jour. Med. Sci.*, July, 1883, Dr. Henry Kennedy publishes a paper on some of the forms of dilatation of the colon. He begins by observing that the affection is frequently overlooked; and in confirmation of this he details some cases which were so obscure as to prevent any diagnosis being arrived at, and others in which the diagnosis was wrong. He believes, nevertheless, that a correct diagnosis could be made; but it is necessary that the idea of such a possibility should in the first instance be entertained. The condition of the patients who have this affection is always that of impaired health. With this state when the patients, who are usually thin, are examined lying on their backs, there is chronic tympany, though not necessarily to a great degree. Pressure on the abdomen does not cause pain. In conjunction with these symptoms the author states that the main characteristics of the disease are the fæcal discharges—always dark, pasty, and unformed. He insists particularly on the persistence of such discharges for weeks, months, and even years, during which periods the patients are constantly subject to attacks of diarrhœa, acute or chronic, and are liable even to perforation of the bowel and rapid death. Having detailed cases, he considers the prognosis should always be guarded. Treatment could much benefit these cases, but he doubts whether a complete cure can be effected.

The Radical Treatment of Varicocele by Intervenous Injections of Alcohol.

In *Vrach. Vedom*, 1882, 540, Kranzfeld describes a simple and easy treatment of varicocele which had been successfully practiced in seven patients by Dr. G. T. Dukhnovsky, of Odessa Military Hospital. The method consists in the injection of 85 to 90 per cent. alcohol into the subcutaneous cellular tissue surrounding the spermatic veins. The needle of a Pravaz's syringe is introduced under the skin at any point facing the dilated veins, and is brought, with the help of the operator's left hand, as nearly as possible to the diseased vessels; then the syringe is slowly emptied. The injection causes only moderate burning pain, lasting from half an hour to three hours. On the next day after the operation there appears a considerable, but almost painless, swelling of the parts, which is at first soft, then becomes tenser. The injections are repeated at three or four days' intervals, from three to ten times, according to the demands of the case. Finally the spermatic veins are transformed into thin hard cords. In all the seven patients of Dr. Dukhnovsky cure was complete (at least the patients remain quite well as yet). The same method proved equally efficacious in two cases of dilated veins of the leg.

Loss of an Eye from Sewer-gas After Extraction of a Cataract.

To the *Am. Ophth. Ass.*, Dr. McKay, of Wilmington, reported the case of John H., a German brewer, sixty-one years of age, who was operated upon April 16, 1882, for senile cataract, without an anæsthetic, by Graefe's method of linear extraction. The upward operation was performed satisfactorily, and without accident. He counted fingers immediately after the operation. The eye was covered with absorbent cotton and a light flannel pressure bandage, without the further introduction of a mydriatic. Three days and a half after the operation the bandage became somewhat loosened. The eye was examined, and atropine was introduced. The incision had closed; the cornea was clear; the pupillary field was dark, and vision, tried for a moment, was very encouraging. The patient subsequently showed symptoms of some general disease, evidence of contamination of the atmosphere by sewer-gas was detected, and finally the eye was lost, in consequence, as Dr. McKay believed, of the poisoning of the general system produced by this noxious agent.

A Case of Primary Epithelioma of the Auricle; Removal of the Entire Auricle by the Thermo-cautery.

Before the American Otological Society (*N. Y. Med. Jour.*, July 28, 1883), Dr. W. W. Seely, of Cincinnati, read a paper on this subject. A man, sixty years of age, was bitten on the ear by a rat six years ago. The wound never healed, but was finally succeeded by the growth which was removed. During the last year the latter had increased in size rapidly, and bled easily on irritation. The original wound was near the summit of the helix. The tumor was removed by means of the thermo-cautery, the hemorrhage being only slight. The entire surface of the stump was covered with a thick layer of powdered boric acid, and the patient was sent home within five weeks with a perfect scar. Dr. Seely regarded primary epithelioma of the auricle as rather rare. Although in this case the thermo-cautery acted well, he thought the knife, with torsion of the arteries, was preferable. He also believed that

under the boric-acid treatment the healing period of the wound was reduced at least one-half.

A Colony of Ascarides as a Cause of Death.

The *Dublin Jour. Med. Sci.*, August, 1883, says:

Dr. Egeberg (*Norsk Mag. f. Lægevid.*, Third Series, Vol. XII., "Proceedings of the Norwegian Medical Society, and *Nordiskt med. Arkiv.*, Vol. XV., Part I., 1883,) exhibited before the Norwegian Medical Society a portion of intestine from a girl aged four years, who, when two years old, had discharged a lumbricus in a bloody motion from the bowels. She had subsequently been healthy, except that off and on she had transitory pains in the abdomen. On the evening of the 11th of February she was attacked with violent pains in the stomach and incessant vomiting, but there was no evacuation of the bowels; she became collapsed, and died next morning, twelve hours after the occurrence of the first symptoms. At the autopsy evidences of peritonitis were discovered, and the terminal portion of the small intestine for about eighteen inches upwards from the valve of Bauhin (ileo-cæcal valve) was completely crammed with lumbrici. No other cause for the peritonitis could be detected.

A Rare Foreign Body in the Eye.

Dr. Harvey Scott reports this case in the *Brit. Med. Jour.*, September 22, 1883:

"As senior medical officer of the military escort which proceeded with King Cetywayo to Zululand, an uncommon case came under my observation. A native driver (Cape boy), one day, whilst lying down under a wagon, became conscious of the existence of a foreign body in his left eye. Having tried all the usual methods of removing it himself without success, he presented himself at the field-hospital, where, upon everting the lower eyelid, a foreign body was plainly visible on the surface of the cornea, which, on closer examination turned out to be a living tick (*Ixodes*), common in South Africa. The tick was tightly fixed to the cornea, but was compelled to relinquish its hold by being grasped between the blades of a very fine forceps. After removal, the insect was placed on my hand, and appeared as vigorous as possible. No inflammation ensued. I mentioned this case to all the local practitioners here, but none of them had ever heard of such a case."

Fracture of the Sternum.

Before the Pathological Society of London (*Lancet*) Mr. Arbuthnot Lane showed a specimen of fracture of the sternum at the junction of the first and second pieces, and dislocation of the second and third left costal cartilages from their ribs. There was no fracture of ribs and vertebræ. He also described a form of articulation that was found in the first costal cartilage when it became sheathed in bone. This might be either a single arthrodial joint or one of two forms of mixed articulation. These conditions were exemplified in the specimen shown. Their purpose was to obviate the rigidity of the cartilage, and to allow of the free movement of the sternum in respiration. Mr. Pitts thought it was difficult to account for the nodule of bone on the back of the sternum, which appeared to be a fragment of a comminuted fracture, and yet there was no indication of where the piece was detached from. Could the nodule be due to some secondary change about an old fracture? The point in reference to the joint of the first costal cartilage was a very interesting one.

Case of Peculiar Alteration of the Shoulder-joint in Infantile Syphilis.*

The *Boston Med. and Surg. Jour.*, October 11, 1883, says that Troisier reports the following unusual clinical history, which, before death, was considered as an instance of syphilitic pseudo-paralysis, described by Parrot:

A child, seven weeks old, was brought to the hospital with evidence of hereditary syphilis and a congenital hare-lip, which was operated on successfully when the child was twelve weeks old. The patient could not move the left arm, and if lifted, the arm would fall as an inert mass, but voluntary motion of the fingers and slight contraction of the biceps were possible. After death it was found that there was no alteration in the joint proper, but the epiphyseal cartilage was separated from the diaphysis by a layer resembling thickened pus, and on traction the epiphyses could be completely pulled away from the diaphyses in the femora. Several of the bones gave evidence of gelatiniform atrophy.

Blindness Following Facial Erysipelas.

Before the New York Society of German Physicians (*N. Y. Med. Jour.*, October 13, 1883), Dr. Ernst Schottky related a case of facial erysipelas followed by blindness. It was that of a man forty years old, who had tertiary symptoms of syphilis already. The erysipelas began in the pharynx and the nasal cavity, and thence extended over the cheeks and forehead. The lids became so

much swollen that the eyes could not be opened for several days. The eyeballs were protruded. When the eyes could be opened at last, the sight of both was found to be entirely abolished. The pupils were contracted, but subsequently dilated again. Several deep incisions were made into the orbit, but no pus came, nor did they have the least effect upon the eyesight. He had remained completely blind ever since. During his illness he had also shown a peculiar idiosyncrasy against quinine, which drug produced urticaria.

Tetanus Treated with Curare and Chloral.

The *Med. Press*, Oct. 3, 1883, says a case of a three-year-old child who received a severe crush of the calf of the leg is reported by Dr. Hjorst in the *Norsk Magaz. für Lægevidensk.* Under antiseptic treatment of the wound the patient did well until the thirteenth day, when symptoms of tetanus developed. Morphia and chloral gave some relief by the rectum, but the disease became more marked. On the twenty-fifth day the child's condition seemed hopeless, and after consultation it was decided to give hypodermically an injection of curare (gr. $\frac{1}{64}$), which was repeated at the end of three hours increased to $\frac{1}{48}$ gr., which gave decided relief. The next morning an injection ($\frac{1}{32}$ gr.) was given; the patient was decidedly more comfortable; chloral was again given by the rectum at night. The next day patient was much better, and had spontaneous diuresis and evacuation from the bowels. Convalescence gradually was established.

Internal Strangulation of the Bowels—Laparotomy.

Dr. A. B. Atherton reports two cases in the *Boston M. and S. Jour.*, June 7 and 14, 1883, and concludes with the following remarks:

The history of both my cases seems to forcibly impress on us the importance of operating in all such instances as early as possible after a correct diagnosis has been made, and after, of course, a certain amount of trial has been had of opiates and the use of large enemata through a long tube. Just as in strangulated hernia the danger consists more in delay than in the operation, so to a certain extent it is with internal strangulations. It would undoubtedly have been better for both my patients had the operation been done a day or two sooner than it was.

Surgery and Different Races.

The *Med. Times and Gaz.*, July 21, 1883, says that Von Brinton has contributed to the *Wiener Med. Woch.* (No. 28) an article on the behaviour of different races towards surgical interference. The black races and Oriental nations bear operation the best; next comes the Anglo-Saxon family, and then the Latin race. The small mortality of the Chinese and Japanese after operations is well known. Pyæmia is of very rare occurrence in China. Only eight died out of 138 operated on for lithotomy. Similarly, the Japanese enjoy immunity from pyæmia, septicæmia, tetanus, and erysipelas. Of the Americans, the negro stands surgical interference best. Even in overcrowded and ill-ventilated hospitals, the negroes did better than the white-races. Germans do well because of their phlegmatic constitution; and Irishmen also, but on account of their elasticity of spirits.

Traction Suture.

Dr. Oscar H. Allis thus writes in the *Annals of Anatomy and Surgery* for September, 1883:

It not infrequently happens when a large portion of integument has been cut away—as in removal of the female breast—that the healthy borders cannot be fully approximated; and even an attempt to do so is accompanied with such a degree of tension that the sutures soon cut their way out. To distribute this tension, I have employed the following device:

After drying the skin thoroughly, I apply strips of adhesive plaster from the margin of the wound in the direction I wish the sutures to hold. I then pass my needle deeply through plaster and skin. After the sutures are in position, and before tightening them, I request an assistant to approximate the margins of the wound by pressure from his hands, while I secure them by twisting the wire.

Sutures employed in this manner have a firm hold upon the plaster, exert their traction upon a large surface, are less irritating and harmful, and will continue an efficient action much longer than the ordinary integument sutures.

Pathognomic Sign of Fracture of the Cervix of the Femur.

The *Med. Times and Gaz.*, August 11, 1883, says that Prof. Bezzi, after showing, in the *Spallanzani*, the difficulties and uncertainties which often attend the diagnosis of this accident, observes that at the Milan Hospital a traditional practice exists of exploring, whenever fracture of the neck of the femur is suspected, the short space between the trochanter and the crest of the ilium. In place of the considerable resistance which is there produced in the sound limb through the tension of

the tensor muscle of the fascia lata, there is found, when the injury has occurred, a deep depression, due evidently to the diminution in the tension of this muscle, owing to the approximation of its points of attachment.—*Presse Méd. Belge*, July 29.

Operation in Peritonitis.

The *Med. Times and Gaz.*, July 18, 1883, says:

In the number for May 26, the *Revue Médicale* relates a case in which it designates "as an example of how, in the domain of affections of the abdomen, surgery, for the great benefit of mankind, is making daily encroachments on the territory of its old sister, medicine." A delicate child of eight years of age, who had not had any serious illness before, came under the care of Dr. Reibel, who reported the case to the Strasburg Medical Society. It was the subject of a generalized peritonitis, which by the tenth day exhibited a great amelioration. On that day a relapse ensued, and the disease assumed a more and more menacing character, so that the child's death seemed to be imminent. Dr. Reibel resolved to evacuate the effused liquid from the cavity of the peritoneum, and wash it out with a carbolic acid solution. The abdomen having been opened, no liquid was found in the peritoneum, but this was washed out with tepid carbolic acid, and the child eventually recovered. An example of peritoneal tolerance, at all events!

Paralysis Following Simple Catarrhal Sore Throat.

The Medical Record, October 6, says:

Dr. Lentz reports in the *Gazette Médicale de Strasbourg* for September 1, 1883, two cases of catarrhal sore throat followed by grave visceral lesions. In the first case there was albuminuria, and in the second paralysis of the lower extremities and retention of urine. From a study of the cases he concludes as follows:

1. Simple catarrhal sore throat may be followed by grave phenomena, such as albuminuria or paralysis.

2. It seems to be in some cases the manifestation of miasmatic poisoning.

3. The paralysis is the result of a direct and specific action of the virus, upon which depends also the sore throat, and is not, as claimed by some, due to weakness following acute disease.

Ossification of the Choroid.

Before the American Ophthalmological Society (*New York Medical Journal*, July 28, 1883), Dr. Kipp read a paper describing a case of very extensive ossification of the choroid occurring in a young man who, when first seen, ten years ago, had a chalky cataract, to which the pupil was everywhere adherent. As there were at that time no symptoms of irritation of the eye, and the case was hopeless so far as sight was concerned, no treatment was advised. The boy had been born with the cataract, according to the mother's statement. Ten years afterward, the eye became painful, and presented the appearance of iridocyclitis. The eye was removed, and, on examination, the osseous plate lined the inner side of the choroid as far as the ciliary processes.

To Stop Hiccough.

The *N. Y. Med. Record*, July 21, 1883, says that Dr. Shaw, of Cincinnati, states that he has often succeeded in this by following Dr. Kinnaird's procedure. "His method was to place the tips of the fingers of both hands in the position of complete supination against the abdominal muscles, at the lower and outer junctions of the epigastric with the hypochondriac regions. With the finger-tips in this position, firm and very gradual pressure is made backward and upward against the diaphragm. This pressure should be continued for some little time after the diaphragm has ceased its spasmodic contractions, when the fingers should be very gradually withdrawn."

The Plastic Surgery of Tendons.

The *London Medical Record*, June 15, 1883, tells us that Henck (*Centralbl. für die Med. Wiss.*, February 17,) says that, for four weeks after a rupture of the tendon of the flexor longus pollicis, Czerny found the divided ends more than 2½ centimètres apart (0.78 English inch), and it was only possible to approximate them within four-fifths of an inch of each other. A longitudinal division of each end was made, and the two portions united with catgut sutures, so that the tendon could be brought as nearly as possible to its normal position. The result was very successful. Four weeks after the operation, considerable movement of the hand had been recovered; the only difference was that the distal finger-joints of the left hand could not be quite so entirely flexed as on the right.

The Co-existence of Chancre and Chancroid.

The question as to whether this is possible receives some affirmative confirmation from a case reported in the *Med. News*, October 20, 1883, by Dr. John Ferguson, of Toronto. The patient, a medical student, in whose word Dr. F. seems to have implicit confidence, had connection on the

same evening with two women. Three days afterwards he had a chancroid; five weeks subsequently he had a chancre, followed by constitutional syphilis, though in the meantime he had not had connection with any woman. It was ascertained that one of the women was suffering from chancroids, and a man who had connection with the other woman at about the same time, subsequently had constitutional syphilis.

Treatment of Vascular Tumors without Operation.

The *Med. News*, September 1, 1883, says that Floriani has recently treated six cases of telangiectasis with sublimate collodion (3.20). The collodion is put in four layers by means of a camel's hair brush, each layer being allowed to dry thoroughly before the next is applied. On the fourth day the edges are raised, and a second series of four applications are made, this being repeated every fourth day until the swelling disappears and the edges are depressed. After the crust falls off, the place seems depressed and reddened, but soon resumes its normal color. This treatment is painless, and requires only one or two months to cause an angiomatous tumor to disappear.—*Allgem. Wien. med. Zeit.*, No 32, 1883.

Rupture of Popliteal Artery and Vein.

In the *Brit. Med. Jour.*, June 30, 1883, Mr. F. E. Manby describes a case of complete traumatic rupture of both popliteal artery and vein (left), complicating a simple fracture of the lower third of the femur. The injury was from direct violence, and there was no evidence that the injury to the vessels was caused by the bone. The interest in the case was in the fact that both ends of the artery were "classically" plugged; and the very great bleeding which had taken place into the muscular planes was almost solely venous. Amputation at the upper third of the thigh failed to save the patient, who died in twelve hours from shock.

Dislocation of the Humerus from Sneezing.

Dr. William Rickert reports in the *Maryland Medical Journal* for September 29, 1883, the case of a man, who, while cleaning a house, felt an inclination to sneeze. He stopped work, and raising his left arm above his head, supported himself with the other hand against the side of the stable. While in this position he sneezed, and immediately felt that something was wrong with his shoulder. Examination showed an infraclavicular luxation of the head of the humerus, which was quickly reduced under anæsthesia.

The Influence of Fracture on the Growth of Bones.

According to some observations reported to the Academy of Medicine in Ireland by Mr. J. Davidson (*Lancet*, September 29, 1883), fractured bones exhibit a marked increase in size in all dimensions, being both heavier and longer.

Correspondence.

Two Interesting Cases of Needles in the Body for a Considerable Time.

Eds. Med. and Surg. Reporter:—

In the number of your journal for October 20, 1883, I see a notice of the presence of "a needle forty-six years in the body," as reported by Dr. C. I. Walton. As these cases are very interesting, illustrating the immunity with which the living tissues bear the presence of a foreign body, without serious inconvenience, I would report that I removed a needle from the left thigh of a young lady aged twenty-six years, which, from positive evidence, had entered the right arm at the early age of two years. The presence of the needle was well known to her parents, and at intervals of her life frequent sharp neuralgic pains had been complained of, extending over the thoracic region, and latterly around the pelvis; an acute lancinating pain directed attention to the left thigh, and about midway in the soft tissues, at the posterior portion, I detected the foreign body. As in Dr. Walton's case, I had to make an incision, and it required considerable force to extract the needle. It was blackened and rough, and examination showed that it was of a pattern not at present manufactured. The migratory tendency is here illustrated, as this body had traversed from one side to the other, and though suspected, had in the long period of twenty-four years failed to be detected.

I would also report in this connection that I was called to operate in consultation a few months since upon a suspected aneurismal tumor in the right thigh, in a lady aged sixty-five years. Not satisfied in my own mind as to the correctness of the diagnosis, I determined to make an exploratory incision, and evacuated about one pint of semi-purulent pus from a large abscess, bound down by the fascia lata. Upon exploring the cavity, I detected a small, thin, sharp body imbedded in the body of the femur (lower third). I withdrew, without trouble, two-thirds of an ordinary needle. The case made a prompt recovery under the usual antiseptic treatment. Investigation showed that the needle had entered the thigh about six months since. Coming in contact with the bone, it had then set up inflammation, with the usual results, which, in this instance, threatened life, and with some reasonable doubt, simulated a formidable surgical lesion.

These two cases may be of interest to your readers and the profession as an evidence that while some may escape with impunity, and carry foreign bodies for a long period, others may suffer serious injury.

J. Somers Buist, M. D.
Charleston, S. C.

News and Miscellany.

Statistical Comparisons Between the British and German Capitals.

The *Med. Times and Gaz.*, September 8, 1883, says:

London covers an area of over five and a half German square miles, Berlin of only one. The average number of inhabitants per house is eight in London, and not less than sixty-one in Berlin. The annual income value of all dwelling-houses in London is calculated to be 141 marks (or shillings) per head of the total population, in Berlin 148 shillings. During the year 1882, the proportion of all births in London was 34.3 per thousand, in Berlin 37.9, while that of deaths was 21.4 and 25.9, respectively. It will thus be seen that while the natural increase is slightly greater in the German capital, its death-rate is also higher than that of the British metropolis. During the past year the total increase of the population was 62,047 in London, and 35,691 in Berlin. The ideas of cleanliness seem to be much more developed in England than Berlin, for while the annual consumption of water from the public mains is 136 litres per person in London, it is only 61 litres in Berlin, but then a great quantity of water is also taken from private wells in Berlin.

A Venerable Dame.

At Aubérine-en-Royans, a village in the Dauphiné, situated between Valence and Grenoble, may be seen an old woman living in a hut in a narrow street, who has reached the extraordinary age of 123 years. She has no infirmity except slight deafness, being in full possession of her mental faculties. Her age as given above is authentic, and according to her marriage certificate, she completed, in January last, her hundredth year since her marriage. The old lady was a "cantinière" under the First Empire, and had two sons killed at the battles of Friedland and in Spain. She is supported entirely on the alms given her by visitors who go from great distances to see her, as an object of curiosity, and her neighbors help her to do her household work. She lives almost exclusively on soup made with bread, to which is added a little wine, and sometimes a little brandy. Dr. Bonne, who practices in the neighborhood, states that she is never ill. Her skin is like parchment, but she is comparatively upright, and is of scrupulously clean habits.

Injurious Effects of Lead Preparations in Oilcloth.

In the *Lancet*, September 29, 1883, we read that the Council of Public Hygiene of the department of the Seine has been from time to time occupied with the question of the lead preparations sometimes used in the manufacture of oilcloths, etc., particularly with reference to the moleskin cloth used for lining children's carriages. According to the *Moniteur des Fils et Tissus*, the danger was considered to be of such a character that the members of the council requested the prefect of police to prohibit the use of such articles. According to analytical results, there is the liability of injury to health by particles of the oilcloth containing lead (used for covering tables, etc.), becoming detached and coming in contact with the skin. Should vinegar be allowed to remain a certain length of time on such a material, the salts of lead would form soluble acetates. In urging on the prefect the necessity of his action in the manner indicated, attention is drawn to the fact that these cloths can easily be made without such preparations.

Cremation.

M. Brouardel, in a report on cremation to the Paris Council of National Health, states that he considers cremation to be opposed to the interests of justice. Crime would rest undetected, and the wrongly accused could not be exonerated. During epidemics, the danger to public health would be increased rather than lessened by the practice of cremation, inasmuch as the different processes require longer personal contact than does simple burial. The council has adopted M. Brouardel's views, and voted against cremation. M. Kœchlin-Schwartz, president of the Society of Cremation, has addressed to the prefect of police the following objections to M. Brouardel's statements: "After cremation, traces of mineral poison are detected in the ashes, and these are always preserved. Vegetable poisons would escape detection; but equally so after inhumation, when the body would be decomposed. In cases of cremation, personal contact is not more prolonged than in ordinary burial. The chief difference lies in the fact that in one hour the body is destroyed by fire, instead of undergoing slow decomposition, and giving off pestilential miasmata to poison the neighboring population."

Peculiarities of Chinese Patients.

According to Dr. Brown, of San Francisco, the the Chinese must make very good patients, for they invariably carry out instructions to the letter, are very grateful, and always pay their bills. Constipation is almost unheard of among them. Their children at birth are usually much smaller than white babies, six pounds being the average weight. They use paper on the lying-in bed as a protection, and thin paper as napkins for the lochia. It has the appearance of a muslin fabric, being thick and soft. It is prepared, however, from a stout paper of a light brown color, smooth and bearing no resemblance to that in use. The mode of preparation consists simply of crumpling and rubbing it with the hands. Being tough and thick, it is completely transformed by this process, and makes a soft fabric, almost impermeable to water and admirably fitted for temporary protection to the bedding, one sheet being replaced by another as soon as it has become soiled. Lacerations of the cervix are very rare among them.

The Origin of Cholera.

A correspondent thus writes to the *Brit. Med. Jour.*, October 6, 1883:

"I have no work to refer to, but, if I remember rightly, butyric acid, when taken internally, produces symptoms like cholera; and the acid is formed when dead animal-matter is left for some

time in water. If this be right, then, as the Ganges and the Nile have presented the conditions favorable for the formation of the acid, may not some of the cholera near both rivers be accounted for? A great outbreak of cholera occurred in Shanghai in 1863, after the Taeping rebellion, and when the rivers contained numerous dead bodies."

Vermont State Medical Society.

At the annual session held at Montpelier, October 11 and 12, the following papers were read:

Dr. O. W. Sherwin, on "Jaundice;" Dr. L. M. Bingham, "Dilatation of the Œsophagus;" Dr. E. R. Campbell, "Hernia;" Dr. S. J. Allen, "A New Method of Localizing Bullets;" Dr. S. T. Brooks, "Duties and Rights of Experts;" Dr. O. W. Sherwin, "Physicians' Testimonials;" Dr. John B. Wheeler, "Venesection."

The following officers were elected for the ensuing year:

President—S. S. Clark, St. Albans.
Vice-President—C. M. Rugg, Hartland.
Secretary—J. S. Richmond, Woodstock.
Treasurer—Sumner Putnam, Montpelier.
Auditor—C. M. Chandler, Montpelier.

How Far are Dentists Doctors?

A curious legal question has come recently before the courts in Berlin. A young woman called on a dentist to have some teeth extracted. He told her that the operation would not be prudent in certain conditions of her system, and with her consent made a manual examination to ascertain her condition as to pregnancy, etc. Her family brought suit against him. The court of first instance acquitted him on the ground that he had acted within the proper limits of his profession; the higher court, however, reversed this decision, and sentenced him to eight weeks' imprisonment, stating that as a dentist he was not called upon to make such an examination, and that it was from improper motives.

General Hospital, Montreal.

Mr. George Stephen, President of the Canadian Pacific Railway, has presented the sum of $50,000 to the General Hospital, in Montreal, to be expended in erecting one of the proposed new wings in memory of the late Dr. Campbell, Dean of the Medical Faculty of McGill University. The Medical Endowment Fund, or Campbell Memorial, of the University (which was set on foot at the semi-centennial banquet of the Medical Faculty last October by the generous offer of the Hon. D. A. Smith of $50,000, provided an equal amount could be raised by subscription), has now become an actuality; and the sum named is stated to have been handed over to the University.

Puberty in Negresses.

As controverting the general belief that puberty occurs at an earlier age in negresses than among the whites, Dr. C. S. Taylor forwards the following statistics to the *Lancet*, September 29, 1883: Out of twenty-one cases, menstruation appeared in one aged sixteen, in three at fifteen, in three at fourteen, in three at thirteen, and in two at twelve; whereas it had not appeared in one aged fourteen, in two aged thirteen, in one aged twelve, in one aged eleven, in another aged ten, one aged nine, and in two aged eight. It is further stated that many cases of negresses from eight to eleven years of age might be instanced, who have not yet had any menstrual secretion.

A Peculiarity of the Cholera Poison.

The Egypt correspondent of the *Méd. Press*, October 3, 1883, says:

An intelligent Englishman at Maghagha told me that during the prevalence of the cholera there "a peculiar oppressive feeling was noticed in the air; all the birds disappeared, and did not return till the epidemic was over, and the leaves on many trees withered."

Medical Laws.

A correspondent asks us to give a brief statement of the medical practice laws of the different states. As such an account would be very interesting, we ask the coöperation of our readers, who will oblige us by calling the attention of the Secretaries of their State medical societies to our request for information on this point.

The Science of Hygiene is Progressing.

In his address before the American Academy of Medicine, Dr. Albert L. Gihon says:

"Hygiene, after struggling for existence as an adopted child of Physiology, is now dignified as a professorial chair in twelve schools, as an adjunct professorship in one other, and in three as a lectureship; while in other nine it is still tied to the maternal apron-string of Physiology."

The Pantograph.

At a meeting of the French Association for the Advancement of Science held at Rouen, M. Mallez presented an instrument of precision called a surgical pantograph, for measuring the dimensions of the enlarged prostate, and for demonstrating by the aid of graphic tracings the influence of treatment on the diseased organ.

The Paris Morgue.

The present building is to be pulled down, and the establishment will be transferred to the Caserne de la Cité. In 1804 the Morgue was removed to the old slaughter-house on Marché Neuf. The present Morgue was established in 1864.

Items.

—Quillai bark, after it has been used for making tincture, is said to be very useful for cleaning greasy bottles.

—According to a statistical return, there are no less than 2,432 female physicians in the United States.

—M. Jules Ferry, the Minister of Public Instruction, has decided that revaccination shall be made obligatory in all the colleges and lyceums in France.

—In the *Maryland Med. Jour.*, October 20, 1883, Dr. H. J. Berkley reports a case of malarial fever, in a man aged 35, in which the chill was replaced by a convulsion.

—The Sanitary Inspector of Chicago announces the discovery of numerous cases of cancer (?), generally of the tongue, among the cattle in the stock-yards of that city.

—It is reported that the Society of Friends in England has just repealed the prohibition of the marriage of first cousins, which has been in force in that body for nearly two hundred years.

—In the *Brit. Med. Jour.*, Dr. Peter Eade reports a case of asthma of a year's standing cured by galvanizing the neck. The current was applied daily for ten days.

—In the *N. Y. Med. Jour.*, October 20, 1883, Dr. H. Raphael reports a case of gonorrhœa with ulceration of the neck of the bladder, of four months' duration, cured by blisters to the perineum.

—The French papers report a centenarian named Marie Durand as having been born March 16, 1761; married to Claude Gerard in 1783; a widow for ninety-six years, and still alive at the ripe age of one hundred and twenty-two years.

—M. Chevreul, the venerable member of the Academy of Sciences of Paris in the Section of Physics and Chemistry, has just entered his ninety-eighth year. His mental faculties are quite sound, and he attends regularly the meetings of the Academy.

—Dr. Wm. S. Cheesman, of Auburn, New York, reports in *The American Journal of the Medical Sciences* for October, 1883, an interesting case of periostitis of the mastoid, with necrosis, in which the bone was trephined, and the patient made a good recovery;

—In the *Boston Medical and Surgical Journal*, September 20, 1883, Dr. M. D. Church reports a case of fatal suppurative hepatitis, due to a pin in the vermiform appendix. The pin was swallowed in August, and the illness did not begin until November.

—Dr. Paul Grossmann, of Omaha, Neb., reports in *The American Journal of the Medical Sciences* for October, 1883, an unsuccessful case of modified Porro-cæsarian operation in a rachitic dwarf, aged twenty-three years, who had been in labor sixty-six hours. He feels confident that the operation would have been successful if it had been performed at the beginning of labor.

—In the *Brit. Med. Jour.*, September 22, 1883, Dr. James Barron reports the case of a girl aged ten years who drank an ounce of No. 5 Calvert's carbolic acid. She recovered. Treatment consisted of stomach-pump, heavy solution of magnesia, hot bottles to surface of body, and no food by mouth; after fifteen days she was fed in the usual way.

—Dr. G. Danford Thomas, coroner for Central Middlesex, in addressing the jury at an inquest on the body of a child sixteen weeks old, found dead in bed by the side of its parents, said that every year he held over 120 inquests on children who had died under similar circumstances from suffocation.

—In our notice of American exhibitors at the Vienna International Pharmaceutical Exhibition, we omitted to name the firm of Seabury & Johnson, New York City, who displayed a full line of plasters, absorbents, antiseptics, and surgical dressings, and were awarded a diploma and a gold medal.

—The Supreme Court of Rhode Island has imposed a fine of several hundred dollars on parties in that State selling an "Acid Phosphate," and infringing on the rights to that name possessed by the Rumford Chemical Works. The dirseputable and growing practice of infringing upon well-known and meritorious articles after they have acquired reputation, popularity, and value, should be discountenanced by all respectable dealers as it is by the courts, and the attempts of unscrupulous persons to build up a business upon the capital of somebody else, and thus perpetrate a wilful fraud upon the community, should be everywhere condemned.

OBITUARY NOTICES.

DR. PETER G. GELCICH.

Dr. Peter G. Gelcich died of yellow fever at Hermosillo, Senora, Mexico, October 7, 1883. It appears that, owing to his severe labors in professionally attending upon the very numerous victims of the scourge whose sufferings he was called upon to relieve, Dr. Gelcich's whole system had become poisoned and enfeebled. Notwithstanding that, he kept at his post of duty, laying aside all fear, and putting forth all his strength and talent in the cause of humanity.

On the 3d day of October, after he had visited all his patients, he returned home, and within ten minutes he had all the symptoms of the fever. All was done to relieve his suffering, and every effort made to save him, but all in vain. For four days he grew worse, and on the morning of the 7th of October he died.

Dr. Gelcich was known as a man of large general intelligence and recognized medical proficiency, who performed valuable services for humanity during the prevalence of the fearful epidemic in Hermosillo. Many of his patients recovered under his effective treatment, and he acquired deserved popularity among all classes. He leaves a wife and seven children in Hermosillo, and a brother, Dr. V. Gelcich, in Los Angeles, to mourn his death. The latter, who is plunged in grief by this affliction, said of his dead brother: "He expired like a good Christian, knowing that he had performed his duty. All Hermosillo has shed tears for his loss."

MARRIAGE.

BRIDGES—CUSHMAN.—At Mattoon, Coles county, Ill., October 18, 1883, by the Rev. W. S. McKellar, Dr. V. R. Bridges and Miss Jenny Cushman.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

APSITHYRIA.

BY J. SOLIS COHEN, M. D.,

Of Philadelphia.

(*Continued from page* 510.)

The current of the battery, just strong enough to move the muscles of my own thumb, was used for the intra-laryngeal applications, the positive electrode being held over the crico-thyroid membrane by the patient, and the negative electrode being applied under laryngoscopic inspection over the arytenoid, and the lateral crico-arytenoid muscles. A sponge the size of a silver quarter of a dollar was secured to the external electrode, and a minute fragment of sponge sewed to a hard rubber plate, so as to protect the pharynx, was attached to the intra-laryngeal electrode. Contact was maintained for a few seconds at each introduction of the electrode, and the current closed and opened at intervals of about one second by means of a spring connection on the handle of the intra-laryngeal electrode. The induced current was applied to the muscles of the mouth and of the thorax, in the customary manner. The continuous battery current, very weak, was applied over the course of the cervical portion of the pneumogastric, the positive electrode to the side of the uppermost vertebra, and the negative by means of a long, narrow electrode, in front of the sterno-cleido-mastoid muscle of the side corresponding. These latter applications were endured but for a few seconds, and were promptly discontinued, by sliding the positive electrode to a more distant point before removal, on the approach of dizziness.

The electric routine was not carried out in full at each interview; the patient could not have borne the protracted sitting. Choice was made of one or two of the four series of applications, as appeared most desirable at the moment. Many times it became necessary to intermit all applications for several days.

During this treatment, it occasionally became necessary to prescribe for some temporary complication, as an attack of pleurisy, an attack of intense and persistent cephalalgia, or something else; but strychnine and electricity remained the therapeutic agents upon which dependence was placed.

In some three weeks, the ability to whisper became restored to such a degree that the tablets were interdicted and given away. There has been no total loss of whisper since.

At the end of about two months the voice began to improve; but again and again, though audible at the close of an electric manipulation, it would be lost before the patient reached her apartments, but three or four minutes' walk from my house. The lady was so rejoiced at recovering her ability to whisper, that she would have remained content without her voice; but she yielded to my solicitation to give me every chance I wanted before abandoning the treatment. At the end of four months the voice remained good, though feeble, for several weeks; and I permitted the patient to return home, with instructions to continue the use of strychnine as she had been doing hitherto. Some three weeks later, she returned in an aphonic condition, her voice having failed by reason of over-taxation in social amenities. There was again a failure in the contractions of the lateral

crico-arytenoid muscles, and insufficiency in the contraction of the arytenoid proper. Intra-laryngeal applications of electricity, as before, restored the voice; and I detained her for an entire month, during which her voice continued to improve, when she returned home with a voice much stronger than before.

During last spring paresis of the laryngeal muscles again occurred, and the patient presented herself voiceless in April. Prompt recovery followed electric treatment as before, and the voice has remained at command ever since. The patient resumes the strychnine occasionally, under professional advice.

A recent letter informs me, with profuse acknowledgments of gratitude, that sleep and appetite remain good, and powers of endurance greater than for many years. Pluck in the patient, and perseverance with strychnine and electricity have, save for the permanent impairment of hearing, restored a valuable individual to the society of family and friends, and enabled her to resume the duties and responsibilities of a more active life.

It may be of service to those interested in the topic, to refer briefly to two of the cases reported in 1875, and state their subsequent history.

1. An unmarried lady, twenty-two years of age. came under my care April 3, 1873, with aphonia and apsithyria; the latter of ten months' duration. She was slender, anæmic, and of a phthisical habit and inheritance. The aphonia was due to bilateral paralysis of the lateral crico-arytenoid muscles, and paralysis of the arytenoid proper; the vocal bands remaining rigid in extreme abduction. Respiration was normal in frequency and in rhythm. Motion was perfect in lips and in tongue. But the ability to utilize the current of expiration in making a sound with the lips, was in complete abeyance.

Electric intra-laryngeal applications of the induced current of the second coil, soon overcame the paresis of the arytenoid muscle; but currents of induction and currents of the battery, failed utterly for a long time to overcome the paresis of the lateral crico-arytenoids. Thus the aphonia remained unrelieved after one year's treatment, at the time the case was reported. During this entire period tonics and aperients were systematically employed, with marked improvement in the general health. Until this improvement had been well advanced, all electric treatment directed to the external muscles of respiration and to the course of the nerves of respiration, failed to restore the ability to whisper. The apsithyria was finally conquered, however, about a year and a half before the case was reported, under the influence of continuous currents of the battery, passed from the nape of the neck to the two cervical regions and the top of the sternum, for from two to three minutes daily, and persisted in for several continuous weeks.

From that time to the present, the power of whispering has not been lost, though periods of great weakness of whisper have intervened. This lady has been an occasional visitant at my office, sometimes for a few consecutive days, at intervals varying from a few months to as long as two years. There has been almost continuous necessity for tonic treatment, which has doubtless been influential in arresting the progress of her phthisis, and saving her thus far from the fate of her consumptive relatives. During one of her visits, prolonged for the purpose, in June, 1875, electricity was again applied daily to the lateral crico-arytenoid muscles, with satisfactory restoration of voice; but she has been compelled to return to me aphonic from time to time, at the irregular intervals above indicated, for electric treatment of the paretic muscles. A few applications, sometimes but one, soon restore the voice for the time being, and she goes on for an indefinite period satisfactorily. She appears to lose the voice by allowing herself to run down by omitting her tonic constitutional treatment. At every loss of voice she is placed under the influence of strychnine, and she has consumed a large amount of that drug during more than ten years that she has been under my observation. She has never become robust, but has almost always remained able to continue at her employment of dress-making, though when I last saw her, September 20, 1883, she was still sparer in habit than at our first interview, April 3, 1873; and physical exploration of the thorax gave evidence of consolidation at both apices, and of a cavity in the lower portion of the left upper lobe, anteriorly.

2. This was a rosy Western maiden, twenty years of age, and brought up on the plains. She came to me October 17, 1874; aphonia and apsithyria were complete; the aphonia was of a year's duration, and had followed a mild laryngo-bronchitis; occasional momentary production of voice had occurred under emotion, but nothing further. On laryngoscopic inspection and application of the electric test, the aphonia was seen to be due to bilateral paralysis of the thyro-arytenoid muscles, with paresis of the arytenoid proper, and of both lateral crico-arytenoids. The treatment pursued consisted in persistent administration of strychnine, and applications of electricity. A few applica-

tions of the interrupted current of the battery overcame the paresis of the arytenoid and lateral cricoarytenoids; but the thyro-arytenoids remained uninfluenced at the end of two months' treatment, and the aphonia continued. All electric treatment to the muscles of respiration and along the course of the pneumogastrics failed to impress the apsithyria.

The lady passed the winter in Florida with great advantage to her general health, but returned to the West without voice and without whisper.

I have not seen her since, but have been in occasional correspondence, with her physician and herself. Out-door exercise, tonics, and occasional resumption of electric excitations, comprised the treatment. During a horseback excursion of several days, the voice and whisper became restored, as gleefully communicated to me by the delighted patient; and for aught I have heard to the contrary, the recovery has remained permanent.

As remarked in my former communication (May 1, 1875), apsithyria is usually manifested in females. I there recorded its appearance, treatment, and cure, in a male religious fanatic. I heard of this man indirectly for a year or two, and there had been no return of the difficulty. I have no knowledge of his subsequent history. This case was strongly one of emotional, so-called hysterical origin, so far as the term hysterical is applicable to the male subject. I have since seen but one case in a male. In that instance the patient was not at all hysterical. He had been practicing dentistry for a number of years in the West, and had come to Philadelphia to attend a dental college. As I remember him, for I cannot place my hand on my memorandum of his case, he was some thirty odd years of age, stout, well-nourished, not all excitable, and in general good health. The apsithyria was positive; the aphonia was due to paresis of the arytenoid muscle. A highly favorable prognosis was given, and a course of tonic and electric treatment recommended. I learned subsequently from the late Prof. Buckingham, who had brought the man to me in consultation, that he had recovered both whisper and voice.

In the instances narrated, and in all others that I have seen, the ability to whisper was last lost and first regained, as would be naturally expected.

The aphonia with which apsithyria becomes associated is always manifested as a functional paresis, whatever may have been its origin. At least it has not been myopathic in any instance, the features of which I can recall. The seat of the phonic paralysis can be inferred from observing the contour of the glottis on laryngoscopic inspection, and from observing the effect of electric excitation of the quiescent muscles. The apsithyria is apparently paretic too, but where then is the seat of the paresis? Can it be in the muscle of the diaphragm? It is not in the other muscles of involuntary respiration, for their functions in many instances exhibit no evidence of impairment. It is not in the muscles of the tongue and lips, for voluntary control over these muscles is sufficiently well maintained. Voluntary expiration can usually be effected, but the expiratory current cannot be emitted with a force sufficient to make a sound.

To adopt the language of Professor Paget, of London, perhaps the patients "cannot will" to whisper. But they do seem to make the effort consciously and conscientiously, and they fail.

The only serious difficulty essential to the condition of apsithyria is the forced communication by pencil or by signs. This is troublesome and annoying. It often subjects the patients to hearing unpleasant remarks, based upon the opinion of bystanders who deem them deaf as well as dumb.

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PECULIAR CASES OF TYPHOID FEVER.

BY W. A. EDWARDS, M. D.,

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It is my purpose in this article to call attention to some unusual phenomena of typhoid fever, and to curious manifestations of its symptoms. In the last few years I have had unusual opportunities for the study of typhoid fever, and, in fact, all diseases that are seen where men most do congregate.

The commission appointed by the Académie de Medicine to consider the subject of typhoid fever, particularly the recent Paris epidemic, refers the epidemic in question to bad drainage and filth. Only two members of the Academy disagreed with the conclusions; yet it seems hard to reconcile the fact of but six to ten deaths a week* occurring in this city (Philadelphia) of this disease, when if sewer-gas or bad drainage be the cause, there must be thousands of houses that are simply hotbeds of typhoid. Again, if this monster, sewer-gas, causes the disease, how are we to explain the fact, well known to all country practitioners,

*Health Reports.

that young, robust farm laborers are very frequently attacked by the disease, in not a few instances of which it proves fatal; indeed, it was only last summer, while in the country, that I was called to see a young man, æt. 20, who was dying of typhoid fever. The farm upon which he lived was a model of neatness, and apparently perfectly hygienic; the most *careful* search could show no cause for the disease; and yet I understand his younger brother was also stricken down.

Cases somewhat similar to these were presented to the College of Physicians of Philadelphia, March, 1883, by Dr. George Hamilton, in his paper entitled "Sewer-gas and Its Alleged Causation of Typhoid Fever."

Murchison (p. 450) also says that several times the fever has broken out in isolated houses, in which every mode of the conveyance of the poison appeared to be impossible.

Trousseau says "that the ordinary causes given in explanation of the origin of typhoid fever are trivial, and deserve no serious consideration."

I have never been able to isolate the typhoid matter or germs in the stools; the microscope, however, reveals micrococci in great numbers, such, however, as are found in many other situations. Klebs attaches much importance to the microscopic examination of the stools (*Arch. für Exper. Path. und Phar., Zwölften Bandes, S.* 231), Roberts and Bartholow, as being representative text-books on medicine, say, respectively, that in the *fæces* the poison is chiefly contained. This author says nothing of sewer-gas, fæcal eminations, etc., as a cause, unless they be contaminated with this typhoid poison.* The latter says: "Typhoid owes its origin to a peculiar poison; it is never produced by mere decomposition of animal matter, fæces, or the contents of sewers; the germ must be present."†

So, to-day, the cause of typhoid waits but to be revealed by some ardent microscopist, who can demonstrate to us the specific germ. Let the cause be what you will, the following cases are of interest to us as clinicians.

SUDDEN AND RAPID HEART FAILURE IN TYPHOID FEVER.

These three cases illustrate well a somewhat curious and not altogether explainable phenomenon, occurring in cases in which the disease was of moderate intensity, perfectly typical, and in which a somewhat favorable prognosis had been given, yet rapid and sudden death occurred, presumably due to changes produced in the cardiac muscle.

Case 1. Mary B——, æt. 50.

A typical case of typhoid fever, running the usual course until the seventh or eighth day, when the heart suddenly commenced failing, although no exertion or apparent cause could be ascertained to account for its action. I was hastily summoned, and found the woman presenting all the symptoms of imminent heart failure.

The cardiac apparatus would not respond to any drugs or efforts of our armamentarium, death occurring in a few hours after the untoward symptoms were first noted.

A post mortem examination was held, assisted by Dr. G. E. de Schweinitz, and although well marked early lesions of typhoid fever were discovered, no cause for the cardiac failure was manifest.

There was no heart clot, no pulmonary embolism, no evident degeneration of the heart muscle, which I am sorry to say was not examined microscopically; but little alteration in pulmonary structure.

In the absence of any other cause, paralysis of the heart was put down as the cause of death.

Case 2. About a week after the death of the mother, the daughter, age about 30 years, was taken with typhoid fever, her attack being characterized from the beginning by grave cerebral symptoms; indeed, the delirium was so wild and maniacal that it was deemed advisable to transfer her to the Philadelphia Hospital.

I am informed by the resident physician that she remained in much the same condition until death, which occurred on the sixteenth day of the disease, from heart failure, which was gradual in comparison with the mother's case.

The post mortem examination revealed the usual lesions found in these cases, but the unusual one of a clot in the left heart, having some attachments to the aortic and mitral valves; the muscle fibre showed granular degeneration, although hyperpyrexia was not a prominent symptom.

Case 3. This woman's daughter, age about 12 years, granddaughter of Case 1, was now under my care with a well-marked case of the disease, characterized however by great tendency to heart failure, with marked dicrotism of the pulse, registering 140, not intermittent, occasionally almost pulseless at the wrist, heart-sounds clear, no murmurs.

Most active cardiac and general treatment finally gained the mastery, and the girl survived.

*Theory and Prac. Med., 4th London edition, 1880.

†Practice of Med., 2d edition, 1881.

What is the explanation of these three cases? There was apparently no reason why the heart should be arrested in two cases, and almost so in the other.

In the post mortem examination of several cases of typhoid fever, I have seen the blood in the right heart liquid, and in the left coagulated fibrinous masses of small dimensions, which did not seem, however, to be the immediate cause of death. Indeed, it was no later than yesterday that I saw this condition on the post-mortem-table of the Philadelphia Hospital, in a case in which Dr. de Schweinitz also assisted me to make the examination.

The correct explanation of these cases is indeed most difficult. Cardiac thrombosis may enter into its causation, but as Beverly Robinson says, in the *N. Y. Med. Record*, May 5, 1883, "Whether in these instances the blood stagnates and finally forms coagula in the right heart, owing to a relative increase in fibrin, or because the cardiac contractile force is rapidly diminished, and thus makes a predisposing condition of fibrinous deposit, it is very difficult positively to affirm." He further says that when death does occur in these cases, he does *not* notice a morbid change more advanced than he finds in the majority of cases of febrile disease which terminate by death due to *other* causes. But, on the other hand, Louis* found marked softening associated with thinning of the vessels in fifteen out of forty-seven cases. He does not say, however, whether these cases suffered from heart failure or not, but he does say that this condition was independent of the external temperature, or the length of the interval between death and the autopsy.

(*To be continued.*)

SYMPATHETIC COLIC FROM UTERINE AND OVARIAN DISEASES AND ACCIDENTS.

BY T. CURTIS SMITH, M. D.,
Of Aurora, Ind.

We are not pleased with the title of this paper, because it does not fully express our idea, nor yet exactly set forth the thought we wish to convey. Besides this, it is too long. The term "uterine colic" does not answer any better, for it leaves out the fact that the ovaries often give rise to the same painful affection which we propose to describe. Hysteralgia is open to the same objection. Ovarian neuralgia also fails to cover the ground. But we hope to be able to make plain the character of the affection which we will try to describe. It is not very rare, but our text-books are quite silent on the subject, and a run through many volumes of journals has not rewarded my search very bountifully.

The fact that the uterus, when gravid and when diseased, often manifests its condition by reflex nervous troubles, is too well known to need argument at my hands. The nausea, morbid appetite, excessive emesis, cephalalgia, vertigo, palpitations, asthmatic attacks, and the thousand and one symptoms to which the gravid uterus gives rise, all attest the fact that reflex exhibitions of neurotic disturbances are too common to be denied, and too frequent, and often too serious, for woman's comfort. Not unfrequently they are exceedingly perplexing in character, and far removed from common display.

But to say that neurotic disturbance is "sympathetic," and that it depends on some irritating cause in the uterus or uterine appendages, is very often far from satisfactory to either patient or physician. Yet when, under that appellation, we include all that is meant by the reflex power of the far-extended and multiform actions, functions, and achievements of the great sympathetic nervous system, we give that word a broad signification, which it will bear without strain. And yet it will convey our thought and cover our meaning as to symptoms or disturbances in organs near by or far distant from the organ where the real disease is situated.

But any marked pathological condition of the ovaries, as well as of the uterus, may give rise to distant or near, nervous or reflex pain. This being the case, and the fact that in at least one of the following cases the ovaries were at fault, and the real seat of the disease, we have therefore included them in the caption of this article, in order that the important part they often play may not be overlooked

We often meet with a form of uterine colic, so called because the pain is seated in the uterus itself or in its immediate vicinity. This is frequently caused by exposure to cold, imprudence in dress, sudden stoppage of the menstrual discharge—complete or partial—or by any cause that abruptly interferes with the correct functions of that organ. Ovarian pain may in like manner be produced, and closely simulates uterine colic. But it is not to either of those symptoms of disease that we refer in this paper, and we only mention them now and in this way in order that this form of uterine colic or ovarian pain may not be con-

*Charles Murchison, a Treatise on Continued Fevers, p. 557.

founded with the sympathetic colic of which we are writing, and wish to make plain.

The symptomatic disturbance in question is characterized by pain in the stomach, or more frequently a pain diffused over a large space around and above the umbilicus. It sometimes seems to be over the transverse colon, and again it extends down to the upper margin of the hypogastric region. It is spasmodic in character, just as is common gastric or intestinal colic. It is accompanied with nausea and vomiting. The food ejected may or may not be soured, but in most of the cases I have noted the food was not in a state of fermentation. There is no bilious vomiting. At least there is no bile emitted until the severe retching compels it to come up through mechanical force. In this it differs from bilious colic. From common gastric colic it differs—as to the emesis—in that the food is not, as a rule, acid, or undergoing acid fermentation. This vomiting does not seem to relieve the pain as does the emesis of the colic of indigestion. The movements of or evacuations from the bowels do not seem to increase or relieve the pain. Constipation or free regular movements may be the habit, but this has seemed to matter but little as to aggravating or diminishing the pain. In fact, as far as I have been able to observe, the functions of the digestive organs may be perfectly performed, and yet the colic will come on without reference to this state of affairs.

It is true, however, that dyspeptic symptoms in some cases seem to now and then excite an attack, or else the symptoms are coincident. I am disposed to the latter view.

The positive symptoms of this form of colic are: pain in the stomach, or around the navel, or just above or below the navel. There is also the spasmodic character of the pain. One notable symptom is that when pressure is made over the uterus or ovaries—one or both—there is a decided increase of pain at or in the field of suffering. In one case, when the pain had at several intervals subsided, pressure over the region of the uterus would excite intense pain in the stomach and just below it. In another case, pressure over the left ovary caused very severe pain at once under the left breast. In the same case, pressure over the uterus caused severe pain in the left side, four inches below the left breast, and also pain over a large space around the umbilicus. There was little or no pain at the point of pressure. In a case seen only a few days since, where there was no more than an uneasy or grumbling pain in the stomach, and where there had recently been some uterine disturbance, pressure over the uterus caused severe pain in the umbilical region.

In these cases there is, as far as I have observed, no immediate connection between the time of menstruation and the recurrence of the attacks. In most instances, it has come on about ten days prior to the commencement of regular menstruation. Once it occurred during the time of the catamenial flow. It is not confined to married women, as two of the cases above referred to were unmarried and virgins. There is a period of malaise, lasting from a few hours to a day or two, that precedes the onset of the attack, and also follows its disappearance for a like time.

During the period of malaise, there is a dullness of expression, a little duskiness of the skin, and a languid listlessness, with—in some cases—a change of temper to a crossness of feelings and demeanor toward others, that is not common to health. One lady stated that during a time when she was having frequent attacks, this mental state was so observable to herself that she felt ashamed of it, and yet was unable to fully control her feelings or actions to a sufficient extent to prevent its being noted by those immediately associated with her.

The hysterical element in many of these cases is quite prominent, and easily noted. But the pain is real, and not imaginary. That the pain is not caused by any sudden onset of gastric or intestinal disease, is made clear by the absence of fever, and the almost normal pulse and normal digestion. The coldness of extremities, pinched expression, and partially dilated pupil, symptoms that are often present early in the attacks, are no other than the effects of shock, and soon disappear as reaction comes on. I believe the temperature is always quite normal, until some hours after the pain is relieved, when a slight and transient irritative fever is noticeable.

(To be continued.)

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE PHILADELPHIA HOSPITAL, SEPTEMBER 12TH, 1883.

BY WILLIAM PEPPER, M. D., LL. D.,

One of the Physicians to the Hospital and Professor of Clinical Medicine in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M. D.

Sub-acute Pleurisy, Probably Associated with Pulmonary Disease—Aneurismal Dilatation of the Vessels at the Root of the Neck on the Right Side.

GENTLEMEN: The first patient that I shall show you to-day, is an Italian. The short history

which I am about to give you, was obtained with some difficulty, as our familiarity with that language is but slight. He is twenty-five years old and a laborer by occupation. He was admitted July 16, 1883. Both his parents died at an advanced age. With the exception of a slight cough (and observe that this is an important exception) he considered himself a well man until one week before admission. We cannot find out exactly how long he has had this cough. After exposure, he was attacked with violent pain in the side, and this was followed by considerable fever, the temperature on the eighth day of the attack reaching 103.4.° At that time, he complained of severe pain in the right side, and this pain was increased by deep breathing, coughing and by motion. The physical examination revealed the signs of effusion in the pleural sac. These signs being so clear, it was thought best by my predecessor in the ward to aspirate the chest, but only three and a half ounces of fluid were withdrawn. The tapping was followed by improvement. The temperature soon fell to normal; but in a week, the severe symptoms returned, with an attendant rise of temperature and with evidences of increased effusion. He was again tapped, and four ounces of liquid removed. He again improved for a week, when the former condition again manifested itself. Once more tapping was resorted to, but at this time no liquid was obtained. He gradually improved after this, until the first of the present month, when the temperature rose to 102° for a day or so; but it has again returned to normal.

I saw the patient for the first time yesterday. I immediately had his urine examined. Its specific gravity is 1015; it is acid in its reaction, and contains a trace of albumen. We have not yet had time to determine whether or not tube-casts are present. The treatment has consisted in the administration of iron, quinia and iodide of potassium, with the application of a series of blisters to the affected side.

In addition to the symptoms which I have mentioned, he has a greater amount of cough and expectoration than is usual in pleurisy. As you can see by looking at this cup, he has expectorated this morning at least four ounces of frothy sputa, and it is now only ten o'clock. This is slightly viscid, yellowish, containing some pus and a great deal of froth. This is an unusual amount of expectoration for a case of ordinary pleurisy. And as you will have observed, the history is not that of an ordinary case of pleurisy. This, for some reason, is a complicated and obstinate case. A patient with an ordinary attack of pleurisy, admitted on the eighth day and treated by rest, light diet, the application of a few blisters, and the internal administration of iodide of potassium, would, in nine cases out of ten, be entirely well in the course of a few weeks. Something has happened to render the course of this case otherwise than ordinary.

We know, in the first place, that this man had a slight cough before he came to the hospital. One thought that always occurs to you when a case of pleurisy does not do well, is that it may be complicated with pulmonary disease. The pleurisy may be an intercurrent affection, and due to tuberculous deposit on the pleura. I need not say that under such circumstances you will not expect the disease to run a rapid course to recovery. I repeat that there has been in this case an unusual amount of expectoration and cough. The existence of any considerable amount of expectoration in pleurisy is always a source of anxiety. The average case of pleurisy is unattended by expectoration. There is a little dry cough, which is increased by motion, talking and excitement. This is due to irritation of the diaphragm and the pleural surfaces. There is, as a rule, no irritation of the lung tissue or of the bronchial mucous membrane, so that the cough is dry.

The character of expectoration in pleurisy deserves careful study, for the reason that in some cases communication takes place between the pleural cavity and a bronchial tube, and the contents of the pleural cavity, are discharged by expectoration. So that, if a patient who has had pleurisy for some time, begins to expectorate more and more copiously a purulent matter, and at the same time the signs of effusion begin to disappear, there is ground for suspecting that perforation of the lung has occurred. In such a case the expectoration is largely purulent and often offensive. It may be mixed with a certain amount of frothy bronchial mucus, but it does not present the characters which this expectoration does. This is largely mucus, and does not lead me to suspect that it comes from the evacuation of a pleural effusion. Still this point must be considered. When profuse expectoration is due to perforation of the lung, it has usually come on with some suddenness. A person who has had pleurisy for several months will tell you that on a certain day he raised a large quantity of pus. We do not know how it has been with this man. I think, on the whole, that we may dismiss the idea that this profuse expectoration is due to perforation of the lung.

As I have said, the presence of excessive cough and expectoration makes me suspect some underlying lung trouble. It is, however, not always easy to determine this point. If the disease of the lung were on the opposite side, so that there was a fair chance of demonstrating the condition of the lung, or if the effusion were at the base, while the disease was at the apex, it would not be difficult to settle this question. But it not rarely happens that the pulmonary disease is at the root of the lung, and it may so happen that the effusion is so placed that the diseased portion of the lung is covered by it, thus preventing its detection. In these cases disease of the lung may be suspected, but it cannot be demonstrated. I have more than once aspirated solely for the purpose of having an opportunity to determine the condition of the underlying lung.

I shall now examine the patient, and see if it is possible to determine whether or not organic disease of the lung is present. On the right side there is marked resonance posteriorly above the spine of the scapula, of the character that is found at the apex of the lung when there is effusion below. Below this there is flatness. On the left side, posteriorly, the resonance is good. In front, on the right side, there is the same character of resonance as behind; but it extends down to the upper border of the fifth rib, leaving only a small space above the ribs, where

there is dullness dependent upon effusion. As the man is now sitting in an upright position, this shows that there is but little liquid free to move. On auscultation over the upper part of the right lung, I find feeble breathing. This is associated with a few coarse mucous râles and some loud snoring râles. On the left side there is no evidence of disease. At the base there is a little coarseness of breathing, and at the apex a few bronchial râles, but nothing to suggest organic trouble. While on the right side the respiratory murmur is most distinct at the apex, still it is heard over the lower part of the lung. The râles at the right apex are not associated with dullness on percussion. The percussion is pseudo-tympanitic in type.

From these signs, I would not venture to say that this man has a tuberculous deposit in his lung, but there is nothing to show that he has not, and some of the symptoms would lead one to suspect it. Whether he has a tuberculous deposit or not, he certainly has a one-sided bronchial trouble, which is itself suspicious. There is also the unusual amount of cough and expectoration. Whether this will prove to be a case of bronchial inflammation, complicating pleurisy, or whether it will prove to be one of tuberculous disease, only the further progress of the case will show. If, as the evidences of effusion diminish, dullness on percussion appears, and the signs of pulmonary trouble increase, our suspicions will have been well founded.

We now come to consider more particularly the pleural disease. This has been an ordinary right-sided inflammation, beginning with pain which was increased by motion, deep breathing and cough, and followed by flatness on percussion extending upwards from the base to a certain point, and, I venture to say, that it then, as it does now, extended to a higher point behind than in front. We can safely say that if this man had been examined when lying down, and then, when sitting up, that there would have been but little change in the line of dullness, for we read that he was tapped and only three and a half ounces of fluid removed. If there had been more fluid free to move, the operation would certainly have removed a greater amount of liquid. The importance of examining the patient in different positions cannot be exaggerated. It is the best way of determining the amount of free secretion. It is clear that in this case, where there is dullness behind to the spine of the scapula, and in front only to a short distance above the liver, there can be but little fluid free to move. There may, however, be a large amount shut up in a sac. A thick membrane may extend from the diaphragm upwards to the junction of the upper and middle lobes, and enclose a large quantity of fluid. In the early stage of ordinary pleurisy, the fluid is free to move, but after the disease has lasted for two months, membranes may have formed and the effusion have become circumscribed. On auscultation, I hear all over the lower part of the right chest a feeble respiratory murmur.

We have observed that this man has had for sometime, scarcely any fever. Occasionally there has been a little elevation of temperature, but there has been no hectic and no night-sweats. There has been, therefore, no evidence of purulent effusion. Aspiration has been performed at the point of greatest dullness, and no pus withdrawn. We may, therefore, say that this is not a case of empyema.

The dullness on percussion is, I think, due to a large amount of plastic deposit. This view is confirmed by the fact that the last tapping was dry, and the previous ones removed only a small quantity of fluid, and by the fact that the man has had no hectic fever nor night-sweats. Over the region of dullness, the respiratory murmur although distant and feeble, can be heard. We may, then, conclude that this man has had a sero-plastic pleurisy, and that the serum has been removed by aspiration and absorption, while a large deposit of plastic material remains, and that it is complicated by a pulmonary affection which, we hope, is only of a local character, but at the same time we cannot avoid the suspicion that it may be dependent on incipient organic disease.

As to the treatment of this case. Pleurisy is one of the commonest affections. It comes on in all sorts of subjects, and is attended with such varied symptoms that unless one is constantly on the lookout for it, it will very often be overlooked. You cannot always expect the classical line of symptoms, but you must discover the disease for yourself by means of physical exploration. If in every case, you make a careful physical examination of the chest, you will be surprised to find in how many pleurisy is an element, or the entire malady.

The most important point in the treatment of pleurisy is, to-day, that of operative interference. This subject is a very old one—thousands of years—but it never before gained the hold on the professional mind that it has at the present time. This is not altogether because we have better instruments with which to perform the operation, for the simplest apparatus does almost as well as the most complicated. The reason is that we are now able to localize the seat of the effusion with absolute certainty, that we are able to map it out with the greatest nicety and recognize it at the earliest moment of its appearance. Thus we operate with a degree of confidence never before felt. So that the question which always comes up before all others is that of operative interference. My opinion is that the operation for the removal of pleural effusions is done too often, just in consequence of the ease with which it is performed, and that even if it does not sometimes do harm, it is often performed when there is no necessity for it. On the other hand, there are many cases in which the operation would save life. It is invaluable in many cases, and absolutely the only mode of saving life. In many cases it is optional, and in a great many cases it is unnecessary. I do not like early operations in pleurisy, and my observation has not been favorable to their ultimate results. I prefer to resort to the usual means of treatment until the necessity for the removal of the fluid by aspiration, because it cannot be gotten rid of in any other way, has been demonstrated. There may have been in this case some reason that induced my colleague to operate so early as the third day after admission. I do not presume to criticise the treatment of the case in the slightest degree, because I know nothing of

the man's condition at that time, having seen the patient for the first time yesterday. I merely say that it agrees with my usual experience that operations at an early stage of pleurisy have not yielded good permanent results. This man was tapped three times, but I fancy that the fluid would have been absorbed just as well without any operation. Only seven and a half ounces of fluid were removed altogether. Although when the operation is done properly and with antiseptically clean instruments, there is only a minimum of risk of irritating the pleura; still there is that minimum, and I do not think that it is proper to subject the patient to the slight risk of increased danger, unless some benefit is to be obtained.

This man will be treated in the following manner: He will be kept in bed and warmly covered. A series of flying blisters will be applied to the affected side. I know of no better way to cause absorption of these plastic deposits. Internally, the administration of quinine, iron, and iodide of potassium, will be continued. I shall again bring him before you in a couple of weeks, and we shall then see if the pulmonary irritation has subsided, or whether we have a case of sub-acute pleurisy with a great deal of plastic exudation grafted on incipient phthisis.

Aneurismal Dilatation of the Vessels at the Root of the Neck on the Right Side.

This woman, fifty-five years of age, came under observation about ten days ago, complaining of vague pains in the side and shoulder. On examining her, the resident physician noticed what you can readily see, that is, an increased amount of pulsation at the lower part of the right side of the neck. The pulsation is very distinct to the touch. There is also some fullness, which begins half an inch above the clavicle and continues to the root of the neck at the sternal notch. The heart is excited in its action, but there is no murmur at the apex or over the xyphoid cartilage. Over the aortic cartilage, the second sound is booming and accentuated, but there is no distinct murmur. Over the aorta the increased emphasis of the second sound is very distinct. There is no pulsation over the upper piece of the sternum when she leans forward. The pulsation in the neck is not attended with any thrill. Applying the stethoscope to the head of the second rib, I detect a distinct high-pitched murmur. Over the aortic valve there is no murmur. This murmur is generated either in the arch of the aorta or in the innominate artery, and is due to disease of the coats of one or other of these vessels. This peculiar, high-pitched murmur is not continued into the aorta, but only in the direction of the great vessels of the right side of the neck, nor is it continued into them to any great extent. Placing the stethoscope over the middle portion of the subclavian artery, I find that the murmur is very slightly transmitted into it. It is not carried into the carotid. The murmur is circumscribed over the innominate artery and is associated with prolongation of the first sound of the heart as heard over the aorta, and intensification of the sound as heard over the subclavian and carotid arteries, but without distinct propagation of the murmur.

Examination shows that there is no growth or thickening in the neighborhood of the subclavian or carotid artery, which would press against these vessels and receive an impulse causing this pulsation. The conclusion is that we have to deal with a slight dilatation of the innominate and the right common carotid arteries, and also, perhaps, of the subclavian. This dilatation is aneurismal in character, but it does not go to the extent of producing a sacculated aneurism. It is a uniform dilatation of the vessels.

There appears to be no danger of rupture, or of serious pressure from this tumor. The woman has not been under observation long enough to enable us to determine at what rate the local trouble is progressing. She thinks that it is growing larger. If the lesion continues to develop, it is a serious matter, and will require operative interference. The very fact that it is amenable to surgical treatment, makes us cool and deliberate in our actions.

The symptoms of which she complains are so vague and diffuse that they cannot be associated with the condition of the vessels. I feel entirely satisfied, at this stage, with recognizing the trouble, and do not think that any active interference is necessary. The woman will be kept under observation. We shall give her liniment for the pains complained of; when there is palpitation of the heart, which she has mentioned as one of the symptoms, she will receive a little digitalis. In the course of a month, I shall bring her before you again, and we can then determine whether or not the disease is progressing.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Pleurisy.

This case, gentlemen, is one which I showed you a number of weeks ago as a case of simple pleurisy with effusion (see pages 486 and 515). He has been here now for five or six weeks, and during that time he has been subjected to the usual treatment of counter-irritation and diuretics. He was kept for a time upon the preparation which we have recently made much use of here, and which we call the diuretic wine; and for a time he seemed to be doing well under that treatment. But we were finally obliged to desist because of the specific effect of an inhibitory character which the digitalis of the wine had upon the pneumogastric nerve-centres. So he has since been taking only the simple saline diuretics. He is not now embarrassed in his breathing, and he does not cough much, and he is rather improving in flesh. But he still seems to have a considerable amount of fluid in his chest. I will now examine him, and if I find the chest as full as it was the other day, we will puncture it and draw off a portion of the fluid.

Upon inspection you observe the limited movement of the left side as compared with the right. Upon auscultation I get breathing as low down as the third intercostal space, or the upper margin of the fourth rib, in front; but behind I can not get any breathing sound. The doctor will now make a preliminary puncture with a hypodermic needle in order to make sure of the presence of fluid in the pleural cavity before aspirating.

You see that no fluid was found by the puncture which has just been made through the posterior chest-wall. Hence I am inclined to think that so much embarrassment of breathing results from the contraction of the fibrous bands which have formed, and that the fluid itself has become very considerably absorbed. So I do not feel that it is worth while to puncture him again, or to use the aspirator.

The aspirating instrument you only use under such circumstances as where you wish to avoid the entrance of air, as in case of simple pleuritic effusion, and in empyema. Now-a-days, however, in the treatment of empyema where there is a large accumulation of pus in the chest, the tendency is not so much to aspiration as to the making of a single or double opening in the chest-wall, through which is passed a rubber drainage-tube or a silk seton, and the wound is then treated antiseptically as an ordinary abscess. The success of this treatment of empyema is very encouraging.

In this case, as I do not get any breathing behind, there is no explanation of this fact, there being no fluid in the chest, excepting that there has been a formation of a very considerable thickness of new membrane, and that adhesions have thus taken place between the surface of the lung and the costal wall. Above, in the axillary region, and in front, I do get a respiration sound; but the posterior portion of the lung is apparently plastered over with a fibrous exudation of false membrane which compresses the lung, and so gives rise to the dyspnœa. And it is also a bad conductor of the respiratory sounds, and hence their absence in this region.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Discussion on the Relation of the Medical Profession to the General Use of Alcoholic Liquors.

(*Continued from page* 518.)

Dr. James C. Wilson: "I am much pleased to see this subject before the society. It is a subject which ought to be agitated, because the agitation will bring out the truth. I think that the propositions rather overstate the case, and somewhat weaken the points advanced. Independently of law, church influence, and local politics, a widespread, popular sentiment is developing in favor of temperance, but not of total abstinence. A feeling against excessive indulgence is growing steadily in the community. It is now considered 'bad form' to drink to excess at social gatherings, and young men especially are much more restricted than formerly. The three-bottle men of earlier days are now unknown. It is, however, going to an extreme to put the proposition that the use of alcohol in any form, and to any extent, is deleterious. Many persons can use alcohol in moderation, and derive comfort from it, without injury. I do not agree with the second proposition. Respectable medical men are not lax in their attitude on this question, but are accustomed to caution their patients in regard to the dangers of the use of alcohol. Most of them direct the amount to be taken, and fix a time for discontinuing the use, just as they do with other powerful drugs. As regards the suggestion to use alcohol alone, it appears to be open to some objections. It is not possible to imitate the different wines. No formula of the pharmacopœia or prescription could produce the perfect mixture which we see in natural wines, which are so often specifically beneficial."

Dr. Frank Woodbury said: "I have been much interested while listening to the paper, and, in the main, sympathize with its teachings. I think that the propositions submitted for consideration were purposely framed so as to excite discussion, since they are not logical deductions from the paper, and indeed have not been presented as such. The alcohol question is a complex one—it is a great social and moral problem, as well as a scientific and medical one. The subject as presented this evening has at least three aspects: the use of alcohol in any quantity in health—this is a physiological question: its employment by physicians—a medical question; and the right of physicians to prescribe it—which is a moral question. This moral question is really the principal one of the paper, as is shown by its title, 'The Duty of the Hour.' With regard to the question as to its injurious effect when used in health in any quantity, I would ask, first, what is meant by a state of health? If a physiological definition is accepted, then no one living under the artificial conditions of civilization can be in a state of perfect health. Ordinary health is merely an approximation towards physiological health; and if the utility of alcohol is acknowledged in the condition of disease (which is merely any departure from the healthy standard), then the first proposition is answered by the lecturer himself in the negative. Then again, concerning the use of alcohol 'in any quantity,' I think it worth while to recall the fact that not only is it without injurious effect in very small doses, but that in reality the organism cannot escape from imbibing alcohol; it is omnipresent—it is in fresh bread and in ripe fruits, and even traces have been found in the air we breathe, provided there exist a certain amount of organic matter, and the conditions of temperature and moisture necessary to fermentation. Even in the muscular tissue and urine of total abstainers, a substance is present chemically indistinguishable from alcohol. In large doses every one admits that it is capable of destroying life by its own properties when taken into the system, and it is therefore a *poison*. Its use in much smaller doses, it must be admitted, may not prove incompatible with the enjoyment of long life and ordinary health; but in many cases, its constant use directly induces disease and tends to shorten life. The fact that a substance is a poison, however, is not sufficient in itself to forbid its use in disease, provided that it be given in accordance with the teachings of science and experience. The physician with the longest experience of any present, has just expressed his deliberate opinion that it is useful in low conditions of vitality and in slow convalescence.

"With regard to the right of the physician to prescribe alcoholic liquors, the moral aspect of the subject, I hesitate to express an opinion, for fear

of being misunderstood. I would suggest, at the outset, that in reality the treatment is not so entirely under the control of the physician as is implied by the question. Is it not the fact that it is the patient who employs the medical attendant, and if he is not treated in accordance with his ideas he becomes dissatisfied, loses confidence in his physician, and engages another?

"A rough illustration may be given: When a Chinaman falls sick, he, as a rule, will, if possible, secure the services of the kind of physician that his parents and friends approve of. A sick Indian in the same way prefers the treatment of his medicine man to that of the most scientific post physician. Is it not also true, that in more cultivated communities, the physician who is called upon in the hour of sickness is the one whose thoughts and prejudices best agree with those of his patients? Patients certainly should not be allowed to dictate in the details of treatment, but their unrelinquished right to approve or reject the general plan of treatment cannot be disputed. It may seem like a humiliating admission, but it is true that in a community where the taverns far exceed the bakeries, total abstinence physicians will have more opponents than clients.

"I hope that nothing that I have said will convey the impression that I approve of the use of alcoholic liquors in disease, given merely with a view to gratify the patient; if ordered at all, they should be given to obtain the physiological action of ethylic alcohol, which, on account of variation of strength and adulteration in ordinary liquors, may be best given in the form of dilute alcohol, in order to secure both purity and exact dosage. This, I have learned, has been largely employed in Bellevue Hospital, where it was introduced by Dr. Gillette; by its use the medical effects of the drug are obtained, and the danger of encouraging the use of ordinary liquors is, to a large extent, obviated. In conclusion, I wish to express the opinion that the second proposition should be reversed, and it should read: 'Physicians deserve great credit for inculcating more correct and scientific ideas with regard to the use of alcoholic liquors by the community.' The great advance in the cause of temperance, in my opinion, is very largely due to the teachings of certain prominent physicians, and the precepts and example of the great body of the profession."

Dr. Leffmann, in closing the discussion, said: "I am dissatisfied with the direction the debate has taken, for too much time has been given to the discussion of the value of alcohol as a remedy, a point which I expressly excluded. While the propositions which I laid down are my convictions, and I believe they will all be ultimately recognized as true, yet I purposely worded them in an extreme form to make the debate more definite. No one, however, is justified in giving to the first proposition the strained meaning that Dr. Wood put upon it, namely, that smelling a bottle of whisky would be held as injurious. The language should be judged according to its intention. The remark quoted by Dr. Mills, in regard to the literary abilities of total abstainers, is also unworthy of the dignity of the question, and is not argument. Dr. Woodbury's suggestion that alcohol must be used because patients expect its use, is surely not the true principle of medical practice. Patients are not to be the judge of anything in treatment. The success of homœopathy and kindred delusions is largely due to the erroneous and absurd view that patients may elect the system of medicine on which they are to be treated. Neither can one regard the fact of the occasional existence of alcohol or alcohol-like bodies in organic matter, in urine or in muscular tissue, or in fresh bread (which latter I doubt very much), as any argument for its use in health as a beverage. Several of the speakers have apparently regarded the paper as declaring the adulteration of liquors to be harmful, but this was not the ground taken. On the contrary, in two papers on alcohol, previously read before this Society, and papers read elsewhere, I have pointed out that the adulterations are cheats rather than poisons. It is the uncertainty and deception to which I call attention.

"Although objection has been made to the third proposition on the ground that alcohol alone or simply diluted will not answer, yet we have these objections well refuted by the fact just stated by Dr. Woodbury, that in one of the New York hospitals such a preparation is regularly and successfully used.

"The second proposition has been misunderstood. It has been taken to mean that the use of alcohol in disease under medical advice has resulted in drunkenness, but this is not the meaning. It is the habit of moderate drinking in health that makes drunkards, and it is to the indifference of the medical profession to this habit that the second proposition relates.

"The whole question, it seems to me, is a most important one. The terrible effects of alcohol are seen in all directions, and if the restriction of it is needed—and I do not see how any one can doubt that fact—such restriction must only come by active assistance of those who know the fact best. It will never do to temporize with vice. No method will answer with any form of crime or vice, except continuous, unrelenting opposition. It is a mistake to suppose that widespread and deep-rooted habits are unconquerable. Did time permit, it could be shown that traits of human character, as vicious and deep-rooted as the tendency to drinking, have been eradicated by persistent effort, and what has thus been done can be done again. I am fully of the opinion that the tavern finds its best support in the idea so general in the community that physicians consider the regular use of a little alcohol not injurious. When the medical profession is true to itself, and teaches that alcohol should never be used except for a specific purpose, and under continued medical advice, the tavern will lose its best hold on the community.

"The statement of Dr. Wood that he is as fully convinced that we do not need alcohol in health, and that indulgence in it moderately on occasion is no more hurtful than over-eating, certainly leans in favor of my first proposition."

—An analysis of the population of Paris just published, shows that medicine, in its branches, supports 18,000 persons; the branches of course including chemists and all compounders and vendors of medicine.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Report of a Case of Resection of the Radius, Performed by Dr. John Rhea Barton, in 1828.

BY WM. BARTON HOPKINS, M. D.,

Surgeon to the Out-departments of the Pennsylvania, Episcopal, and University Hospitals.

This patient came under my observation recently at the Episcopal Hospital. The account which she gives of an operation performed upon her fifty-four years ago, by Dr. John Rhea Barton, is in many respects incomplete.

Her name and age have been found in the record of the Pennsylvania Hospital; the date of her admission being July 16, 1828, and of her discharge, November 15, of the same year.

In studying the condition of the parts as they now present themselves, it will be of interest to note the main causes which have brought about the usefulness of the hand, the changes in position and function of the parts not involved in former disease incident to the removal of so important a structure as the entire or almost entire diaphysis of the radius, and the influence these alterations have had upon the growth and development of the bones and soft parts. The usefulness of the hand would seem to depend not only upon the preservation of the upper and lower epiphyses of the radius, the former through probable extension of the periosteum giving attachment to the biceps muscle and the latter to the long supinator, but also upon the strong healthy character assumed by the skin investing the lower end of the ulna. This skin cap is the principal antagonist to the action of the muscles of the forearm, and if from constant pressure against the bone it had become thin and tender, as it very likely would have done without the intervention of a bursal sac, every movement of these muscles would have caused pain, and the hand would have become almost useless.

The skin has, of course, yielded to a considerable extent, and the hand has, therefore, been gradually dragged up the forearm. The thumb, from the loss of the origin of its long flexor, has become feeble and disused. The ulna has been made an active agent in support, and having lost its styloid process, presumably by absorption, the lower end has assumed a smooth, knob-like appearance.

The growth of the sound bones has been comparatively little arrested, this being evidence that active work was performed by the hand during the growing years, which succeeded the operation. The humeri are the same length. The right ulna is one and a quarter inches shorter than the left. Part of this difference must be accounted for, however, by the absence of the styloid process, and part may also be due to a somewhat deficient development of the whole lower epiphysis in length—though not in breadth—as it is full and broad.

From measurements made of the ulna in connection with this case, the average length of the bone in females at the age of ten years is about seven and a half inches. In this case it is ten and a quarter inches upon the left side and nine upon the right. The difference in the circumference in the middle of the arms is three-quarters of an inch; in the middle of the forearms, two inches; and of the hands, one inch; all in favor of the left or sound side.

The hand is set in an everted position well up the forearm, the tip of the middle finger being four inches and a quarter nearer the elbow than upon the left side. Although thus distorted, and so loosely attached that it can be brought at right angles with the line of the ulna, it is remarkably strong, and with it she is capable of executing almost any movement.

Articulated with the carpus is felt the lower end of the radius. In its proper place the head of the radius may also be felt, continuous with which, and extending down the forearm nearly to the hand, is a prolongation of fibro-cartilage, occupying the site of the excised bone.

Exactly where this new formation begins, and hence how much bone was removed by the operation, it is difficult to determine.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Renal Circulation During Fever.

Dr. Walter Mendelson, of New York, in an elaborate experimental research undertaken at the Pathological Institute of the University of Leipzig, the results of which he publishes in the October, 1883, number of the *American Journal of the Medical Sciences*, endeavors to determine by experimental methods the actual condition of the circulation in the kidney during fever. He finds:

1. That in dogs with fever the kidney undergoes a diminution in its bulk.

2. That this diminution is due to a contraction of the walls of the blood-vessels.

3. That it is constant and progressive, being proportionate to the intensity of the fever.

4. That it is in all probability the result of a nervous stimulus, originating in the central (cerebral) nervous system from the irritation of abnormally hot blood circulating there.

From the intimate relations existing between the arterial pressure and the secretion of the urine, it will at once be evident that many of the changes occurring in the latter during fever may be readily explained by considering the above-named facts. Thus the *decrease in the amount of urine* secreted by

fever patients, which has heretofore been ascribed to the increased loss of water through the lungs and skin (and which may amount to one-half, or even a third, of that normally secreted), becomes all the more explicable when the marked contraction is considered, which he here shows that the renal vessels undergo during fever. For in this case it is immaterial whether we accept the theory of Ludwig and his pupils, that the amount of urine secreted is dependent on the height of the arterial pressure in the kidney, or that of Heidenhain, that it is due to the rapidity of the blood-current in the renal vessels. In either case the great contraction of the kidneys' vessels would produce both a diminished blood-pressure and a retarded current within the organ, and hence a lessened secretion of urine.

The occurrence of *albuminuria*, such a constant symptom in nearly all high fevers, becomes readily understood when we bear in mind the extreme anæmia which he finds affects the kidney during a hyperpyrexia. For nearly all authorities are now agreed that albuminuria is due to the glomerulal epithelium, in consequence of being insufficiently nourished with arterial blood, losing its function of retaining within the vessels the albuminous portions of the blood plasma. The extreme sensitiveness of the renal epithelium generally to anæmia, whether partial or complete, has been shown by many observers, and it is not surprising, therefore, that in consequence of the prolonged and marked anæmia in the kidneys of feverish individuals, the epithelium should be so profoundly affected as to seriously impair its function, and allow it to become permeable to albumen.

Replantation and Transplantation of Teeth.

Before the Academy of Medicine in Ireland (*Dublin Jour. Med. Sci.*, August, 1883), Dr. Theodore Stack read a paper on the replantation and transplantation of teeth. This subject, he stated, was first worthily introduced into surgical literature by John Hunter, in whose museum there is to be seen an immature canine transplanted into the comb of a cock with perfect success. Having fallen into disuse soon after Hunter's time, this method of treatment received a fresh stimulus from the practice at St. Bartholomew's of Mr. Coleman; and more recently Professor Magitot, of Paris, has made a valuable communication on the subject to the International Medical Congress. Replantation may be found a useful therapeutic measure in—first, pulp exposed or nearly exposed with carious cavity extending under the gum; secondly, external violence knocking the teeth out; thirdly, accidental extraction; fourthly, obscure cases of neuralgia referred to sound teeth; fifthly, alveolar abscess, complicated or uncomplicated. It will be undertaken most frequently in cases of alveolar abscess. The primary cause of alveolar abscess is, in nearly every case, a putrefying pulp; a secondary cause may be a small portion of the tip of the root becoming necrosed by the abscess after it has lasted a little while, dissecting off from the part the periodontal membrane. Magitot proposed extraction of the tooth, resection of any necrosed part, and the replantation, and claimed a success of 92 per cent. Mr. Coleman proposed to fill the root antiseptically. This method appeared to fulfil the indications most fully, and some of Mr. Coleman's failures must be attributed to his dipping the tooth in too strong carbolic acid before replacement. Out of a table of some thirty cases made out by Mr. A. W. W. Baker and Dr. Stack from their private and hospital practice—all of which were successful—a large number had been treated by resection of the root, filling the root with creasote and iodoform, and free incision into alveolar abscess. Referring to the liability of these teeth to absorption—a danger mentioned by Tomes, Coleman, Nilhod, and others—Dr. Stack stated he believed this danger only applied to teeth which had been so treated when out of the mouth as to cause death of the periodontal membrane, either by too long delay or by the use of some too strong chemical agent. It was not due to rending of the alveolar connections, for admittedly teeth violently knocked out and quickly replanted nearly always succeeded; nor was it due to placing foreign material in the pulp chambers and canals, for Dr. Stack was proud to say that in cases of teeth pivoted by two of their oldest dental surgeons—Mr. Robert Moore and Mr. Daniel Corbett—it was no uncommon occurrence for the roots to last twenty or thirty years. In the museum of the Dental Hospital of Ireland there was a specimen of a pivot tooth presented by Mr. Corbett which had lasted thirty-seven years. In the allied operation of transplantation, when the scion tooth was always perfect, it is still undecided whether the pulp should be exterminated or not. Mr. A. W. Baker, Mr. Abraham, and Dr. Stack were, he believed, the first who had established by actual microscopical examination in the human subject that the pulp chamber in the scion tooth could after replantation again enclose living contents. This was a possible, perhaps a probable, result, but by no means a universal one. Dr. Stack believed that the operation of transplantation was likely to grow in favor, especially in hospital practice, where the patients were unable to pay for good artificial dentures.

Syphilitic Disease of the Face.

In the *Dublin Jour. Med. Sci.*, August, 1883, M. T. W. San reports a case of specific inflammation of the face, which was treated as follows:

The constitutional treatment consisted chiefly of iodide of potassium and Donovan's solution, and local applications of linimentum calcis and carbolic oil, iodoform, and calomel, sublimed by Kane's tube, over the face. Under this treatment, and particularly the latter, the patient rapidly improved, and was discharged perfectly well from the hospital on December 3.

Remarks.—The foregoing case presented some points of clinical interest both as to diagnosis and treatment. The diagnosis lay between lupus, tubercular syphiloderm, epithelioma, and scrofuloderma. The patient's age, the absence of other strumous disease and of lymphatic complication excluded the last, while epithelioma was also readily disposed of by the absence of the pain attendant on that disease, its circumscribed induration and everted edge, as well as of its other manifest evidences. The following were the points upon which the diagnosis was based that it was

not lupus, and that it was an ulcerating syphiloderm, and that in spite of the strongest denial of his ever having had the disease:

1. The patient's age, fifty-four, which is not incompatible with a tertiary syphilis, but is strongly opposed to the development of lupus, inasmuch as lupus usually begins in childhood.

2. The history is not that of lupus, which is very slow in its course, extending over many years it may be, while a month or six weeks is sufficient to produce the tubercles and ulcers of syphilis.

3. The ulceration in two or three of the spots on the left cheek was deep and excavated, and covered by scabs or crusts, which were thick and greenish. In lupus the crusts are red, and the ulceration is comparatively superficial.

4. The rapid extension of the disease during the last couple of months, without pain, and by the tubercles being preceded by inflammatory swelling, is against lupus.

5. The co-existence of a similar eruption on the left nates of but four months' duration, with a soft white scar in its neighborhood, is strongly in favor of syphilis.

6. The strikingly beneficial effect of iodide of potass., and the liquor arsenici et hydrarg. hydriodatis, and of calomel locally applied, would have conclusively solved the question had any doubt existed.

The Morbid Anatomy of Plumbism.

The *Med. Times and Gaz.*, September 8, 1883, says:

The importance of lead as a therapeutic agent and as a cause of disease appears to justify the repetition of experimental observations of its effect on animals. Maier has accordingly undertaken the investigation of this question, and the results of his observations, which, as far as they have gone, relate to the stomach and intestine only, are recorded in *Virchow's Archiv.*, xc., page 455, and *Centralblatt f. d. med. Wiss.*, 1883, page 358. Maier dosed rabbits and guinea-pigs, either continuously or intermittently, with 0.2 grammes of acetate of lead daily, and determined the occurrence of the usual symptoms of plumbism, which we need not describe. On post mortem examination of the alimentary canal, the effects of lead were found to extend to all the structures composing its walls. The epithelium of the surface and of the glands was granular and swollen, or actually fatty in the more chronic cases. The muscular and adventitious coats of the middle-sized and small arteries were pervaded by leucocytes, which were undergoing degeneration; small aneurisms formed; and hemorrhages and superficial ulcerations were the results, with secondary clotting in the veins and further softening. The intestinal vessels presented less severe lesions than did the gastric, from the more free anastomosis between the former. Especially important were the changes in the nervous structures of the alimentary canal. The ganglia were found to be sclerosed, the cells atrophied, and even the nerve-fibres, though more resistant, became diseased; the whole condition suggesting an explanation of the colic characteristic of the action of the lead. Lastly, the connective tissues throughout the gastro-intestinal wall presented evidence of active growth, as they did in the kidneys, liver, and central nervous system of the same animals. The question is, Which of the associated changes is to be considered the primary effect of the lead—the connective tissue growth, or the disturbance of the nutrition of the protoplasmic structures, represented by granular and fatty metamorphosis? Maier appears to regard the protoplasmic change as the first event, the connective tissue hyperplasia as the result of this; at the same time he considers that the resulting cirrhosis or sclerosis gives rise to further atrophy of the active protoplasmic elements, including the muscular fibres. The ultimate effects of vascular lesions, in the shape of ulceration, hemorrhage, etc., are obvious.

An Ovarian Tumor Subjected to the Operation of Tapping Over Seventy-seven Times.

Dr. Jasper Goodson reports this case in the *Nashville Jour. Med. and Surg.*, August, 1883:

Mrs. E. B——, fifty-six years of age, widow, the mother of five grown children, a native of Jefferson county, Alabama. Ten years previous to the discovery of her trouble, she had been the subject of sharp, lancinating pains in the right side of her pelvis, the pains being intermittent in character. In January, 1880, her attention was called to the fact that her abdomen had commenced to enlarge. Dropsy of the ovary was diagnosed, and numerous vain efforts were made to reduce the swelling by the administration of various drugs. The enlargement increasing to such an extent as to seriously interfere with her health, she was tapped July 6, 1880, and a large amount of clear fluid—about four gallons—withdrawn. Since the first operation, at intervals ranging from fourteen to twenty days, she has been tapped in all seventy-seven times, and altogether as many as four hundred and ninety-seven and a quarter gallons of fluid have been evacuated. Of these various tappings four gallons has been the smallest quantity, eight and a half gallons the largest taken at any one time.

Her general health and appetite are excellent, and she suffers only the inconvenience of the immense size the tumor reaches, which is invariably relieved by tapping. In spite of all that can be said, she obstinately refuses to consent to the operation for its removal. Dr. J. C. Jones, of Coketon, Ala., has been associated with me in the early management of the case; Dr. R. W. Hawkins, of Montevallo, Ala., has seen the case lately with me.

The case presents several points of interest, not the least of which is the fact that her health continues so excellent, notwithstanding the immense drain upon the system.

Continuity of Structure in Vegetable Organisms.

The *Lancet*, September 29, 1883, says that the continuity of the protoplasm through the walls of vegetable cells was the subject of a series of papers at the meeting of the British Association at Southport. Mr. Walter Gardiner has embraced in his investigations fifty species of plants, and he found that the cells were placed in communication with one another by means of delicate threads passing through the walls of the cells. For some

time evidence has been tending to show the unity of the vegetable individual and the working together of its various specialized organs. In every single property of protoplasm, and in the exhibition of every phenomenon, the plant and the animal have been shown to be possessed of a common life. The statement that in animal life there is a differentiation of the protoplasm, while in the plant there is only one cell wall, can now no longer be held. These new facts give us a clearer insight into such phenomena as the downward movement of the sensitive leaf upon stimulation of the action of a tendril towards its support, and so forth. Dr. Carpenter expressed the very deep interest which ought to be felt in these communications, because they went to the very fundamental conception of life. We have been coming to perceive, he said, that there are a great many forms of animal and vegetable life which never arrive at the dignity of cell form. This continuity of protoplasm was really just drawing the lower forms of the two kingdoms into closer approximation.

Wound of the Thoracic Duct.

The *Boston Medical and Surgical Journal*, September 20, 1883, contains the following:

At the last Congress of German surgeons, a case of wound of the thoracic duct was reported by Boegehold (of Berlin). He had helped his chief, Wilms, at an operation for a large cancerous tumor of the left supra-clavicular region. During the operation he had to dissect down towards the junction of the jugular and subclavian veins. While scraping out the diseased tissue with a sharp spoon, he was astonished at a stream of milky fluid as large as a small straw being poured out over the operation field. It was checked by a tampon of salicylic cotton, after which the wound healed without reaction, while the general condition of the patient seemed in no way disturbed, and he lived for six months. No autopsy could be secured. There was not the slightest doubt as to the injury. The extreme rarity of this accident led Boegehold to study its literature. He was able to find but one authentic case, related by Bonet in his work on practical anatomy, published in 1700. The patient was wounded in the breast by a bullet, and for several months a milky fluid escaped in considerable quantity from the bullet wound, while death finally was caused by inanition and paralysis.

Removal of the Greater Portion of Both Upper Jaw-bones without External Incision.

The operation was performed by Mr. Bellamy, who thus describes it in the *Med. Times and Gaz.*, October 20, 1883:

Complete anæsthesia being produced, Mr. Bellamy extracted the teeth of the upper jaw with forceps; he then performed Rouge's operation of detaching and raising the upper lip and nose from the superior maxillary bones, and so getting a good view of the anterior choanæ. He next passed a small stout saw into the nostril, and divided the hard palate. This was completed by nipping through it with a pair of powerful Liston's forceps. The soft parts were next dissected up from the bones. The removal of the rest of the diseased bone was effected by grasping with lion forceps each lateral half thus divided, wrenching them aside, and cutting away with the Liston forceps all the tissues which appeared to be diseased. Both superior maxillæ as far as the orbital plates were thus removed, and the parts trimmed with strong scissors afterwards; the actual cautery being freely applied to all bleeding points. There was little or no hemorrhage to speak of, and the patient rallied very soon from the operation.

The operation was performed for carcinoma of the entire palate and both superior maxillæ.

The Antiquity of the Trephine.

In an editorial on this subject in the *Med. News*, the following occurs:

The trephine dates back to at least five hundred years before Christ. No such instrument, however, existed in the Stone Age, and the openings are of such character as to forbid the surmise that any similar instrument was used. Most probably it was done by scraping, a method which, while tedious and painful in the adult, Broca has shown would be very brief, not exceeding four minutes, in the thinner and softer skull of childhood.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received the *Transactions* of the New York Medico-Chirurgical Society, as taken from the Secretary's records for the year 1882.

——A little pamphlet, possessing peculiar interest to all interested in public health, is entitled "The Powers and Duties of Local Boards of Health." It is issued by the State Board of Health of Wisconsin.

——In the Government report of the "Cruise of the Revenue Steamer Corwin in Alaska and the N. W. Arctic Ocean," are a number of interesting notes by Dr. Irving C. Rosse on the medical and anthropological characteristics of that remote part of the United States. His observations on the natives are fresh and instructive. Several transverse sections of hair as seen under the microscope are presented. The diseases peculiar to that inclement climate are also described.

——Dr. Oscar Loew, of Munich, has made the singular discovery that concentrated arsenical solutions do not act toxically on the lower algæ and generally on vegetable protoplasm. This may offer the solution of various problems in the physiology of plants. That their lower forms, such as the *Spirogyræ*, resist what to the simplest animal forms are active poisons, must be taken into account in discussions about germicides, etc.

(*Sind Arsenverbindungen Gift für pflanzliches Protoplasma?* Bonn, 1883.)

BOOK NOTICES.

The Medical Student's Manual of Chemistry. By R. A. Witthaus, M. D., etc. New York: Wm. Wood & Co., 1883. 8vo., pp. 370.

The author of this book is favorably known in his department as Professor of Chemistry in medical institutions in Buffalo, Vermont, and New York City. His experience in presenting the difficult, dry, and distasteful subject of chemistry to medical students has therefore been extensive, and we may reasonably presume that he has reasoned out the most attractive—or rather the least repellent—method of instruction.

He divides his work into three parts, the first setting forth general chemical principles, the second the special classification and analysis of substances, and the third the operations and manipulations which may be of utility to the student and physician. He has taken great pains to select the methods which are best adapted to the incomplete resources of the ordinary practitioner, and yet at the same time will yield accurate results.

It appears to us that this plan is a good one, and will facilitate the acquirement by the student of the necessary knowledge of this auxiliary branch of his medical studies.

Memoranda of Poisons. By Thomas H. Tanner. Fifth American from the last London edition. Philadelphia: P. Blakiston, Son & Co., 1883. 12mo., pp. 200. Price, 75 cents.

This convenient little hand-book, or rather pocket-book, has been judiciously revised by its editor, and claims to be, as far as it goes, a complete manual of toxicology. It is certainly a useful compilation.

Horses: Their Feed and Their Feet. By C. E. Page, M. D. 150 pp. 12mo, paper, 50 cents; extra cloth, 75 cents. New York: Fowler & Wells. For sale by J. B. Lippincott & Co.

This work is divided into two parts, the first original and the second selected. In the former the author gives his views on the hygiene and proper diet of horses—rather notional, but yet suggestive. In part second, Sir George W. Cox discusses the common practice of shoeing from a point of view of the objector, and makes an ingenious argument, and Col. M. C. Weld, who is well-known authority, follows with a second argument in the same line, insisting with much force that shoeing is unnatural and injurious. There is also an illustrated chapter on the signs of character and the training of horses.

Chemistry: General, Medical, and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. By John Attfield, F. R. S., etc. Tenth edition. Philadelphia: H. C. Lea's Son & Co. 1883.

The present edition of this popular text-book has undergone thorough revision by the hands of the author, with a special reference to the wants of American students. The aim has been throughout to teach the general facts and theories of chemistry with a view to their application to medicine and pharmacy. The latest advances of this rapidly-progressing science have been incorporated, and we have no doubt that the excellent reputation which the work has acquired during the sixteen years that it has been before the public will be maintained.

The Physician's Daily Pocket Record, Comprising a Visiting List, many useful memoranda, tables, etc. By S. W. Butler, M. D. Eighteenth year. New and thoroughly-revised stereotype edition, with metric posological tables, etc. Philadelphia, 1884. Published at the office of the Medical and Surgical Reporter. Price, for 35 patients weekly, $1.50.

Of the numerous Visiting Lists which have from time to time been offered, none combines the various advantages which are presented by the one before us. Its sustained popularity with the profession for nearly a score of years is sufficient evidence of this. Such peculiar advantages as we refer to are the extremely compact, yet clear presentation of a large number of "reminders" which are very convenient to the physician, as, for instance, the correct doses of drugs, the treatment of poisoning and other emergencies, short methods for examining the urine, etc., etc. Again, many find it very handy to have a book which is not in the nature of an ordinary almanac, but is arranged, as is this one, on the "perpetual" system, and holds good for fifty-two weeks, no matter in what part of the year it is commenced.

The paper and binding of these pocket records are exceptionally good. The cover is not fastened by an ungainly flap, nor yet by a tongue which is always tearing off, but has a patented steel spring clasp, which is by all odds the neatest and firmest device ever invented to secure such a book.

We recommend those of our readers who have not tried this pocket record to give it their preference for 1884; as for those who are already acquainted with its merits, we do not doubt but that the announcement that it is now ready will be sufficient for them to send in their orders.

THE

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A WEEKLY JOURNAL,

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With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

It is especially adapted to be taken with the REPORTER, as few or none of the articles in it appear in our weekly journal.

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THE VALUE OF DEFINITE THERAPEUTICAL COMBINATIONS.

A singularly unfounded prejudice against definite combinations of therapeutical agents—in other words, typical formulæ and recipes—has of late years grown up in the profession. The origin of this prejudice is doubtless the mechanical and unreflecting use which some men make of a formula, copying it out, and applying it promiscuously whenever the disease occurs for which it is recommended. That, of course, is always to be condemned. The proper use of a formula is as a typical combination, to be varied as the age, condition, and idiosyncrasy of the patient require. Thus used, a judicious recipe, founded on a scientific acquaintance with drugs, and supported by intelligent clinical experience, is just as valuable as the discovery of a new agent in therapeuttes—often much more so.

Let us rehearse the advantages which a really good combination of the kind presents.

In the first place, *greater efficiency*. All intelligent therapeutists now acknowledge the *synergic* action of drugs—that the particular effect we desire from a drug can be obtained more certainly, more potently, and with fewer unpleasant accidents, by combining it with some other drugs. The old-fashioned Dover's Powder is a remarkable example of this, which we all know from experience, but cannot easily explain. Very many other instances are adduced by Bartholow and other late writers.

In the second place, we can, by combinations, often *obtain results not obtainable by simple agents*. Thus in not a few cases of anæmia the result of administering iron alone is very unsatisfactory; while a combination of this agent, say with ammonia, will bring about immediate improvement. Many such combinations are not, properly speaking, synergistic; the action of the adjuvant does not directly increase the effect of the main ingredient, but simply gives it a chance to exert its ordinary effect.

The *prevention of unpleasant effects* is another end often gained by a skillful combination. Every one knows what disagreeable consequences on

many constitutions has the administration of opium in any form, of iodide of potash, and of many other extremely useful drugs. It is scarcely too much to say that skillful combinations will secure all their beneficial effects and avoid all their detrimental or annoying consequences.

Nor is it by any means to be despised that a judicious formula enables us to make our remedies *palatable*. From a neglect of this, many a family becomes dissatisfied with their physician, and seeks one who pays greater attention to the art of making agreeable recipes. And these particular families are precisely those willing to pay the best fees.

Permanency and uniformity in a medicinal combination are other advantages often secured by a good recipe. They are often of no little weight. A few years ago a woman in this city died from a tonic mixture of strychnia, having taken all the strychnia in a six-ounce mixture in the last teaspoonful! Had her physician known how to combine it properly this would not have occurred, and he would have saved his reputation. Chloral and many other drugs rapidly deteriorate in some combinations, and are very permanent in others. The study of formulas based on science and observation is peculiarly demanded for the proper administration of such agents.

The *avoidance of incompatibility* is of growing importance, through the introduction of so many chemical drugs. Physiological incompatibility, the doctrine of clinical antagonism, also comes up for consideration. Incompatibles may render each other inert, or actively poisonous and dangerous. Their list is a long one, and it must be learned by heart, and never forgotten, except where an already well-tried formula is followed.

These very brief considerations show how great is the value of definite therapeutic combinations which have stood the test of experience.

GENERALIZED EXFOLIATING DERMATITIS.

In a very interesting and valuable memoir, M. Brocq has attempted to throw some light on a group of skin affections, which has been considered under diverse titles by different dermatologists. The malignant exfoliating herpetides of Bazin, the generalized desquamative dermatitis of M. Percheron, Bulkley's periodic exfoliating dermatitis, Fercol's desquamative scarlatiniform erythema, Tagge's acute periodic eczema, pityriasis rubra, pityriasis pilaris, etc., have all been considered by M. Brocq under the designation, [Erasmus Wilson's Disease] "Maladie d'Erasmus Wilson."

This affection, thus considered, is characterized, according to M. Brocq, by the appearance of red patches, which soon spread and become generalized. At the début the eruption is dry, of an intense red, erysipelatous coloration; desquamation soon ensues, the epidermis exfoliating in large white transparent scales. Towards the end of the first month the hair commences to fall, and alopecia may be complete over the entire body; in some cases also the nails fall.

These symptoms are constantly accompanied by fever, the temperature being highest in the evening. The mucous membranes are sometimes affected, and vomiting and obstinate diarrhœa ensue. The malady is of long duration, cure being obtained in favorable cases after three or four months, but relapses may occur or complications delay cure for eight months or a year, or longer.

The best external applications are Carron oil and wadding. Internally, milk and tonics are given.

THE LACK OF INTEREST IN HYGIENE.

"People hate advice," said a prominent publisher recently, when talking about a book on the prevention of disease, "when they are well, they never think about their health; when they are sick, they go to the doctor." That this is true, all admit; that this is deplorable, those of us who know the value of hygiene, sadly deplore.

Can we not rouse in the people an appreciation of the value of prevention, and cause them to realize how much they have their own physical welfare in their own hands? If we can accomplish this desirable purpose, it can only be done by united effort—by the united effort of the medical profession, who must constantly preach the doctrine of prevention.

The constant dropping of water will wear away the hardest rock, and so the constant preaching of hygiene, and this only, will ultimately wear away the rock of popular indifference.

The following sentence from Dr. Gairdner's address before the Sanitary Congress at Glasgow well illustrates the tardiness with which the people accept the tenets of hygiene:

"That it should have taken two centuries to reduce to a practical rule in the navy of Great Britain the measure by which Commodore Lancaster saved his crew from scurvy in 1603, is one of those facts which cannot be got over, and which show that, in a practical sense, preventive medicine and the effective study of the causes of disease is a thing of yesterday as compared with the ages of effort, not wholly unsuccessful, devoted to the cure of diseases.

A JUST CRITICISM AT LAST.

Unlike the one-sided and ill-natured opinions formed and expressed of the United States by many distinguished foreigners who have recently enjoyed the hospitality of our country, Lord Chief Justice Coleridge, of England, gives us what we must all recognize as a fair and just estimate of ourselves.

He recognizes that our country is young, but he also plainly sees, as all must, who are not blinded by prejudice, that it has accomplishd unparalleled progress in the century of its independent existence; and, with an impartial mind, he frankly says, that where there is so much to admire, one should be careful what he criticises.

This is just how we all feel; we do not pretend to perfection, but we do *know* that our country is a great one—great in its natural resources, and great in the energy of its native and adopted children.

The Lord Chief Justice has, no doubt, made many friends in America by this honest and fair opinion.

EPIDEMIC CHOREO-MANIA.

At the recent Congrès de Rouen,. M. Clon Stéphanos (of Athens) read a paper on a form of epidemic chorea (danse de St. Guy), resembling that observed during the middle ages, which is yet found in Thrace and some of the smaller villages of the valley of Kior-Kaza. Most of the cases are observed at the feast of St. Constantine, which lasts fifteen days during the month of May, The Astenaria observe it by dances and orgies which much resemble the choreo-mania of the middle ages.

As at Aix-la-Chapelle, in 1374, the affection commences by epileptiform convulsions; the patients fall unconscious, frothing at the mouth and then rise to take part in the dance. Music augments the movements, and the dance seems to mark the end of the attack.

NOTES AND COMMENTS.

Cases Treated with Manzanita and Naphthalin.

Dr. H. W. Rand reports some cases of gleet, vesical catarrh, incontinence of urine, etc., treated with manzanita and naphthalin as a dressing for ulcers, wounds, etc., in the *Proceedings of the Medical Society of the County of Kings*, November, 1883, and thus concludes:

"From what limited experience I have had with the remedy (manzanita), I should say that it might be used with advantage during the stationary or decreasing stage of a gonorrhœa, or a long-standing gleet, when the older and well-tried drugs had failed to relieve, or had, as they so often do, disturbed the stomach.

"The appetite appeared to improve under the use of manzanita, and in no case did it cause gastric disturbance. It is said to be astringent, but did not cause constipation in any instance. It seems to be contra-indicated in acute cystitis, and I should hesitate to give it in any case where there was even irritability of the bladder."

Of naphthalin, he says:

"In these cases, and a few not recorded, naphthalin acted as a powerful stimulant, and could not be borne, except in the indolent ulcers. From my limited experience with the remedy, I should advise its use only in those sores requiring active stimulation, and not in the inflamed or irritable varieties. In a sore somewhat sensitive, and yet requiring moderate stimulation, naphthalin is a useful application, if largely diluted with some simple ointment. From its effect in these cases, one would naturally inquire if it is not too much of an irritant to apply to freshly-made wounds,

as recommended by good authorities, even if it is devoid of toxic properties; and if there is not danger of setting up too high a grade of inflammatory action in such wounds? Much more experience is needed to determine the true value of naphthalin, and the proper indications for its use."

Pregnancy as an Etiological, Hygienic, and Therapeutic Agent in Women.

The *London Med. Record*, October 15, 1883, says in the *Gazeta Med. Catalana*, Dr. Blanc y Renet publishes an article on this subject. He sums up thus:

1. The reproductive organs of woman, by their conditions of movability and vascularity, are constantly influenced by position or attitude.

2. Any other but the normal angle of 54° to 60°, when standing, is dangerous. Hence it is dangerous to maintain the position for long without taking exercise.

3. The prolonged sitting position is also harmful; as is also reclining without taking exercise, since the pelvis is inclined at a bad angle.

4. To re-establish the equilibrium of the pelvic circulation, which may have been disturbed during the day, at night the woman must be in the lateral position, or change from side to side; the bed ought to be flat and hard.

5. The misplacement of the pelvic organs, produced by an improper attitude, must be treated by another position, or by attitude in which the centre of gravity of the misplaced viscera inclines to the point opposite the misplacement.

6. The affections of the circulation of the female organs of reproduction (hyperæmia, varices, hemorrhages, œdema, excessive secretion, catarrh, hyperæsthesia), which can be comprehended in the widest acceptation of hyperæmia, produced or not by upright or inclined positions, must be treated by the horizontal position with the pelvis elevated. This position he calls the antihyperæmic for the pelvic organs.

Rupture of the Uterus.

The same journal says Dr. Carl Breuss, assistant to Professor Braun, of Vienna, relates (*Wiener Med. Blätter*, June 14,) a case of cured rupture of the uterus, which occurred in the hospital there. The patient was brought in to be confined of her fourth child, and gave a history of great suffering in previous labors, the presentation having always been either transverse or breech, and the placenta each time adherent. On account of hemorrhage, the membranes were ruptured while the os was about the size of a crown piece, and a presenting foot pulled down so as to plug the opening. No more bleeding followed, and the labor was brought to an end by extraction, in about twelve hours. In attempting to detach the placenta, an opening in the left cervical wall was discovered, through which the posterior surface of the uterus could be felt. The adhesion between the placenta and the uterine wall was so intimate that it could not be entirely removed; but convalescence was proceeding favorably, when a fresh attack of hemorrhage on the fourth day proved fatal. The opening in the cervical wall had rounded and cicatrized edges, and was of such an appearance as to warrant the belief that it had occurred during a previous labor, probably the last one. A fresh rent, about one centimetre in length, involved the site of the placenta, and implicated a large vessel, the source of the fatal hemorrhage. The opening led into a collapsed and empty cavity, between the folds of the broad ligament.

A Case of Nephrectomy.

At a recent meeting of the French Academy, M. Ollier made an interesting communication on a case of entire removal of one kidney. A young woman of 22 presented, in the renal region, a voluminous tumor, tense and fluctuating, which was considered by Ollier to be an abscess consecutive to pyelo-nephritis, probably of a calculous nature. This abscess was opened, necessitating incision of the renal parenchyma. About a pint of pus flowed after the incision, but no calculus could be found on exploration of the sac. The patient was immediately relieved, and, after a few days, the urine, which was at first purulent, became clear. All went well, but there remained a fistula, which was a source of irritation for the patient, who demanded an operation. It was then decided to remove the kidney; this M. Ollier accomplished without too much difficulty, but was obliged to relinquish his first project of removing the capsule at the same time with the kidney, on account of the numerous adherences with the surrounding cellular tissue.

It was found that the ureter on that side was obstructed by a calculus. After the operation there was complete anuria for three days, but after that the secretion of urine became normal, and the patient recovered.

The New Hypnotic, Paraldehyd.

This agent promises to be an important addition to our resources for producing sleep. Paraldehyd is a polymeric modification of aldehyd, and is ex-

pressed by the formula $C_6H_{12}O_3$. It is colorless; in odor resembling chloroform, with a sharp taste. It is administered in doses of 2–6 grmm.. preferably in a sweetened ten per cent. solution. Its immediate effect is to produce a perfectly natural sleep of two to six hours' duration, from which the subject awakes without any sense of distress, headache, dullness, or nausea. Its signal advantage over chloral hydrate is that it does not weaken the heart's action, nor impede the respiration or circulation in any degree; nor does it establish the necessity for its continued use, thus forming a "habit."

The sole objection to paraldehyd seems to be that it gives an unpleasant odor to the breath, which not only is noticeable in the room, but remains for twenty-four hours.

The experiments upon it up to the present have chiefly been reported from the hospitals of Milan, Breslau, and Andernach. We have learned of none in the United States.

Let Nature Remove the Placenta.

In *Deutsch. Med. Woch.*, September 26, 1883, Dr. Dohrn thus sums up his experience:

1. In one thousand lying-in women, in whom the expulsion of the placenta was left to nature, the results were far better than in one thousand others in whom Credé's method of expulsion was used.

2. The one thousand lying-in women in whom the placenta was spontaneously expelled, had considerably less hemorrhage and fever after delivery. In those cases treated by Credé's method, portions of the membranes were frequently retained, and there were more fatal cases than in the others.

3. The disadvantages which are conditional to the method of Credé, are especially seen in the cases in which the placenta is expressed during the first five minutes. After a longer time the expression was more complete, but never as safe as by the spontaneous method.

Practical Measures Against Alcoholism.

A German clergyman, Rev. G. F. Fuchs, has written a temperance tract of more than common good sense. He follows and quotes Christ and the apostles in approving the moderate use of mild alcoholic beverages. His points are that we should strive in every way to discourage excess. One obvious way is to oppose all laws which make drunkenness an extenuating circumstance in crimes—on the contrary, it should be regarded as an aggravation. In this he is undoubtedly right. It would be difficult to devise a plan to encourage drunkenness more than to have it exculpate acts committed under its influence. He also urges the establishment of coffee taverns and coffee wagons. Again, he argues very justly that no liquors should be sold except at restaurants where regular meals are supplied. This is a very sound suggestion, based on obvious physiological grounds.

Gouty Concretions.

These concretions oftentimes cause much annoyance, and their removal is a desideratum. Dr. Robert F. Weir reports in the *N. Y. Med. Jour.*, November 3, 1883, the case of a middle-aged man, the subject of gout.

"Two years ago he noticed a swelling over the left heel. This has grown slowly in size, and occasionally a small amount of whitish fluid exudes from it. The rubbing of the shoe causes some irritation. The growth has now reached the size of a walnut, and you observe, upon section, after its excision, that it appears, from its light gray color and grittiness, to be composed of the urate of sodium. All bleeding having been checked, the foot will be dressed with gauze impregnated with a solution of bichloride of mercury, and healing be allowed to take place by granulation."

Can Cancer of the Penis be Acquired by Inoculation from Cancer of the Cervix Uteri?

In view of the prevalence of uterine cancer among married women, this question assumes considerable importance. Dr. Paul F. Mundé discusses it in the *N. Y. Med. Jour.*, October 27, 1883, and concludes thus:

"While thus the *first authenticated, unquestionable* case of inoculation of the penis with cancer cells from a cancerous cervix seems as yet unpublished, and while it is still doubtful whether such inoculation actually takes place, still the *possibility* of such an occurrence cannot be denied, and I trust this communication may induce gentlemen who have met with cases in point to place them on record. Certainly the subject is of sufficient interest and importance, clinically and pathologically, to merit further investigation, and, if possible, ultimate positive elucidation."

Intercostal Neuralgia and Cardialgia.

At the recent Congrès de Rouen, M. Bouchut read a communication on this subject. Very frequently in females, subject to intercostal neuralgia, cardiac accidents, resembling angina pectoris, are observed. These are characterized by palpitations, precordial anxiety, suffocation, and ir-

regularity of the pulse, without extension of the pain to the left arm, as is common in true angina pectoris.

In these cases no cardiac lesion is found, and there are no hysteric antecedents. The accidents supervene through a sudden change in the temperature, any strong emotion, or an exaggerated pressure of the corset over the intercostal space affected. M. Bouchut opines that the accidents are due to the transmission of irritation from the peripheral nerve to the bulb and roots of the pneumogastric.

Trichinosis in American Pork.

The loss which we predicted three years ago would fall on American exporters through the neglect of our government to take active measures about the diseases of swine, has taken place. A lately-published report of Dr. Eulenberg on the pork consumption of Prussia shows that in the Minden circuit the decrease in the consumption of American pork was from 51,000 pieces in 1881 to 30,000 in 1882; and in Wiedenbruck from 22,000 pieces to 4,600. This was before the import was prohibited. Last year in Altona out of 1,532 pieces of American pork, twenty were trichinous. In all, last year, he reports 1,365 pieces were found thus diseased. These facts have even a more serious bearing on the health of our own country than on that of Germany.

The Causes and Prevention of Suicide.

That there is a steady increase of suicide in all civilized lands, seems acknowledged by the best statisticians. In a review of Prof. Reclam's writings on the subject, a German critic agrees that one fertile cause is the over-education of the masses—giving young people tastes and ambitions which in the vast majority of cases cannot be gratified, and thus rendering them discontented, and at last desperate. Another cause is the growing belief that material success is alone worth an effort—in other words, the neglect of spiritual religion and elevated philosophy. A third is the excessive use of distilled spirits; and a fourth, the oppression of a forced military service.

Abscess of the First and Second Dorsal Vertebræ.

A peculiar case is reported in the *N. Y. Med. Jour.*, November 3, 1883. Dr. Chapin had seen a female child, two years and eleven months old, brought to the dispensary on the 5th of September, having a cough and a wheezing sound over the chest. Nothing but some bronchial and tracheal râles could be made out. The temperature was normal. The child improved. About three weeks later the mother stated that the patient, while playing, turned blue in the face and suddenly died. The first and second dorsal vertebræ were found to be the seat of a large abscess; there were tubercles in the lungs and trachea; there was also an enlarged cheesy bronchial gland. There had been no dysphagia.

On Pernicious Anæmia.

A careful study of this remarkable and not very rare condition is contained in a thesis by Dr. S. Laache, of Christiania. He finds that the number of blood corpuscles may sink below half a million in a cubic millimeter without rendering the case hopeless. Cases have, in fact, recovered which have progressed this far. The most characteristic appearance of the blood is enlarged corpuscles, "giant cells," and excessive presence of hemoglobin.

In regard to treatment of anæmia in general, he says the mistake is often made of suspending the use of iron too soon. It should be continued long after all subjective symptoms have disappeared.

Atelectasis of Lungs in New-born Infants.

An important question is discussed by Dr. E. Ungar in the last number of the *Vierteljahrschrift für Gericht. Med.* It is, whether complete atelectasis of the lungs may be found in children who have already breathed? He discusses the subject both from theoretical and experimental points of view, and reaches the conclusion that it is quite possible that the lungs of neonati which have breathed, may, through the absorption of air by the blood circulating in the pulmonic vessels, become entirely atelectatic.

For Cramps.

Among numerous suggestions for the treatment of cramps, we note the following novel one in the *Brit. Med. Jour.*, October 20, 1883:

The simplest and the most efficacious is a band of cork. It is easily made by cutting a small new wine-cork into thin slices, which must be sewn close together upon ribbon or tape an inch wide. It can be tied round any part affected, and worn during the night.

Fluid Extract of Manaca.

Dr. F. E. West has been using it (*Proceedings Medical Society of County of Kings*, November, 1883), and concludes that it has not the specific action in chronic rheumatism that has been claimed for it; neither is it an efficient anti-syphilitic remedy.

Special Report.

REPORT OF THE PROGRESS OF OTOLOGY.

BY LAWRENCE TURNBULL, M. D.

Auricle.

MALFORMATIONS.

The auricle is liable to various malformations—absence or imperfect development (Microtia). We have met with such changes as absence in an entire family of the lobule. The helix and anti-helix were in another instance absent, or so altered as to resemble the cat's ear; in others, it was spindle-shaped. The tragus in one otherwise beautiful child was so turned up as to close the meatus. In these rudimentary auricles the dislocated cartilage could be felt under the skin.

In one of these large spindle-shaped ears, in which there were deep indentations with horizontal fissures, the appearance of the auricle was improved by detaching the inner layers, freshening the surface by an operation, and pinning them back so as to become adherent to the skin.

Having operated on a few cases of atresia of the meatus externus in which there was deformity of the auricle, there was found, as a rule, complete absence of the auditory canal, and no labyrinth nor internal ear. When the meatus was only covered with true skin, and the auricle normal in appearance, an operation was, in one instance, successful in restoring the canal.

According to Virchow,* congenital anomalies in the external ear, and its neighborhood, are to be referred to early disturbances in the closure of the first branchial cleft, and are often associated with fistula of the other branchial clefts, cleft palate, and other forms of arrest of development in the facial bones, with unilateral atrophy of the face.

Rudimentary auricles are not always inserted in the normal position; even well-formed auricles are dislocated on the cheek, neck, or shoulder. As many as four lobules have been found in a case of monstrosity, with double body, which Cassebohm describes—a child with two ears in the usual situation and two below on the neck. In our own practice we have met with a double auricle in a healthy child—one in the normal position and one on the side of the face, which we removed. Burkett has reported similar growths in the middle of the sterno-cleido-mastoid muscle.

"Branchial Fistulæ of the External Ear."

A rare form of arrest of development is the "fistula auris congenita," first described by Heuzinger, which, according to our best authorities, is to be regarded as a remnant of the first branchial cleft. The fistulous opening generally lies in front of the ear, usually one centimetre above the tragus (Schwartze), but sometimes it is in the lobule (Betz). A portion of the fistulous canal can sometimes be followed with a fine probe or bristle, or its callous walls can be felt between the auricular cartilage and skin. From its opening a whitish-yellow, cream-like fluid exudes, which contains numerous pus-cells.

Sir James Paget, at a meeting of the Royal Medical and Chirurgical Society of London, states: "Of branchial fistulæ in the *external ears* there is no account on record in this country (England), and foreign literature only yields six or seven cases, most of which are related by Heuzinger. The cases now described occurred in the family of a gentleman perfectly well formed in other respects, who has himself a branchial fistula on the right side of the neck. His father and a sister, as well as four of his own children, had similar malformations; the fistulæ in two of the latter being on the left side, and on the other two symmetrically disposed on each side of the neck. But, in addition to these cervical fistulæ, the gentleman himself, his sister, and five of his children, each present fistulæ in the helix of one or both ears. These *aural* fistulæ are minute, their orifices small, and their canal half an inch in length, passing from below forwards and downwards, being less soft and flexible than the cervical fistulæ, producing no secretion and giving no distress. The co-existence of the latter threw light upon those in the ear, and a similar coincidence had been recorded by Heuzinger. Hence these aural fistulæ are probably due to the incomplete closure of the upper or post-aural fissure, that part of it which does not enter into the formation of the Eustachian tube, tympanum, and external meatus. In other recorded cases the openings have been at the lower or anterior part of the helix or lobule of the ear. It is likely that such cases are not so rare as they seem; and, further, extensions of the same non-closure of the post-oral fissure might be seen in such malformations as complete transverse partition of the auricle, and one case in which a linear depression on the helix and anti-helix was continued on to the cheek was of like nature. There are now sufficient evidences of malformations due to incomplete closure of every one of the branchial fissures; these aural fistulæ being due to defective closure of the first fissure between the mandibular and hyoid arches, the upper cervical to the cleft between the thyroid and hyoid, the

* Virchow's Archiv, Bd. 30, S. 221 and Bd. 32, S. 518. Pathological Anatomy of the Ear. Schwartze. Translated by Green, p. 31.

lower to the cleft behind the thyro-hyoid arch, and the fourth to the last cleft above the thorax."

Schwartze* writes that this form of arrest of development is by no means rare in Germany; but he and Betz are the only authorities who have seen and described these cases, and no one that we are aware of has published descriptions seen in this country.

Auricle.

PATHOLOGY.

Diseases of Auricle: Perichondritis Auricularis and Hæmatoma Auriculæ.

Auricle.—The cartilage of the ear belongs to the reticulated variety, and there are sometimes found peculiar alterations which are described by Parreidt (Dissertatio inaugur. de Chondromalacia, 1864), and Ludwig Meyer (Virchow, *Arch.*, 1865), such as softening enchondromata and vascular new formations. As observed by Politzer, the softening of the cartilaginous tissue is especially interesting and important on account of its rather frequent occurrence. It leads eventually to the formation of cavities filled with a gelatinous substance. Dr. I. Pollak, who has recently investigated this condition, has arrived at the conclusion that we have here to deal with retrogressive senile metamorphosis of the yellow cartilage, similar to that in other cartilages, as in the costal cartilage. These changes are synonymous with the "vegetative disturbance" (blood dyscrasia, Fischer and Nichol).

As interesting in this connection, I reported four cases of acute inflammation of the auricle (perichondritis) which occurred in my hospital practice within the past two years, three of which patients were males and one female. In three of the cases there was a distinct history of traumatism of the ear, and in the fourth, an abscess from blood dyscrasia. In each case there was a distinct red swelling, painful to the touch, filling up the fossa of the helix and anti-helix, but not the lobule, and obliterating the concha, which had increased rapidly after the injury. On incising the swelling, there was found a cavity filled with a grumous-like fluid, mixed with fluid blood, and at times yellowish in color; at a late period containing in one case pus or pus and serum. On opening the swelling and examining by the finger or probe, the perichondrium was, in one case, found separated from the cartilage.

When the tumor is not incised, the cyst-like formation remains in this state for months, or pus forms and opens spontaneously or slowly reduces in size.

The treatment in the first stage is antiphlogistic, with local application of compresses kept wet with a mixture of liquor plumbi, extract. opii, and spiritus vini rectificati. As a rule, the cases rarely present themselves at our hospital in the early stage, or until the fluid has become effused; then the walls must be freely laid open, and drain made by means of a tube or tent, and kept clean by washing with a weak solution of carbolic acid or iodine, else the fluid will accumulate very rapidly. The after-treatment is painting the parts with tincture of iodine and employing compresses, with a piece of lead, wrapped in muslin, attached and supported by adhesion-straps and a bandage. In one case painting with tincture of iodine, a compress and bandage, was all that was required to effect a cure; but in this there was but a small amount of fluid effused. By this treatment the cases recover with but little deformity, and no loss of hearing, and in no instance did the disease extend into the lobule. It is seldom the case that the fibres of the cartilage extend so far as that part of the ear; but in a few instances we have found them extending even to the middle of the lobule, causing inflammation and abscess, following puncturing this part of the ear.

This class of cases, if neglected and of long standing, readily pass into the pathological condition described in the first part of this article, especially in persons of feeble constitution who, from blows or rough handling, where as in the case of the insane. Kirchner* has convinced himself both by clinical and experimental observations, that the symptoms of lesions of the auricle and the introitus of the meatus do not always correspond with the extent of the traumatic influence, violent symptoms often appearing after even slight injuries. Concerning the influence exerted by destruction of the auricle, its form and position, upon the hearing power, he has convinced himself that the factors named are of subordinate importance.

Of importance are stenosis or adhesions at the ordinary introitus which remain after the healing of cartilaginous defects. Lesion of the anterior cartilaginous wall of the ear canal, however, may implicate the parotid gland, that of the posterior wall, the mastoid process. The same author re-

* Pathological Anatomy of the Ear, op. cit., p. 32.

* W. Kirchner. Würzberg. Beitrag zur Topographie der ausseren Ohrtheile, mit Berücksichtigung der hier einwirkenden Verletzungen. (Contribution to the Topography of the External Parts of the Ear, with Reference to the Injuries Acting upon Them.) (Habilitationsch.)

ports a case of injury to the posterior upper wall, and calls to mind the traumatic case described by Moos (wound from a knitting needle), which was succeeded by an abscess of the parotid gland. He treats othæmatoma (holding on to the old name), by free incision and antiseptic dressing.

Dr. Knapp,* New York, called the attention of the profession to perichondritis auriculæ, and reported all that was published on the subject, which was very meagre prior to his own interesting cases. Our cases were published last April,† and now the subject is brought before the profession by Dr. Pomeroy,‡ in his work on Diseases of the Ear, devoting from page 57 to 69 to the subject, in which he states that Dr. Knapp's cases strongly resembled his own. From the case which he has published, and subsequent ones referred to, he adheres to the opinion that this affection is not identical with hæmatoma auris. After a careful study of the subject, we are fully of the opinion that the diseases of the auricles are identical, and only depend upon the different circumstances and conditions of the patients. This opinion has been confirmed by the recent account of the blows and rough handling which the insane receive at the hands of some of the attendants—striking them with the open hand or fist; also, the patients themselves bruising the ear against the walls of their cells, during the stage of excitement, and the enclosed wall surrounding the hospital. The resemblance of the two diseases is very strong; in both there is not always an active disease of the cartilage, but in both there are hemorrhages going on and filling up the anterior surface of the auricle. In the cases reported by Drs. Pomeroy and Knapp, the disease of the cartilage was secondary to disease of the tympanum or of the meatus, but in all our cases there was no disease of the meatus, tympanum, nor of middle ear, with perforation of the membrana tympani, which was reported in one case by Dr. Knapp. In one of our cases almost pure blood and blood-clot were removed on more than one occasion. Others were so mild as to cause merely a simple effusion of blood, and recovery took place with but little deformity; in others the deformity was greater. The color in some was dark red, or light, bright red in others. Febrile symptoms were only prominent when the case was very severe and where numerous blows had been received. The illustrations of this disease of the auricle in the work of Dr. Pomeroy, with one exception—No. 20—show the same deformity which follows hæmatoma auris or othæmatoma. This treatment is much the same for both forms of diseases; namely, cold in the acute stages; if there is fluctuation, free incision, followed by compression with a bandage. Antiseptic dressing of carbolic acid is employed if the parts do not heal, to which the Doctor adds his universal favorite, nitrate of silver solution, or as an injection. If the case has passed the acute stage, he recommends (as we all do) the tincture of iodine applied twice a day; also, not to neglect the symptoms of pain by brandy and morphia, and, for the dyscrasia of the blood, tonics of bark and iron.

* Arch. Otol., vol. x., No. 3, p. 195.

† Medical Bulletin.

‡ The Diagnosis and Treatment of Diseases of the Ear, by Oren D. Pomeroy, M. D. New York: Birmingham & Co., 1883.

Correspondence.

Hemorrhage from Urethra.

Eds. Med. and Surg. Reporter:—

In your journal for October 27, Dr. Wittkamp, of Philadelphia, reported a case entitled "An Alarming Case of Traumatic Hemorrrhage from the Urethra." The same recalls to my mind my experience with a case somewhat similar in character. The facts in the case are briefly as follows:

July 20, 1881, M. A——, a young man, aged twenty-five years, was riding after a fractious horse. The animal became frightened at some object on the road, turned suddenly, and the young man was thrown violently forward in such a manner as to fall heavily astride one of the wheels.

On examining him a few minutes later, I found a triangular opening in the perineum, immediately behind the scrotum. The patient suffered considerable pain in his bowels and sickness at stomach.

The hemorrhage, mostly of a venous character, was also very profuse, which caused considerable prostration. He was immediately placed upon his back in bed, and cooling applications containing lead and opium, applied externally, which caused the bleeding to cease promptly. Several hours later, he made an effort to micturate, but without success, except that a small quantity of urine was voided from the wound. The effort also gave the patient much distress.

A few hours later an effort was made to introduce a small elastic catheter, but a diligent trial could not get it beyond the wound in the urethra. The same also produced severe hemorrhage again, both from the external wound and from the meatus. This, however, ceased promptly, when we ceased our attempts with the catheter and reapplied our cooling applications.

The patient was now made comfortable, and rested well until morning.

After considerable effort, and notwithstanding considerable hemorrhage, a silver catheter was now introduced into the bladder. The bleeding now ceased again, and the instrument was secured and left in position for 48 hours; it was then withdrawn, and applied occasionally for a few days when needed, after which micturition was per-

formed without its aid. The patient then continued to improve until ten days afterwards he was so far recovered that he was removed to his home in Cleveland.

After reaching home I learned that he continued to improve for several days, after which he had two alarming attacks of hemorrhage, from which he recovered after a protracted spell of prostration. Of the full particulars of this relapse I am not acquainted, as he was then in the hands of a homœopath of Cleveland.

The treatment, however, consisted of the external use of some kind of application and sugar pills internally. I was fearful that a stricture would follow as a result of the injury, but on seeing him six months later I found him fully recovered in every respect. C. C. Davison, M. D.

Akron, O.

Treatment of Facial Erysipelas with Iodide of Potassium.

Eds. Med. and Surg. Reporter:—

I have treated facial erysipelas for the last fifteen years with iodide of potassium, and was not aware that any other physician had found it efficient in the disease until a week ago, when, in looking over a copy of "Napheys' Surgical Therapeutics," I read that "Dr. A. H. Hyatt, of Chicago, had found it of great value in erysipelas; and that twenty-four to forty-eight hours are usually sufficient to subdue the disease, and four or five days to complete the cure." My experience confirms all that Dr. Hyatt claims for it; for certainly no disease of like importance could yield more rapidly to the influence of any given medicine, than does facial erysipelas to the internal use of iodide of potassium.

As the tongue is always more or less coated, I usually introduce my treatment by a dose of pills composed of—

℞.	Blue mass,	grs. x.
	Calomel,	grs. v.
M.		

In three pills divide. To be taken in one dose, and to be followed in three or four hours by a dose of sulphate of magnesia; and without waiting for the action of the pills and salts, I immediately commence:

℞.	Iodide of potassium,	ʒ j.
	Tinct. hyoscyamus,	ʒ ij.
	Tinct. aconite leaves,	gtts. xij.
	Aquæ distil.,	℥ vj.
M.		

A tablespoonful every hour, day and night, when the patient is awake; and I have the face bathed every two or three hours, and constantly covered with a linen cloth saturated with the following solution:

℞.	Hyposulphite of soda,	℥ j.
	Carbolic acid, No. 1.,	ʒ jss.
	Aquæ distil.,	℥ viij.
M.		

This allays most promptly the burning and itching sensation of the skin and face, and is in no wise disagreeable.

This treatment I have always found to arrest the erysipelas almost at once, and my patient to be able to be about his room in four or five days. My cases have not only escaped complications of congestion and inflammation of the brain, but of the throat also, and without the use of either iron, quinine, or wine, five-grain doses of iodide of potassium every hour have never disappointed me in their action; and without the vigor of therapeutical enthusiasm, long experience has enabled me to declare, in my opinion, the internal use of iodide of potassium to be a specific for facial erysipelas. J. B. Johnson, M. D.

Washington City, D C.

A Reply to Dr. Blackwell's Criticism of Prof. Germain-See.

Eds. Med. and Surg. Reporter:—

My friend, Prof. Germain-Sée, referring to the letter of Dr. Blackwell in the Reporter for July 7, p. 26, desires me to make the following correction:

"Dr. Blackwell is a year too early in his citations from Liebermeister. I did not refer to the treatise of Ziemssen, but to a hand-book of Liebermeister on the 'Pathology and Therapeutics of Fevers,' published in 1875, one year after the appearance of the volume of Ziemssen to which Dr. B. makes allusion.

"Dr. Blackwell cannot be acquainted with this publication, or he would not have accused me of misrepresenting Liebermeister.

"As for the temperature of the bath, it is not 10°, but 16° to 20° C., which is the temperature indicated by me in the communication from which Dr. Hurd made his translation for the Reporter."

E. P. Hurd, M. D.

Newburyport, Mass.

News and Miscellany.

Sir William MacCormac's Opinion of Us.

On the eve of his departure for England, this distinguished surgeon delivered an address in New York, in the course of which occurs the following:

"And now, on the point of returning to my own country, I can say that I go with only the happiest recollections of my visit here, and I may add that I am not vain enough to believe that the kindness and hospitality constantly showered upon me here were at all personal in their intentions, but rather that they are the expression, on the part of the more highly-educated portion of this community, of their love and respect for old mother England, for 'the old country,' and for 'home.' During the eight weeks of my almost incessant traveling since I came to this country, I have heard but one expression—that of good-will—toward my own people, and I wish now to assure you how cordially this feeling is reciprocated at home, and I hope that this feeling of mutual good-fellowship and good-will may never cease or become weakened."

Two Medical Societies on the Woman Question.

We read in an October number of the *Medizinal Zeitung* that the Congress of Russian Naturalists and Physicians met this year at Odessa, over six

hundred members being present, of whom twenty were female physicians. The Congress adopted *unanimously* a motion by Prof. Sklifassovsky approving of medical instruction for women, and asking the government to continue the provisions for maintaining it.

This happened in benighted Russia. In the free and enlightened United States, just about the same time, the Philadelphia County Medical Society, refused by a heavy vote to admit to membership a female physician, solely on the ground of her sex. This is the same society that for years refused to permit even a member to take notes of its scientific discussions for publication, and would not allow any papers read before it to see the light, even in abstract, except through one obscure medium. It has become ashamed of this now, and does differently; it will also become ashamed of its action about female physicians. Meanwhile, a respectable minority in the society are ashamed of the position it at present holds before the scientific thought of the age.

A Novel Way of Removing Foreign Bodies from the Larynx.

Prof. Agnew relates the following anecdote in the third volume of his System of Surgery:

"A physician of Lancaster county, Pa., of more than ordinary ability, but who was both rough and eccentric, was called in the night, in great haste, to a neighboring village, where the wife of a highly respectable farmer was in great distress from a bone which had become caught in the larynx, and where it remained in spite of several efforts at its extraction. When he entered the room he found the woman upon the floor, resting upon her hands and knees. Without a moment's hesitation, the doctor, taking in the urgency of the situation, gave her a forcible kick, which turned the patient head-over-heels, and, during the semi-revolution, dislodged the bone from her throat. The fortunate issue, in the deliverance of the woman from suffocation, atoned somewhat for the rudeness of the treatment, and gave a wonderful reputation to the doctor whose boot had proved more potent than the instruments of his predecessors."

Very True, But Very Regretable.

We read in the *Union Médicale* that a mysterious kind of personage installed himself as a doctor in the most frequented part of the Faubourg Montmartre. Admission could only be gained to his presence after infinite questionings. His name was a foreign one, and all his servants were bound over to secrecy. His consultation-room was, in consequence of all this, besieged from morning to night, until at last the attention of the police was attracted. A *commissaire* called upon him and demanded an inspection of his diplomas, expecting to find him pale and trembling at the request. Nothing of the kind. The suspected practitioner, all smiles, opened a drawer of his bureau, and exhibited to his visitor documents which were perfectly authentic. "And now that you have quite assured yourself, M. Commissaire," said the doctor, "pray do not betray me; for if my patients only get to know that I am a mere Doctor of the Medical Faculty of Paris, I shall see no more of them."

The Manufacture of Crystallized Pepsin.

The great advantages of using the crystallized form of this organic product are that it is tasteless and odorless, (or almost so), that it is not affected by changes of temperature—a very important point—and that in proportion to bulk its digestive power is vastly greater. For these good reasons the crystallized is rapidly superseding all other forms of this useful and popular therapeutic agent. That manufactured by Dr. Carl L. Jensen, of this city, has especially recommended itself to us after close examination and repeated administration. There is no secret in its production, and Dr. Jensen's success is due to his personal skill, and to the constant care and thorough conscientiousness with which he carries on his manufacture. We can commend it as an agent which will not disappoint any one who desires an active principle of this nature.

Marriage of Cousins.

Dr. G. Hodges, in writing on this subject in the *Brit. Med. Jour.*, September 22, 1883, says:

"It may console a first cousin to reflect that such a man as Frederick the Great, of Prussia, was the offspring of one of the marriages to which he refers. Not only were Frederick's parents first cousins, but his mother, a daughter of our George the First, was also the child of first cousins. It is worth noting, however, that Frederick's paternal ancestors, with scarcely an exception, from the first Hohenzollern, were born of extraordinary mental activity and vigor; while on his mother's side the plain good sense of the Hanoverian Princes was as remarkable as the singular learning and cleverness of some of the ladies of their family."

The Proposed New Hospital, Rome, Italy.

According to the official notice, the plans are to include, of course, the necessary administrative offices, a medico-chirurgical hospital of 450 to 500 beds, and a number of special departments for various classes of diseases. The hospital and polyclinical branches are to be constructed on the pavilion system, with buildings one story high. The separate wards are not to contain more than sixteen or eighteen beds.

The Chinese Method of Determining Paternity.

A correspondent of the *Lancet* tells the following:

A basin or cup of clean water is obtained; the supposed father's finger is cut, and then put into the water till some blood trickles; then the child's finger is cut and placed in the water, and if the two bloods immediately unite, the proof is complete. The magistrate is sometimes bribed, and the water tampered with.

Damp Houses: a Pertinent Question About Them, Worthy of an Answer.

A correspondent of the *Med. Times and Gaz.* asks: "If dampness is the sole cause of the unhealthiness of new houses, why are not tents unhealthy in wet weather? I have," he adds, "seen a good deal of tent life, and always found it agree with me."

Items.

—The erection of the new Garfield Memorial Hospital in Washington was begun recently.

—The Presidency of the Section of Medicine of the French Association of Physicians has been conferred upon M. Nicaise, for 1884. The next Congress of the Association will be held at Grenoble.

—On Thursday, October 18, the remains of the distinguished Harvey were removed from the vault under Hempstead church in Essex, to the Harvey Chapel, and placed in a sarcophagus provided by the Royal College of Physicians of England.

—Reports from London, of October 16, state that an outbreak of trichinosis is reported at Ermsleben, Russian Saxony. One hundred and eighty persons are suffering from the disease, and four deaths therefrom have occurred.

—In the *Lancet*, October 20, 1883, Mr. W. Spencer Watson reports a case of left popliteal aneurism occurring fifteen months after the cure of an aneurism of the right femoral, compression of femoral with ligature of ox aorta, cure.

—Mr. John P. Howard has announced his intention of giving a new building for the medical department of the University of Vermont, and of refitting the old building for a gymnasium. The cost will be about $40,000. This will make over $400,000 that Mr. Howard has given to the University and the city within ten years.

—The circular of M. Jules Ferry, ordering the revaccination of all the scholars in French public schools, is energetically protested against by certain of the anti-vaccinationists, who have sent a strongly-worded address to the French President of the Council, in which they denounce his circular "before all civilizations" as an "inhuman, retrograde, unscientific, and arbitrary measure."

OBITUARY NOTICES.

DR. J. MARION SIMS.

Dr. J. Marion Sims died suddenly from heart disease in New York, November 13, 1883. He was born in Lancaster district, South Carolina, January 25, 1815. He graduated at South Carolina College, Columbia, in 1832, and pursued the study of medicine at Charleston and at the Jefferson Medical College in Philadelphia. He settled at Montgomery, Alabama, in 1836, and soon achieved a wide reputation as a skillful operator in general surgery. Somewhat later his attention was turned to the treatment of diseases peculiar to women. In 1853 he settled in New York. In 1857 he obtained from the Legislature a charter for the Woman's Hospital of the State of New York. He also obtained a grant of land from the city of New York, 200 by 400 feet, on Forty-ninth and Fiftieth streets, between Lexington and Fourth avenues, and secured appropriations from the city and State to the amount of $62,500. In 1861 Dr. Sims visited Europe, examined the various hospitals, and was invited by the most eminent surgeons to perform operations in the great hospitals of Dublin, London, Paris, and Brussels. At different times he received decorations from the French, Belgian, Spanish, Portuguese, and Italian Governments, as a benefactor of mankind. He returned home and made arrangements for the erection of a permanent hospital, on the pavilion plan. Dr. Sims again visited Europe with his family, and in 1866 he published *Clinical Notes on Uterine Surgery*, which was immediately translated into French and Germam. In 1870 he organized the Anglo-American Ambulance Corps, and as Surgeon-in-Chief went with it to Sedan, on the eve of the great battle of August 31. Dr. Sims' contributions to medical literature are mainly compact statements of his own experience and investigations.

W. G. H. NEWMAN, M. D.

Dr. W. G. H. Newman, of Washington, D. C., died on the 6th of November, 1883, in the fifty sixth year of his age. He was born in Somerset county, Maryland, was admitted at Jefferson College, Cannonsburg, Pa., read medicine with the distinguished Dr. Nathan R. Smith, of Baltimore, graduated with the highest honors at the University of Maryland, and immediately settled in Washington, where he continued to practice for thirty-four years. He was at one time a member of the consulting board of the Central Dispensary, of the Advisory Board of Columbia Hospital, attending physician of St. John's College, physician-in-charge at St. Rose Industrial School, one of the Surgeons of Police for over twenty-one years, member of the old Board of Health, President of the Board of Visitors of Washington Asylum, and a member of the old City Council. At the time of his death he was a member of the Board of Directors of Providence Hospital, Chief of Staff of St. Ann's Infant Asylum, and attending physician of the lying-in ward of said Asylum. Resolutions were adopted in respect to his memory by the Medical Board of Providence Hospital, the Medical Board of St. Ann's Infant Asylum, and the Medical Society of the District of Columbia, on which occasion eulogistic speeches were delivered by Prof. Johnson Eliot, Drs. Louis Machall, D. R. Hagner, and D. J. Kelly. On the day of his funeral, St. John's College and St. Rose Industrial School adjourned in honor of his memory, and the Sisters from Providence Hospital, St. Ann's Infant Asylum, St. Rose Industrial School, the professors of St. John's College, and the Medical Society of the District of Columbia, attended the funeral in a body. The pall-bearers were Drs. N. S. Lincoln, Johnson Eliot, D. R. Hagner, Louis Machall, C. V. N. Cailan, and T. T. Mallan.

QUERIES AND REPLIES.

Dr. S., of Ala.—We have carefully read the circular of the Medical College and Hospital which you sent us, and cannot see in its statements and offers anything which could be objected to by an advocate of the Code of Ethics of the American Medical Association.

MARRIAGES.

DOWNS—SCHWARTZ.—At St. Joseph's Church, Ft. Madison, Iowa, on Tuesday, October 16, 1883, by the Rev. J. L. Gosker, John Downs, M. D., and Caroline Schwartz, both of Ft. Madison, Iowa.

ROBINSON—AYRES.—At the Huntingdon Valley Presbyterian church, October 31, 1883, by the Rev. J. J. Cowles, Orlando C. Robinson, M. D., and Miss Maggie C. Ayres, both of Huntingdon Valley, Pa.

THE

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Communications.

SYMPATHETIC COLIC FROM UTERINE AND OVARIAN DISEASES AND ACCIDENTS.

BY T. CURTIS SMITH, M. D.
Of Aurora, Ind.

(*Continued from page* 538.)

The following cases are typical of this form of sympathetic colic:

Case 1. Mrs. ———, æt. 28, mother of two children, the last, one year old. She is of a nervo-sanguineous temperament, and quite fleshy; of medium height, and normally quite vigorous. She has a history of more or less gastralgia from the time of puberty; was normally regular and free as to discharge, but suffered often with attacks of pain in the stomach, or just below the stomach, and with what was called spinal irritation. The latter was sometimes very painful, and she is very tender at different points along the spine, notably about the vertebra prominens, and from the tenth to the twelfth dorsal vertebra. There were some dyspeptic manifestations, but these were not prominent, and purely secondary. After her second confinement, she had been subject to attacks of colic-pain, or gastralgia, coming on at irregular intervals, and, if not relieved by anodynes, or stimulants, would last many hours, or one or two days. The stomach was not entirely easy much of the time, and the most careful line of diet did not seem to prevent the recurrence of the attacks. Any considerable physical or mental effort would precipitate its onset, or being much on the feet would cause it. Often it came on without any known exciting cause. The time of attack was uncertain and irregular, but was most apt to appear from seven to ten days before menstruation. As she could not nurse either of her children for want of a sufficient supply of milk, her menses returned in about two months after the last accouchement.

Ever since about that time she had endured so many repeated attacks of this colic, or of severe utero-gastralgia, that her strength and spirits had become greatly impaired, and she was feeling herself to be approaching the condition of a permanent invalid, and a continued great sufferer.

All forms of anodynes in her case, when given by the mouth, caused great nausea, vomiting, and general prostration after their use; so that the use of them resulted in such prolonged suffering from their secondary effects, that many devices had been tried in order to secure relief without resorting to them. The best of these—and the most successful—were hot vaginal injections of water and laudanum per rectum.

Such was about her clinical history when the case fell into my hands, after fourteen months of very great suffering—not continuously, but much of the time. As soon as I heard her history, as related by her husband, I suspected uterine disease as the exciting cause of the attacks of pain, and that she was perhaps suffering from cervical laceration and subinvolution. That she was enduring a severe prolapse of the uterus was plain, from her own statements, as it sometimes appeared near to or between the vulva when she would try to continue on her feet much of the time. An examination per vaginam, and with the speculum and uterine sound, disclosed an extensive laceration on the left side of the cervix, reaching well up to the utero-vaginal junction. There was

also chronic granular cervicitis and endometritis, and a considerable degree of subinvolution, the sound passing nearly four inches, causing quite a free discharge of blood and also considerable pain. Pressure over the uterus caused severe pain in the gastric region, as did also the use of the sound and remedial applications to the diseased part. Such pain, however, was temporary, and soon ceased without remedial aid, or with a vaginal injection of hot water.

I expected to operate on the lacerated cervix, as I hardly believed it would heal without such procedure. But treatment was begun by applications of a twenty-five per cent. solution of nitric acid to the granulated edges of the tear, and to the lining membrane of the cervix and uterus, and by the use of a pessary—first of Hodge's, but this failing, I used one of Thomas's modification of Cutter's pessary, with splendid success as to relieving the prolapsus and the distress caused by it. The additional local treatment was the free and frequent use of hot vaginal enemas, and the nightly use of a vaginal suppository of three grains of iodoform. The general treatment was tonic and alterative; good, wholesome diet, and, as soon as able, the use of passive exercise, such as buggy riding or something of this sort. Improvement was so rapid that she was in a month able to go on foot to any point within six or eight squares, or could ride miles, or attend to much of her own domestic labor, without great weariness or causing a recurrence of her utero-gastric pain. True, she had several attacks soon after I began treatment, but these were not severe, and soon they disappeared quite entirely, or only gave a few sharp hints of their disposition to return now and then, and not frequently after treatment was fairly under way.

With but little variation in details, the plan of treatment above given was continued for about four months. The local applications were made as nearly once a week as circumstances and conditions would permit. Soon the subinvolution disappeared; the granular endocervicitis lingered much more persistently, but it also disappeared; and at the end of four months, or a very little more, the recovery seemed to be quite complete.

What became of the extensive cervical laceration? It also quite disappeared. I did not operate; I found it disposed to heal from end to end, and so let it have the opportunity. No doubt the nitric acid solution contributed largely to this favorable tendency, as did also the Cutter-Thomas' pessary, the bulb of which fitted behind the cervix and continually pressed the posterior flap forward against the anterior one, thus in a measure keeping the raw torn edges in coaptation. The cure of this torn portion seemed to be complete at the last utero-vaginal examination, at which time the case was dismissed. In this case —so long in the habit of this kind of suffering—we may expect an occasional return of more or less pain, but it will always be caused by some form of uterine or ovarian derangement.

Case 2. This was that of a hale, hearty, young lady of near twenty summers, residing on high land in a healthy hill country. Her first attack of this form of colic occurred just after there had been considerable new paint spread on and in the residence. This fact, with the unusual form of the colic, misled me as to the real nature of her trouble. She had a recurrence of these attacks about once in four to six weeks. They came only once during the time of menstruation, and therefore seemed to bear no relation to that period, or to any uterine or ovarian irritation. They simulated common bilious colic so closely that it was exceedingly difficult to say that they were not really such. After quite a number of these assaults, and no success by common means or by a process of dieting to prevent their return, it occurred to me that there was a reflex element in the case, and that the etiology of these attacks would be found in the uterus or the ovaries, one or both.

At the next recurrence, I therefore put this matter to the test. Some hours after the severe pain had been relieved, I applied pressure over the uterus and ovaries with my right hand. The instant pressure was made over the right ovary, there was a sharp stab of pain under the left breast, which would disappear as soon as the pressure would be removed. This was repeated several times, with uniformly the same result. I also noted that pressure over the uterus and left ovary caused a return of pain in the stomach and just above the umbilicus. This would recur as often as the pressure was renewed.

The young lady did not expect this sort of examination, nor have the least idea what I was looking for, and so could not have simulated these symptoms so actually and so repeatedly.

I believed I had found the key to her repeated attacks of colic so-called.

The uterine indications for these attacks, as brought out by questionings, were always quite negative. She was regular and free enough in her menstrual flow, and had no more pain than is very common among women—not as much as most women have. The discharge was not always

of a normal color, being rather grumous, and sometimes there was a little leucorrhœa; but beyond these slight manifestations, there were no reasons for looking to the genital region for a cause of such fearful attacks of apparent colic, as would recur every four to six or eight weeks.

Having said this much as to her clinical history, I will give briefly her symptoms preceding, during, and subsequent to an attack. First, there would be a day or a few hours of general malaise, a dusky hue of the skin, dark circles about the eyes, with a little heavy feeling in the stomach, or just below it. This would increase after a few hours until it would break out in a fierce onset of spasmodic pain in the region of the stomach, or a wide tract just above the umbilicus. Soon there would be quite severe, excessive vomiting, during which she would empty the stomach of its contents, which were generally found to be in a condition of normal digestion; not soured, but in good condition for digestion, or being digested healthily. After awhile, when the retching would become severe, some healthy bile would be brought up. The vomiting was not in proportion to the pain, or *vice versa*. The pain was quite as severe when there was no nausea or emesis as when these were present. The bowels were not usually constipated, and their free evacuation at this time seemed to exert no influence over the pain whatever; nor were these attacks ever followed by diarrhœa, independent of cathartics, as is so often the case in common colic or cholera morbus.

The internal administration of anodynes during these assaults exerted almost no influence nor relief, though used very freely, Only their liberal hypodermic use, or the inhalation of an anæsthetic, seemed to avail anything for relief. It was also noted during these attacks that there was not as much coldness of extremities, pinched face, rapid pulse, and great prostration, as we commonly meet with in severe colic of the common types. The pupil was always dilated, the expression of face nearly normal, no fever, pulse a little rapid, but the constant cry of "O the pain, the pain!" There were no distinguishing marks of hysteria present at any time, worthy of decided note.

After the full discovery of the reflex character of the pain in this case, the treatment was simple and rapidly successful. The vagina was painted well once or twice with comp. sol. iodine, nightly suppositories of iodoform, grs. iii., were deposited high up in the vagina; repeated small blisters were used over the region of the ovaries and uterus; a mild mercurial alterative was given internally for a short time, and a vegetable laxative as needed to keep the stools a little free, one or more per day. After stopping the blisters, Lugol's solution was used to the uterus and ovaries. In less than two months this young lady was the picture of health and free from a symptom of ovarian or uterine tenderness, and has had no further return of her old enemy—the so-called colic—up to this date.

A close reading of the symptomatology of these cases will show that they are not those of common colic or of the common type of gastralgia, and that they stand alone as to the etiology of the pain and as to symptomatology.

These cases are fair types of those I have seen and treated of this kind, and I believe their report to be of some clinical value to any who may consider them carefully, with a view to looking for similar cases in practice, and for a rational line of treatment for them.

PECULIAR CASES OF TYPHOID FEVER.

BY W. A. EDWARDS, M. D.

(*Continued from page* 537.)

The nervous supply of the heart has not infrequently been examined, with purely negative results as far as throwing any light on these cases is concerned. Dr. Robinson finally says: "I am disposed to-day, in view of what I have been able to remark at the bedside, to recognize the fact that at times, not infrequently, in fact, there is *a sudden and considerable dilatation of the cardiac cavities, and especially of the right heart.*" And from my observations on a great number of febrile cases, I am inclined to agree entirely with the Doctor's views—in fact, his explanation is the only one that to my mind accounts at all for the symptoms.

TYPHOID FEVER FOLLOWED FOUR WEEKS FROM COMMENCEMENT OF CONVALESCENCE BY TYPHUS FEVER.

James McG———, æt., 26, complained for several days of malaise, loss of appetite, ill-defined pains, etc. Went to bed December 26, 1882, and the next day presented a few rose-colored lenticular spots over the abdomen, from this out passing through a perfectly characteristic attack of typhoid fever, excepting diarrhœa, and presenting constipation, which was rather a marked symptom. The temperature-sheet placed the diagnosis beyond doubt: so typical was it that a glance would show the disease.

On February 28, 1883, he was again taken sick; loss of appetite; pains in limbs and in the head; in a few days pulse registered 138. Extreme pros-

tration, marked headache, insomnia, bowels still constipated, tongue coated thickly, now (March 5), an eruption appeared on the epigastrium and borders of the axilla, which was of two kinds, a sub-cuticular mottling and maculae.

His temperature was now pursuing a course such as is described in typhus fever; the highest point to which it attained was 105°.

From this out the patient continued to improve, finally making a good recovery, with few complications and no sequelæ, excepting of course the consequent weakness inseparable from long illness.

Four such cases as this are reported by Flint, 1852, pp. 313 and 314, and Bartlett, 1856, p. 294. The various text-books make no mention of typhus following or complicating typhoid fever. That the above was not simply a relapse of typhoid is proved beyond doubt by the appearance of the eruption, and by the temperature, neither of which were at all like the former disease, but were undoubted evidence of typhus.

THE SPLEEN OF TYPHOID FEVER.

Murchison tells us that the spleen is almost invariably found to be hypertrophied when death occurs before the thirtieth day. Of sixteen cases in which death occurred before that date, he found the spleen enlarged in all, taking as its normal weight 4½ ounces; the average of the sixteen cases was 11⅔ ounces.

On the other hand, in three cases when death did not take place until the fifth or sixth week, the average weight of the spleen was five ounces.

In most of the cases which Louis * examined, when the spleen was not enlarged, were those dying after the thirtieth day.

In this connection, the following case on which I held the post-mortem examination at the Philadelphia Hospital will be interesting; the man dying in the forty-second day of his disease, and yet the spleen, as below stated, weighed *three and a half pounds;* no history of malaria, or leucocythæmia, or, in fact, anything that would point to the previous enlargement of this organ, was obtainable upon his admission.

Joseph F——†, æt. 26, autopsy thirty-five hours after death. Marked emaciation.

Brain: Brain substance normal, slightly congested; purulent effusion over each posterior hemisphere.

Thorax: Pleural adhesions over costal and pulmonary pleura, most marked on the left side.

In apex of left lung two small vomicæ are seen, each about the size of a ten-cent piece; pulmonary pleura over the site of these excavations about one-eighth of an inch in thickness. This fibroid change appears to have extended into and through most of the pulmonary substance.

Tubercles cannot be seen by the naked eye.

Heart normal except tricuspid valve, which was dilated. Liver normal. Kidneys in a state of parenchymatous nephritis, which was passing into the interstitial variety.

Spleen: Enlarged enormously, resting upon the crest of the ileum, and extending upwards to the sixth interspace. Weight three and one-half pounds.

Intestines: Peyer's patches enlarged, hyperæmic, and indurated: some softening and cicatrices.

Mesenteric Glands: Size of almonds and peas, hyperæmic, indurated; post-peritoneal glands in same condition.

Cause of Death: Exhaustion.

That the enlargement of the spleen was acute, and due to his present disease, is beyond question, as examination, upon admission to the house, by the Resident, showed no such condition, which would hardly have escaped him, had it been present; so enormous was this enlargement that inspection, without palpation or percussion, would almost have revealed its presence.

TYPHOID AND MALARIAL FEVER.

This case has already been reported in the Medical and Surgical Reporter, and I will give but a synopsis of it.

On November 28, 1883, I was called to attend John C——, æt. 26. Upon examination, the patient was found to have a temperature of 104°, tongue heavily coated, hepatic tenderness, little, if any, enlargement of the spleen, bowels constipated. The abdomen presented a few non-typical spots. I was informed that the man was taken sick on the 22d, confined to bed, and on that date had a chill of moderate severity, followed by a fever and a sweat; this was repeated twice a day, at 2 p. m. and 3 a. m., for six days, the entire paroxysm, viz., chill, fever, and sweat, lasting about three hours.

From the history, locality in which he lived, signs, etc., it was diagnosed that our patient was suffering from a double quotidian intermittent. Quinine was administered as in these cases, followed by five grains of hydrarg. chlor. mit., and a saline.

The temperature was affected but little by the quinine, and the calomel produced a very exaggerated action. This put us on our guard, and the fact that we were unable to catch an a-febrile per-

* Recherches sur la Fievre; 2 Me. ed., vol. ii., Paris, 41.
† Post-mortem Records, Phila. Hospital.

iod, although the temperature was taken six times in twenty-four hours, made us waver in the diagnosis, which was utterly routed when on the morning of the 30th, the eighth day of the disease, typical typhoid fever eruption appeared on the abdomen.

The patient now passed through an ordinary attack of typhoid fever, with a typical temperature sheet, marked, however, by great discrotism of the pulse, with impending heart failure, which was successfully combated by cardiac and general stimulants.

On the 30th of December he was up and about, though greatly weakened; three days later he had a chill, after which the temperature was 104°, followed by a sweat; this was repeated at 2 p. m. and 3 a. m., as when we first saw him, previous to the development of typhoid fever. The patient had his double quotidian for several days, until finally subdued by quinine. It is a clinical fact that the co-existence of typhoid fever with malaria tends to shorten the duration of the former disease. No explanation, that I am aware of, has ever been advanced for this action. In the above case, the typhoid pursued its ordinary course, not, apparently, being affected by the other disease at all.

TYPHOID FEVER, CO-EXISTING WITH PREGNANCY.

Mrs. Fannie M——, æt. 28, multipara, in her seventh month of utero-gestation was prostrated by typhoid fever; I saw her first February 10, 1883. She passed through an ordinary attack of this disease, the detailed symptoms of which it will not be necessary for me to state; suffice it to say, that at no time was there any symptom referable to the uterus or its contents.

The woman made a fairly good recovery, and on April 17 she was delivered of male twins; the children were of average size, though somewhat poorly nourished, but are now doing well; the mother's convalescence was somewhat slow, though presenting no untoward symptom.

I might add, in passing, that the woman informed me that her grand-aunt had sixteen children in eight confinements, *i. e.*, twins at each labor. This case is interesting from the fact that Rokitansky* tells us that pregnancy offers an almost entire immunity from typhoid fever.

It is further of interest from the fact that the woman not only did not abort, but made a good recovery, and afterwards passed through normal labor.

Murchison, page 515, says: "If pregnancy be advanced, the case is almost certain to be fatal, death being usually preceded by abortion."

TYPHOID FEVER WITH PETECHIÆ.

Mary J. G——, æt. 26, domestic, was confined to bed for several days before I was called in (December, 1882). On the second day of my attendance she developed a few lenticular rose-colored spots on the abdomen, and passed through an ordinary attack of typhoid fever, complicated, however, by pneumonia.

The case was so typical, barring the petechiæ, that I demonstrated it several times before a class of students, telling them to bear it in mind as a "book case."

Four days after the appearance of the typhoid eruption, several *petechial* spots made their appearance, increasing in the next forty-eight hours until quite a number of these patches were apparent—entirely independent of the rose-colored spots, however.

The woman had a long and protracted convalesence; our efforts were finally successful, and today she is a perfectly healthy woman.

The above case presents a rare skin lesion of typhoid fever. Murchison (p. 474) has seen petechiæ but twice; he says that Trousseau records a case in which there were extensive vibices. Roberts (p. 150) says that petechiæ are never observed. Bartholow, in his account of the symptoms of typhoid fever, makes no mention of this lesion at all.

1210 *Spruce St., Philadelphia.*

TYPHO-MALARIAL FEVER.

BY JAMES T. SHEARER, M. D.,
Of Sinking Spring, Pa.

Within the past few years the subject of typho-malarial fever has greatly agitated the medical profession, as some physicians tenaciously adhere to the term *typho-malarial*, while others as vehemently deny the existence of such a disease. This wide difference of opinion among physicians seems to have arisen from the fact that a great difference exists in their views respecting the pathology (diagnosis, and particularly the treatment) of malarial fever.

To draw the shades of difference between typhoid and malarial fevers, we must have a thorough information of each. And what are the best means of acquiring such information?

In my judgment there is nothing surpassing experience. And by experience I do not mean the successful treatment of a few isolated cases, but a personal observation and careful study of hundreds, even thousands, of cases in all forms

*Path. Anat. Syd. Soc. Trans., ii. '82.

and types, and a minute record kept of the same. This will lay before the practitioner a mass of accumulated information both reliable and convincing. Every physician who has had any degree of experience in treating both fevers, will agree with me that there are some symptoms in the one which he will find in the other; and so nearly are those symptoms alike, that it requires a thorough knowledge of both fevers to distinguish them at certain stages of their progress. It is only in the low and protracted type of malarial fever that we have those symptoms resembling typhoid fever; but there are other manifestations always concomitant, which so characterize malarial fever, that the experienced physician will at once observe the difference.

I do not think that it is any assumption to say that I have considerable experience in the treatment of malarial fever. I have been practicing medicine for nearly a quarter of a century, and have treated thousands of cases of malarial fever, of all forms and types. I have prescribed for as high as eighty patients in one day, suffering from this disease; and in all my experience I have never met a single case of *typho-malarial* fever, so-called. Therefore, I have come to the conclusion that there is no such fever. I am fully convinced of this. It always seemed strange to me that I should not meet cases of typho-malarial fever. A number of times I was called in consultation in cases that had been pronounced *typho-malarial* fever by other physicians; but upon examination I found in every instance that it was a genuine case of malarial fever.

I remember one instance, where a lady of the city of Reading was sick. The attending physician, one of the best doctors in the place, pronounced it typhoid fever. Under his treatment, she was gradually getting worse. Other physicians were called in, one of whom pronounced it typhoid, one said it was either typhoid or malarial, he didn't know which, and when I was called in I saw at once that it was a pure case of malarial fever; and in three days I had her out of bed by giving her fifteen grains of quinine at bedtime, ten grains in the morning, and during the day one grain every two hours, with a teaspoonful of sweet spirits of nitre. Now, is it not utterly impossible for a patient sick of typhoid fever to recover in so short a period of time?

Thus I might cite numerous cases, all pronounced either typhoid or typho-malarial fever by other physicians, and every one I found to be malarial fever only. Now, then, why this difference of opinion? How do we know the one from the other? I never find both together. It is always one or the other. In the first stages it is an easy matter to diagnose malarial fever, but a case running along for a considerable time, and receiving improper treatment, assumes symptoms similar to those in typhoid fever. Yet there are always distinguishing features, viz.: In typhoid fever the invasion is always slow and gradual; but in malarial it is invariably violent and abrupt. In typhoid fever the rise in the temperature from normal is gradual during the first four or five days, while in malarial it is quite different—fierce within the first twenty-four hours. In typhoid fever we have rose-colored spots, while in all my experience I have never met them in malarial fever. In malarial fever we have a peculiarly yellowish hue of the skin, the exact color of which we never have in typhoid fever. In malarial fever we have a yellowness of the skin on both sides of the abdomen, and also a slight retraction of the abdomen, which are never seen in typhoid fever. Another striking difference is the emaciation of the patient. In typhoid fever scarcely any emaciation is noticed during the first stages of the disease; while in malarial fever it is quite marked in the onset. I have also frequently noticed that the patient in malarial fever has a somewhat clammy skin, which I have never witnessed in typhoid fever, and this circumstance has often assisted me in making my diagnosis. In malarial fever we always find that the patient has no trouble in micturition, but in typhoid fever we nearly always have retention of urine. There are also other differences, for example: In typhoid fever the agnomated glands or patches of Peyer become infiltrated and finally ulcerated, while in malarial fever they are only swollen and congested; but this rather belongs to the pathologist, and not to the diagnostician. With these visible features, it is no question with me to distinguish typhoid from malarial fever; but the question in my mind is, how can we *fail* to distinguish the one from the other? With this variety of circumstances the experienced physician ought to have no difficulty in making a correct diagnosis; and with a correct diagnosis in malarial and in typhoid fevers, the term "*typho-malarial*" would fade into oblivion. Another reason for my disbelief in typho-malarial fever is this: In my field of practice malarial fever prevails in certain localities much more than in others; and in those malarial regions I have not had a single case of typhoid fever since the appearance of malarial fever therein. Again, I find here and there cases of typhoid fever in localities not affected by

malarial fever, and previous to the time when malarial fever made its appearance, typhoid fever had prevailed at times extensively, but subsided and disappeared as malarial fever made its appearance. Indeed, my experience has taught me that the appearance of malarial fever means the disappearance of typhoid fever, and the presence of the one means the absence of the other.

This is my experience. This conclusion I have come to from careful observation in my practice, and I believe if the whole profession would watch with assiduity all the outgrowths and results of malarial fevers, the physician everywhere could bear testimony to this, my belief. If the profession generally would prescribe large doses of quinine right in the onset of every case of malarial fever, we would hear little of the low and protracted cases. And if the treatment which I mentioned hereinbefore, modified and regulated according to the circumstances of each individual case, would be adopted by the practitioner generally, the term *typho-malarial* would soon disappear, and the fact that there is no such disease would then be inserted in the accredited catalogue of scientific truths.

THE HYGIENIC CARE OF THE EYE.

BY JOHN C. SUNDBERG, M. D.,
Of Seattle, W. T.

[Read before the Medical Society of Washington Territory at its Eleventh Annual Meeting held in Seattle in June, 1883.]

The ophthalmic surgeon in active practice meets constantly with diseased conditions of the visual apparatus, which, though easily preventible if the cause be recognized sufficiently early, are, when once established, absolutely incurable. It is often first then that they are seen by the specialist, whose remedies under such circumstances become only palliative.

It therefore behooves the general practitioner, who on all hygienic questions should be the family adviser, to be able to recognize any impending danger that may threaten the integrity of this important organ, and at once to apply the proper preventive measures.

In its hygienic relations the eye may be regarded both as an optical instrument, which, like the microscope or the photographer's camera, requires for the proper performance of its work that its various parts be properly adjusted with reference to the exact focussing of light, etc., and also as a vital organ, and as such subject to the same diseases as other parts of our body, such as inflammations, degeneration, etc.

We will first consider it in the light of an optical instrument.

I need not here enter into its anatomy, with which you are all familiar. I shall simply state that in the normal eye the antero-posterior diameter is equal to the focal length of its refracting media. When rays from distant objects, which to all practical purposes are parallel, enter the eye, they are made to converge as they pass through the convex lens, and meet exactly at the fundus of the eye—neither in front of nor behind it. Rays proceeding from near objects, however, would, being divergent, counteract part of the converging power of the lens, and meet behind the retina; but to obviate this, and still produce a clear and distinct image, the ciliary muscle is made to contract and, compressing the lens, render it more convex. This muscular act is called accommodation, and is always brought to bear when looking at near objects. Simultaneous with this we have another muscular act, that of rolling the eyeballs inwards, so that straight lines drawn from the object looked at through the centre of the cornea will fall directly upon the most sensitive portion of the retina, the yellow spot of Sömmering. As age hardens the tissues, the lens loses its elasticity, and at forty we can no longer accommodate for very near points without the aid of a weak convex lens, which must be exchanged for a stronger about once every five years. This condition is termed presbyopia, and is not pathological.

I have hitherto spoken only of normal eyes, which, unless abused, are very safe eyes, and will take care of themselves.

But there are eyes in which the antero-posterior diameter is shorter than the focal length of its refracting media, and in which, if the eye were at rest, parallel rays would be focused behind the retina. But such an eye is never at rest; the natural craving for the production of a distinct image asserts itself and accommodation is brought into request, so that such an eye is in the same condition when looking indefinitely into space as a normal eye when looking at near objects. This condition is known as hypermetropia and leads in young school children often to very disastrous results.

Take a child whose hypermetropia is equal to one-twelfth, that is to say, who must accommodate for distance as much as the possessor of a normal eye has to accommodate, in order to read at twelve inches. The unconscious strain which such an eye suffers, even before school life is entered upon, is enormous. But at six or eight years of age the

child is put to school, and for several hours every day it has to look at letters, perhaps poorly printed, and held at a distance of about twelve inches. The strain is now doubled, and becomes equal to reading at six inches were the eye normal. But this is not all: the harmony which should exist between accommodation and convergence is destroyed, for with accommodation for six inches convergence is only required for twelve, and this is a common cause of squinting.

What takes place now? The overworked muscle begins to complain, the child suffers untold pains, the eyes ache and the head aches, the letters become blurred, and the child makes mistakes in reading. The teachers and parents who see nothing wrong, as the eyes are not red nor is the head hot, lay the trouble to laziness, and the child, who, perhaps, is both bright and ambitious, redoubles its exertions in order to keep up with the class.

After a while, the child, who could formerly see very well at a distance, begins to complain that it can no longer distinguish the letters on the blackboard.

The explanation of this is that the overstrained muscle has lost its power to relax and thus holds the lens firmly compressed in its spasmodic grip, and parallel rays are made to focus in front of the retina; in other words, an artificial myopia has been produced, for which, perhaps, the parents apply to an optician, who furnishes the child with a pair of concave glasses, which, for a time, again make distant vision possible. But instead of remedying the evil, this only increases it, as it increases instead of diminishing the work of the ciliary muscle. Now, you all know that the blood supply increases during muscular activity, and thus the fluid contents of the eye are augmented; there is increased tension, and as the sclerotic coat in the child has not acquired sufficient hardness to resist this increased pressure upon it from within, it yields, and yields precisely where it is thinnest, which is at the point of entrance of the optic nerve. The antero-posterior diameter thus is lengthened, and permanent myopia is established. This is a disease of civilization; it is the direct result of too much book study during childhood, and while originally an acquired disease, it may subsequently be transmitted from parent to child.

While it is almost unknown among savages, it follows immediately in the tracks of the schoolmaster, almost stepping on his heels, unless he be accompanied by the sanitarian; and unless checked in its progress, it will certainly become a national affliction, as is the case in Germany, where thirteen per cent. of children as they enter school and fully eighty per cent. of the university students are near-sighted. The steady march seems to be from savagery to barbarism, for to thus destroy or impair the most useful of senses in helpless school children can be called by no gentler term.

You may ask what I would advise. Should we abolish our school system, and return to primitive ignorance? By no means. But what we should do is to examine the eyes of every child before it is admitted to school, and if it is found that the refraction of the eye is abnormal, correct it with appropriate glasses; if normal, the teacher should watch over the habits of the little ones, and see that they do not injure their eyes by faulty positions, insufficient or badly arranged light, etc. More out-door exercise should be encouraged, and puny, ill-fed children should be allowed to study but one or two hours daily, as the soft, flabby tissues of the eyes of such children will yield readily to the least pressure upon them.

Within proper limits reading strengthens the eye, just as exercise strengthens the muscles, the ligaments and bones of other parts of our body, while they would atrophy from disuse. The proper use of the eyes is therefore as conducive to health as their abuse is destructive.

It does not require the skill of a specialist to examine, and in the majority of cases to prescribe for such children as suffer from faulty refraction. If the child can recognize persons across the street, we may exclude myopia; if weak convex glasses improve, or at least do not blur, distant vision, the diagnosis is hypermetropia, and the strongest convex glasses which do not impair distinct vision should be prescribed and worn constantly. This will put the child exactly on an equality with those who enjoy the possession of normal eyes. If the child be unable to recognize people across the street, but can distinguish clearly small objects when held near up to the face, the case is one of myopia, congenital or acquired, real or apparent, that is, spasmodic. If the child has never been to school, we may conclude that the myopia is congenital, especially if one or both of the parents are myopic. We should then order the weakest concave glasses that will render distant vision clear, and these should be laid aside during hours of study, unless the myopia be excessive, when the *weakest* concave glasses should be prescribed for reading—glasses that will enable the child to read at a distance of

twelve or fourteen inches, and the book should *never* be brought nearer. In case of doubt, use atropia, which will relax all spasm and leave the eye as it is. Occasionally you will meet with a case in which vision for horizontal lines may be good, while vertical lines appear indistinct or *vice versa*. This is a condition termed astigmatism, and depends on a difference in the curvatures of the eye, sometimes (very seldom) in the cornea, oftener at the fundus, and occasionally in the lens. This, unless corrected by cylindrical lenses, will give rise to much trouble; but as its diagnosis requires special training, I will pass over this affection, at least until some other time.

A hint with regard to the selection of spectacle frames. The frames should be of such size and so adjusted that the patient looks through the centre of the lens, for otherwise he looks through a prism, and the recti muscles are put upon a strain to effect single vision.

Now, a few words as regards the hygienic care of the eyes, considered as part of our body and subject to physiological laws. Syphilis and rheumatism often play sad havoc with them; therefore, these diseases should be avoided. Alcohol, as well as tobacco, when used in excess, will produce disease of the retina and optic nerve. Hence, if used at all, these luxuries, if luxuries they be, should be used sparingly. Dr. Santor Fernandes, of Havana, has observed a number of cases of amblyopia, which he claims are caused by the abuse of alcohol and tobacco. He regards distilled spirits and fine cigars as more hurtful than fermented liquors and inferior tobacco. So those of you who may be addicted to the weed, take due notice and govern yourselves accordingly. Smoke five-cent cigars!

But you have now been sufficiently afflicted already by listening to my dry talk to entitle you to freedom from punishment for any such indulgence, and I shall say no more.

Hospital Reports.

CLINICAL GYNÆCOLOGICAL OBSERVATIONS.

BY C. C. VANDERBECK, M. D., PH. D.,

Of Philadelphia.

These "*Observations*" are based upon a recent service at the "Obstetric Department" of the Philadelphia Dispensary, Fifth street below Chestnut, Dr. Jos. Price being the present physician-in-charge of this department.

As the title infers, minute history and extended remarks on individual cases are not the intention of this article, but rather practical hints, wrinkles, and reflections.

In the first place, then, in regard to the instruments and methods of examination.

The examining table has of late been discarded and a chair introduced, combining beauty, ornamentation, and convenience. It can be used both as an office chair and an operating or examining surface. To those who would like some idea of the mechanism of this chair, I will try to give a description as best I can, some time during the progress of these observations.

The *bivalve* speculum is almost exclusively used, and the *trivalve* almost completely condemned. In very many cases a lax vagina will so fall in the blades of a trivalve as to make a thorough examination of the os difficult. The examination is made with the patient lying upon her back; the side position only being used when the rectum is examined. Absorbent cotton is used freely, both for cleansing purposes and also to make the medicated applications. A number of balls, about the size of a plum, of this cotton are kept made up, a string tied around their centre, and left attached for a number of inches. These are used as plugs, medicated in various ways, particularly with boracic acid and glycerine solution, to be mentioned presently.

Dr. Price has had made for his cotton a unique instrument, by which after an application of iodine or other substance to the uterus, the cotton can be forced off the instrument without touching the fingers to it, and thus obviating soiling the hands, as well as the tugging and pulling required as when the cotton has been twisted around the ordinary uterine sound.

Some of the standard solutions and preparations kept always ready for uterine medication are as follows:

1. Carbolized oil.
2. Cosmoline.
3. Glycerite of acetate of lead, made thus:
   ℞. Plumbi acet., ʒj.
   Glycerine, ʒj.
4. Tr. iodine.
5. Nitric acid.
6. Ointment of iodoform the strength of forty-three grains to the ounce of cosmoline.
7. Iodoform powder. An ordinary bed-bug-powder gun is kept loaded with this, to shoot it into foul ulcers, chancroids, etc.
8. Iodine and glycerine.
9. Iodine and carbolic acid.
10. Last but not least, boracic acid and glycerine—boro-glyceride, as it is called. This is thought to be very superior to ordinary borax in glycerine. It is made with much difficulty, and should be manufactured in a very careful manner. The directions for making it will be given presently.

Some other favorite remedies here used are:

1. Black wash as an application on cotton for chancroids, and for vulvitis. The cotton should be well packed between the labia, and a bandage worn, if needed, to keep the application in situ.
2. The favorite stomach mixture is acid, nux and gentian *before* meals, and pepsine *after* eating.
3. Home-made liniment is recommended to the poor, of this character:

Turpentine,	½ cup.
Vinegar,	1 cup.
1 egg.	

M. Put it all into a bottle and shake well.

4. The favorite prescription for involution is bromide of potash and wine of ergot in suitable doses.

5. A useful acid mixture is this:

℞.	Acid. hitro. mur. dil.,	♏. xx.
	Tr. aurantii,	
	Syr. limonis,	āā ʒss.
	Spt. chloroform,	gtt. x.
	Aquæ,	ʒj.

M. S.—One dose one-half hour before eating.

6. Fluid extract of hamamelis for varicose veins is highly lauded, and, it is claimed, has made some really gratifying cures in this department. A drachm is given three times a day.

7. This prescription for "morning sickness" has stood the test of experience:

℞.	Tinct. iodine,	
	Acid carbolic,	āā ♏. xvj.
	Syr. acaciæ,	ʒij.

M. S.—One teaspoonful every four hours.

8. Powdered borax is the favorite powder for use in the injections ordered.

The manner of giving an injection is carefully directed, and its exact carrying out insisted upon. The patient must lie on her back, and use a quart of warm water—the first half without any medicine in the water, the last half adding one teaspoonful of powdered borax. The use of a syringe in a stooping position is always discouraged, and declared to be of little or no value.

In making the digital examination, the finger must be entered boldly, so to speak, with a determination to find out all possible, tenderness, mobilty, size, capacity, secretions temperature, etc., etc. The bimanual examination is always used—one hand on the abdomen over the womb, while exploring with the finger of the other hand. In this way the size and mobility of the uterus can be determined, and in certain subjects it is pleasing to note what amount of information can be gained in this way. As an aid to the examination, the patient is encouraged to make the stomach soft and relaxed. If she become nervous and perverse, she can make the stomach as hard as a board, and effectually prevent a satisfactory examination.

As an instrument for acid applications, a wax bougie is used, having the advantage of being clean, little likely to break, and less liable to allow the acid to run than glass.

Rectal examinations, as an aid to thorough vaginal and uterine examination, are often made. Fibroids on the posterior wall of the uterus can be readily felt through the rectum.

Rectal irritations and diseases are common in those having the rectum pressed upon by a misplaced uterus. This is a hint that in some cases of disagreeable rectum symptoms we must not overlook the possibility of a uterine origin to the trouble.

The pubic and pudendal hairs are found to be a prolific source of disease among the poor, retaining secretions and filth. At every opportunity the patients are urged to wash themselves more freely, and to use as much care, and take as much pride, in being clean in and about the privates as they do with the teeth and hair of the head. In many cases it is advisable to snip off all extra hair about a chancroid, or in those very unclean and negligent. In my experience, both sexes are too negligent of cleanliness of the sexual organs. Men with long foreskins often fail to draw back the skin to wash away the sebaceous matter collecting about the glans while bathing, the result of which is a most sickening odor when it is discovered, and often causing irritation, eczema, and even a discharge, misleading one to believe it to be gonorrhœa. All ladies should wash the vulva daily; the vagina even in health should get its bi-weekly wash, and most certainly after menstruation. One medical man affirms that the lack of cleanliness is one grand cause of uterine disease. Small clots and films of blood may remain for days in the vagina after the menses, and, putrefying, act as irritable centres.

We should, therefore, teach our patients, and particularly those of the poorer classes, the gospel of cleanliness—refer them to a medicine and cure—a grand preventive elixir—water.

(*To be continued.*)

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, October 4, 1883.

The President, R. A. Cleemann, M. D., in the chair.

Dr. W. H. Parish reported a Porro-Müller operation, and exhibited the specimens.

Sallie Smith, a deformed dwarf, applied for admission to the Philadelphia Hospital in April, 1883. She was a native of Philadelphia, and I concluded that she must be over forty years of age. She attributed her deformities to a fall supposed to have been received when she was a very small child. Her bad habits led to exposure to inclement weather, and, with the influence of cold and damp, doubtless led to the disease of the kidneys, to which I shall again refer.

She was pregnant for the first time, and I concluded that the full period of pregnancy would be attained about the 10th or 15th of July.

She was fifty-one inches high, the head small, mind sluggish, and memory defective; yet she was not an imbecile.

The pelvis was diagnosed to be a generally contracted one, with proportionally greater diminution of the conjugates, and the general contraction increasing from above downward, so as to produce a somewhat funnel-shaped pelvis. The vaginal canal was narrow, the os uteri high up, and the uterine fundus markedly tilted forward. The abdomen was remarkably pendulous.

Delivery with forceps, or by podalic version, seemed out of the question. There was a choice between craniotomy, symphysiotomy, Cæsarian operation, gastro-elytrotomy, and the Porro operation.

Among the considerations inducing me to adopt the Porro operation, with Müller's modifications, were, the smaller mortality to mothers attending

this operation in hospitals, and the opportunity it allows the operator of selecting daylight, and of securing the needed assistants.

The patient was placed under the influence of quinine, of Basham's mixture, and of occasional doses of the compound jalap powder. Woollen underwear and proper diet were secured for her. She was isolated from all lying-in women. Her condition did not improve, however, as the time for operation approached, but on the reverse, a persistent œdema of the face, more troublesome headache, and more marked disturbance of vision, with an increasing quantity of albumen in the urine, all pointed to steadily increasing uræmia. The time chosen for the operation was what was supposed to be the end of the thirty-eighth week of pregnancy. A large, well-lighted, well-ventilated room in the Children's Asylum, remote from the obstetric wards, and one that had for years been used as a private parlor, was selected in which to operate, and in which the patient was to remain after the operation. This room was divested of curtains, carpets, and furniture; its walls and floor were thoroughly scrubbed with carbolized water. The room was then refurnished with chair, table, and a new bed. In short, every means was resorted to to improve, as far as possible, the unfavorable conditions incident to so large an institution as the Philadelphia Almshouse.

On the morning of the operation the room was carbolized with the spray, but the latter was not used during the operation. All instruments were kept in a two per cent. carbolized solution, and Listerism, minus the spray over the patient, was in the different details observed. On the morning of the operation the patient received a general bath, and the bowels were moved by enema. A half hour before the operation she received two ounces of whisky. An incision was then made in the median line of the abdomen seven inches in length, extending from two inches above the symphysisis pubis to about one inch above the umbilicus, passing to the left of the umbilicus. The slight bleeding from the lips of the abdominal incision was controlled by artery compressors before opening into the peritoneal cavity. The absence of intestine from in front of the uterus was ascertained by percussion before making the incision. The uterus was easily raised from the abdominal cavity.

Owing to the anterior lumbar curvature, and to the length of the incision, it was impossible to completely prevent the escape of intestines. After the uterus had been turned out, a protector made of two layers of flannel, with an intervening layer of protective silk, was placed over the abdomen; the object being to avoid chilling, and to prevent the escape of blood and other fluids into the peritoneal cavity. This protector, when used, was wrung from a warm carbolized solution. The next step was to place around the cervix the wire of an écraseur, and to constrict the tissues in its grasp to such an extent as to stop all circulation of blood through the uterus without cutting through the peritoneum. This step required speed, care, and judgment. The liability of a loop of intestine or of omentum to be caught by the constricting wire had to be carefully guarded against. Immediately that sufficient constriction had been secured, a short incision was made with a pointed bistoury through the antero-uterine wall down to the placenta, for the placenta proved to be attached anteriorly. The incision was then rapidly extended, from near the neck to the fundus, with a probe-pointed bistoury, guided by two fingers of the left hand introduced into the incision. The blood pent up in the uterus by the constricting wire escaped freely, but did not enter the abdominal cavity. The incision passed to the external surface of, but not through the placenta. The hand was immediately introduced into the uterus through the exposed membranes at the fundus, and the child quickly turned out, the placenta being in this manœuvre detached in main from the uterus. The cord was promptly tied and cut, and the child handed to Dr. Keating. It was asphyxiated when delivered, and presented a very unpromising appearance.

It, however, quickly breathed and cried under the efforts of Dr. Keating at resuscitation. The rapid resuscitation was affected by alternately dipping the child in basins of hot and of cold water. After removing the infant, the uterus, with both ovaries and both tubes, was amputated a half-inch above the constricting wire—this point was about at the internal os. It was then seen that the wire had completely controlled the circulation, and not a drop of blood escaped from the stump of the uterus.

The next step consisted in passing obliquely through the stump two steel pins five inches in length, one above, the other below the wire. After this a strong carbolized silken cord was passed around the stump, in the line of the wire, and partly tightened. The wire was then cut and removed, and the silk cord then very firmly tightened and securely tied. Special care was given to the tightening of this cord, and to the tying of a secure knot. The ends of the pins rested laterally on the abdominal walls, and under the ends, on each side, was placed a piece of sheet-lead. The stump was thus secured outside of the abdominal cavity, and rested at the lower angle of the wound. New carbolized sponges on handles were introduced into the peritoneal cavity, down into Douglas's pouch, but the entire cavity was free from blood or other fluid.

The abdominal wound was then closed by deep and superficial silver sutures. The deep ones were introduced so as to include the peritoneum. During the introduction of the deep sutures, flat carbolized sponges were introduced beneath the incision, so as to catch what oozing might occur from the needle punctures. The external portion of the uterine stump was brushed over with carbolic acid, and then invested with lint saturated with carbolized oil. A strip, two inches wide, of dry carbolized lint was placed on the incision; over this a few strips of rubber adhesive plaster were applied transversely; over these a thick layer of carbolized cotton, and over all a flannel binder. The patient was put to bed, and surrounded with pans of hot water. Dr. Montgomery took charge of the patient's general condition during the operation, and administered during its performance four hypodermic syringefuls of whisky. He reports that the time taken up in the operation, from the beginning of the abdominal incision until its complete closure, occupied forty minutes.

The patient rallied well, as was shown by return to consciousness, by bodily warmth, and a fair pulse. For about sixteen hours her condition seemed very favorable, excepting that the kidneys had ceased to act. At the end of twenty-three hours there was marked change for the worse; the mind wandering. pulse 140, temperature 100° F. An inspection of the dressing at that time showed some oozing from the stump—perhaps six ounces—but it had then stopped. An additional ligature was placed around the stump, and one of the uterine arteries was separately ligated, the other could not be found; the stump was also brushed over with Monsel's solution. There was no subsequent oozing. That there should have been any loss of blood in this manner was a surprise to me, as the original ligature was so very firmly tightened and secured, and had for a number of hours after reaction so perfectly controlled all bleeding. There was marked atheroma of the vessels of the stump, as was revealed *post mortem*. After the twenty-third hour the patient grew progressively worse, became uncontrollable and delirious, had convulsive manifestations, and died in coma. There was no vomiting until twenty-six hours after the operation, and it recurred only once. She experienced but slight pain, and sulphate of morphia was given in small quantity—$\frac{1}{4}$ gr. hypodermically, soon after the operation; again $\frac{1}{6}$ gr. at the end of eleven hours—and subsequently about the thirty-sixth hour, because of the great jactitation and the difficulty of keeping the patient in bed. The morphine was given hypodermically by Dr. McLoughlin in such small amount that the coma could not have been due to it. Eight hours after being put to bed, the urine was drawn with the catheter. Subsequently the catheter was introduced at different intervals, but on each occasion the bladder was empty, and it was also found empty at the *post mortem* examination. Only three ounces of urine were secreted after the operation. The patient survived forty-two hours.

The death of the dwarf must be attributed chiefly to the existence of interstitial and parenchymatous nephritis. She had rallied from the shock of the operation. There was no peritonitis, excepting in the immediate vicinity of the incision.

It was too early for septic poisoning to produce death, and there were no indications that such had occurred. The loss of blood had been trifling, and death occurred too soon to be attributable to exhaustion from this cause.

The acute and almost complete suppression of urine, the symptoms after the operation, the symptoms prior to the operation, and the results of examination of the urine and of the kidneys after death, all pointed to the diseased kidneys as the cause of the fatal result to the mother.

It is well to note that union had occurred throughout the entire extent of the abdominal wound. There were adhesions between the small intestines and the parietal peritoneum along the line of incision. The latter fact is of interest, viewed in the light of death in a few instances after laparotomy being attributed to strangulation of the bowel, due to constricting inflammatory bands.

The child was of small size, and died at the end of three weeks of inanition.

Dr. R. P. Harris remarked that this was the only Porro operation that had been complicated by diseased kidneys. The case was an unfavorable one in consequence of this complication. The Porro-Müller operation has been performed thirty-four times; the unmodified Porro, eighty-two times; total, one hundred and sixteen times, of which forty-eight per cent. have been successful in saving the lives of the mothers. When the pedicle or stump is dropped, it ceases to be a Porro operation. Of thirteen cases in which the stump has been dropped, eleven have been fatal. Dr. Porro has saved four out of five cases in his own hospitals. In the Milan Hospital nine were saved out of twelve. In Germany the success has been poor, but in Austria better.

Dr. O'Hara asked why the Porro operation should be modified, when it had been so successful in the hands of the originator.

Dr. Harris: Dr. Müller was called upon to operate in a case in which the fœtus had been dead for some time, and was putrid, the uterus being distended with gas. To prevent any septic matter finding its way into the abdominal cavity, he enlarged the abdominal incision, lifted the uterus out of the abdomen, and used cloths around it and over the wound before incising the uterus. This patient recovered. The mortality this year has been very slight.

Dr Parish also exhibited specimens from a case of

Extra-uterine Pregnancy,

and made some remarks upon the history of the case. He had attended the patient in her first labor seven years ago. She was a brunette of very restless and active habits and disposition, and was quite uncontrollable. She was up and about her house a few days after her labor, and the result was sub-involution, which persisted until her death. During the interval she had passed out of his care, and had been subjected to local treatment, including the use of sponge-tents. There had developed pelvic inflammation, and later she was troubled with frequent micturition and dysmenorrhœa. She afterwards came under his care again for the treatment of these troubles, and on one occasion he had applied leeches to the cervix, and gave her positive orders not to leave her bed; but festivities were going on, and she went down and assisted in them. This indiscretion was followed by a second metritis. He afterwards treated her for the dysmenorrhœa by numerous minute punctures of the cervix, and the application of tincture of iodine and the introduction of a sponge-tent. The next period was not so painful, and the second was missed. He told her she was probably pregnant, but two weeks later a slight show occurred, and fearing an abortion, he advised rest in bed. She refused an examination, and would not be quiet; the flow continued but did not increase, but there was pain in the pelvis in addition. Eleven days after the flow commenced, a sudden attack of intense pain occurred, the patient was completely prostrated, and was carried up stairs. As he was not at home, Dr. O'Hara was called in, and used morphia hypodermically. He found, on examination, a mass in the posterior part of the pelvis; the uterus was pushed forward against the pubes. He diagnosticated rupture of a fallopian pregnancy cyst and internal hemorrhage, and gave opiates to relieve the

intense pain. The pallor and exhaustion became more pronounced, and death occurred thirty hours after the first symptom. Other physicians who saw the patient did not agree with Dr. Parish in his diagnosis. The autopsy revealed no recent peritonitis; there was blood in the pelvic and abdominal cavities: this had escaped from a ruptured cyst of the fallopian tube. The fœtus exhibited was found in the pelvic cavity. The position of the cyst was such that it would have been an easy operation to open the abdomen and ligate and remove the cyst and ovary, and cleanse the pelvic cavity. The fallopian tube involved is dilated, except at the uterine extremity. The other tube is occluded at the fimbriated extremity; inflammatory bands derange the relations of the different pelvic organs.

Dr. Harris remarked that the hemorrhage after conception, the peculiar location of the pain, and the pallor, make the diagnosis an easy one. He had one patient that recovered spontaneously. The operation suggested by Dr. Parish has been performed once successfully. Dr. T. G. Thomas made the diagnosis, and wished to operate, but the husband, a physician, differed in opinion, and would not consent; that patient lived sixty hours after the accident. Dr. Playfair, in his book, advises the operation.

Dr. O'Hara saw the case early, and could not make such a diagnosis; he saw no sign of internal hemorrhage then; he thought of peritonitis or cellulitis; there had been no history of a cast of the uterus. He did not see how a positive diagnosis of extra-uterine pregnancy could have been made at that time. The patient was certainly going to die, and he would approve of an exploratory operation.

Dr. Parish remarked that Dr. O'Hara was perhaps right. He (Dr. P.) was the only physician present who looked at the case in that light; all the others disagreed, and had their reasons. If this diagnosis of a probable extra-uterine fetation had been made early—before the accident—then when the acute symptoms supervened, a quick diagnosis could have been made as to the cause of the pain. He described a fold of peritoneum found behind the uterus, and as the clot had the appearance of different ages, portions being yellow, he suggested that an extra-peritoneal hemorrhage had first occurred under this fold, perhaps ten days before the intra-peritoneal hemorrhage, which was the cause of death.

Dr. Beates exhibited for Dr. Boardman Reed, of Atlantic City, N. J., a tumor of the uterus, which the latter supposed to be an early stage of carcinoma; but no microscopic examination of the specimen has been made.

Dr. Beates reported the case of an infant which appeared well and hearty at birth, but died in collapse on the third day. An autopsy revealed acute gangrene of the mucous surface of eight feet of the ileum; hemorrhage had occurred into the intestine, and was the immediate cause of death.

Editorial Department.

Periscope.

The Physiology of Exchange of Material.

The *Lancet*, says:

Amongst the most difficult problems in physiology are those connected with the exchange of material of the body. These problems constitute the real business of physiological chemistry. To the correct knowledge of the successive chemical changes which happen anywhere in the body all physiological chemistry is subservient. Physiologists have made shrewd guesses and well-timed conjectures, but the antecedents of the most important of all nitrogenous excreta are still imperfectly known. Quite recently some new researches bearing on the subject have been made. M. Darier has conducted clinical and experimental investigations on the variations of urea in urine under different conditions. His conclusions are quite in accord with the teaching most prevalent in this country. He finds that in the normal state the quantity of urea excreted is directly proportional to the activity of the general nutrition; that increase of nitrogenous food augments the quantity of urea, but the maximum is not reached till between five and seven hours after the increased ingestion. Muscular exercise only acts in an indirect manner by increasing the activity of the vital processes. Hydrocarbons, fats, and alcohol, retard the production of urea on account of their easy oxidation. The state of fever heightens the excretion of urea, if the liver and kidneys be sound. Renal disease prevents the proper secretion of urea. Any state of hyperæmia of the liver, whether due to local irritation or to irritation from septic material absorbed from any part of the domain of the portal vein, may cause hypersecretion of urea. On the contrary, all affections of the liver which diminish the hepatic circulation correspondingly cut off the production of urea. In 1876 Brouardel clearly pointed out the fact of diminution of the quantity of urea secreted in many diseases which destroyed hepatic tissue, and this was insisted upon by Murchison in his Croonian Lectures. Debove, whilst admitting the soundness of the facts ascertained by Brouardel, contests the explanation, which was that the liver actually made less urea. A smart distinction is drawn by Debove between the urea in the urine and that in the blood; if the latter be diminished there must be a diminished formation, if it be increased we must imagine that there is some disturbance in the renal function. Debove found

that in a number of hepatic diseases the urea in the urine was lessened, whilst the urea in the blood was increased. This state was brought about, according to him, by an impairment of excretion by the kidneys, which is explained on the hypothesis that biliary matters circulating in the renal vessels damage the renal functions.

To the objections that the urea in the blood ought to be augmented to a greater degree than was found, and that jaundice is by no means an inevitable accompaniment of hepatic disease, Debove replies respectively that the presence of an increase of urea in the blood may tend to delay those metamorphoses of tissue which produce urea, and that there are other constituents beside pigment in the biliary matters which may damage the renal tissue. The alteration of the blood postulated by Frerichs, Vulpian, and others as characterizing malignant jaundice, is believed by Debove to exist, though in a less degree, in cases of simple icterus. We may mention that in a case of jaundice due to gall-stones, examined by Debove, a considerable diminution of urea in the urine was detected, whilst that in the blood was increased. If the urea present in the blood be taken as an index to the presence of other products of nitrogenous metabolism, then we may understand with Debove that a uræmia of hepatic origin may occur. But the pathology of uræmia is not yet settled. And the view that acute yellow atrophy causes its symptoms by the non-conversion of such half-metabolized bodies as leucin and tyrosin into urea is one with which we are familiar. Moreover, according to Debove, it is the kidneys which are in fault in the blood deterioration, and it may seem, therefore, an abuse, or at all events a remote use of terms, to speak of a uræmia of hepatic origin, if we adopt his views. Again, the estimation of urea in a complex fluid like blood must be a matter of difficulty; and if urea be ready formed in the blood, the excretion by the kidneys in any other sense than that of a filtration would seem to imply a waste of energy. Filtration depends chiefly on blood pressure, and from Debove's remarks we gather that the "biliary matters" are only supposed to deteriorate the renal secreting tissue: hence we may be fairly skeptical in regard to the conclusions of the latest writer in this department of physiology. No doubt the subject is one of extreme difficulty, and any positive statement must be considered to be premature, or at all events open to contradiction.

Case of Testis in Perineo, Complicated with Congenital Inguinal Hernia and Acute Orchitis.

J. Alex. Williams, M. B., M. R. C. S., Eng., House-surgeon and formerly House-physician to the London Hospital, House-surgeon to the Royal Portsmouth Hospital, thus writes in the *Brit. Med. Jour.*, July 14, 1883:

"The patient, aged two years, was admitted on September 15, 1882, into the Royal Portsmouth Hospital, under the care of Dr. Lloyd Owen, by whose courtesy I am permitted to publish the case. The mother then gave the following account of his case: A lump had been observed in the right groin from birth. It was about the size of a small hen's egg, mobile, and often slipping into the abdomen. A medical man, whom she consulted, said the child was ruptured. The parents had noticed the absence of the right testicle from its proper scrotal pouch, and the child was often observed to be fretful and peevish without obvious cause. A few hours before admission, the child came in from play crying, when the mother noticed an increase in size of the lump; and, thinking it had met with an injury, brought it to the hospital.

"When examined, a large sausage-shaped swelling was observed in the right inguinal region, extending downwards into the perineum to within half an inch of the anus. A distinct sulcus was visible externally, separating its upper and middle thirds. The upper portion was tense, resonant, and presented the ordinary appearances of hernia. The lower was ovoid, dull, fluctuating, translucent, and evidently contained fluid. The scrotum was well formed and symmetrical; the rugæ well marked. The left testicle was normal in every respect; the right was absent from the scrotum, and could not be felt. Examination of the swelling appearing to cause much pain, chloroform was administered, and the taxis applied to the upper portion, but without success. The lower portion was now punctured, and about an ounce of straw-colored flaky fluid was withdrawn. This, upon standing, coagulated, and was evidently of inflammatory origin. This portion of the swelling was then very much reduced in size, but did not entirely disappear. The taxis was then reapplied to the upper portion, which was now easily reduced, with distinct gurgling. The testis was then thought to be indistinctly felt in the perineum. The child was then placed in bed, and had lead lotion applied locally. Next morning, the nurse reported a reappearance of the swelling, when, upon examination, a lump about the size of a hen's egg was observed in the right perineum, extending posteriorly to within half an inch of the anus. It was irreducible, but mobile, and very tender upon the slightest pressure. It had the feeling and general outline of an inflamed testicle; and the cord, slightly enlarged, could be felt extending from the swelling up to the groin. The skin over the swelling was slightly reddened. The bowels were naturally opened, and there was no return of the hernia or hydrocele.

"September 17. Ice was now applied locally, and the swelling subsequently became reduced in size and less painful,

"September 30. The child looked pallid, and appeared to have suffered much pain. The testis now felt hard, smooth, ovoid, measuring two inches in its long diameter: it had become fixed, and the tissues covering it were slightly thickened by the recent inflammation. It was less painful upon manipulation than formerly. The cord felt running up to the groin was not appreciably enlarged. The right inguinal canal was rather patent, and invagination of the skin caused considerable pain. The right scrotum remained empty; the left contained a testicle.

"October 1. The patient was discharged, the mother being told to bring it to the hospital for periodical examination; at the same time, it was suggested that the testicle ought to be excised, if the child continued in pain or had its natural movements impeded.

"January 26, 1883. The right testicle is still

in perineum, of normal shape and size; there is now only a slight perineal prominence to indicate its position. The hernia is constantly slipping up and down. The left testis is normally placed in the scrotum. The child enjoys good health. He plays much, without pain or inconvenience."

A Fatal Case of Poisoning by Chloride of Zinc and Hydrochloric Acid.

Mr. W. H. Crosse reports this case in the *Brit. Med. Jour.*, October 27, 1883:

J. L——, aged sixty-two, a night-watchman, having been for a long time in a state of great despondency, through want of employment and his sufferings from chronic bronchitis, took about two ounces of soldering fluid. This composition is made by dissolving pieces of zinc in an excess of commercial hydrochloric acid. The poison was taken about 10.30 p. m., and immediately afterwards his wife found him lying on the floor and groaning. He complained of severe pain in the region of the stomach, with great dryness of the mouth and fauces. His wife gave him an emetic of salt and water, but without effect, and sent for me. I found him almost collapsed, with great difficulty of breathing, feeble, quick, and intermitting pulse, and cold skin, and covered with perspiration. The tongue and mouth were dry and shrivelled. The intellect was quite clear. The patient was very much purged, the motions being fluid and of a brownish color. He complained of great pain in the throat and stomach; the lips were covered with froth. Milk, chalk and water, and oil, and, towards the end, brandy were administered freely. The breathing became more and more difficult. He wanted to pass urine, but could not; a catheter was therefore passed, and about an ounce of clear urine drawn off. The stools were very frequent, and the pain increased. He died about four hours and a half after taking the corrosive fluid, and was quite sensible to the last.

The necropsy was made forty-eight hours after death. The *tongue* was white and shrunken. The mucous membrane of the *mouth* was white and charred. The *œsophagus* was extremely contracted, the lining membrane being white and silky in appearance, and easily detached. The *stomach* was contracted and rugose, the mucous membrane being of an ashy-grey color, with black patches. Though the mucous membrane was in several parts destroyed, there was no perforation. The stomach contained about a pint of dirty-looking fluid, in which was found free hydrochloric acid and chloride of zinc, but no blood. The whole of the intestinal tract was hard and contracted. The mucous membrane was thickened, and of a grey color; the duodenum and upper part of the jejunum being especially affected by the poison. The *lungs* displayed the characteristic appearances of chronic bronchitis, and in several places were adherent to the chest-walls. The *liver* presented the typical appearance seen in all cases in which people have, like my patient, been excessive drinkers. The other organs were fairly healthy.

The Seasons of the Year and the Prevalence of Acute Rheumatism.

Dr. Henry S. Gabbett thus concludes a paper on this subject in the *Lancet*, October 27, 1883:

1. The disease is neither most prevalent in the coldest months of the year, nor least prevalent in the warmest.

2. It does not occur with greatest frequency in those months in which the daily variations of temperature are greatest.

3. Although there is a certain correspondence between the rainy periods and the times when rheumatism is common, this is not close enough to point to any necessary connection. But cases of the disease are very numerous at that period of the year during which there is usually a coexistence of low temperature and heavy rainfall, viz., the end of autumn.

4. Acute rheumatism has an annual period of prevalence extending over the eight months from June to January inclusive; as a rule, it is not common in February, March, April, and May.

5. The rheumatic period seems to divide itself naturally into three parts: a summer part from June to August, containing comparatively few cases; an autumn part from September to November, containing a large number; and two winter months, December and January, in which the number sinks again.

6. Acute rheumatism is most prevalent in the months of October and November.

Duration of the Menstrual Hemorrhage in Relation to the Development of the Fœtus at Term, and to Multiple Pregnancy.

The *London Med. Record*, October 15, 1883, says:

The title of this work (*Rivista Clinica* and *Annali Univ. di Med.*, July, 1883,) clearly indicates its scope, and the author seeks to establish his conclusions on the basis of much statistical material collected in the clinics of Modena, Milan, and Turin. He was led to this research by the idea that by the amenorrhœa of pregnancy a so much greater quantity of maternal nourishment was retained for the fœtus, as the sanguineous loss was greater in menstruation. Not being able to determine exactly the quantity lost at each period, he took its duration as a guide, which, considering the number of his observations, may be regarded as more or less equivalent. As to a longer duration of the menstrual hemorrhage, a corresponding ovarian activity can be supposed; so also the hypothesis may be justified of a more easy rupture of more ovisacs, and a greater probability of multiple pregnancy. From the analysis of very numerous observations, Prof. Cuzzi thinks himself justified in formulating the following conclusions:

1. The weight and length of the fœtus at term are in direct relation with the number of days menstruation occupied. The longer the usual period of menstruation, the heavier and larger the fœtus.

2. There is a direct relation between multiple pregnancy and the duration of the menstrual period. That is, multiple pregnancy is most frequent in women in whom the period is long and the loss free.

The Management of Patients During Capital Operations.

Dr. George W. Gay thus concludes a paper on this subject in the *Boston M. and S. Jour.*, October 11, 1883:

If shock or collapse be present, put nothing into the stomach, but stimulate and nourish by the skin and rectum.

Take extra pains to keep the patient warm by means of heaters, blankets, and a rubber sheet.

Disturb him as little as possible with examinations, moving, changing of clothes, or dressings, etc.

Use the least possible quantity of the anæsthetic, and allow the patient to rally early, depending upon opiates to control subsequent pain and inquietude.

Finish the operation as quickly as is compatible with its proper performance.

Get the patient into a warmed bed as soon as possible, and without any exposure to cold.

Preserve the utmost quiet, and avoid doing too much for the patient until fair reaction has taken place.

By observing these precautions, we are confident that in more than one instance recovery has taken place in which, by neglecting them, the result would have been fatal.

Epilepsy from the Action of Cold.

The *London Med. Record*, October 15, 1883, says: In the *Mediz Oberzenie*, May, 1882, p. 717, Dr. T. Sadovsky records an instance of what he believes to be epilepsy from the action of cold. His patient was a strongly built, previously quite healthy, married peasant woman, aged 20, who, twenty-four hours after severe chilling, on a cold, windy winter day, began to suffer from "epileptic" fits. During the first day there were 12 paroxysms, "each lasting about 10 or 15 minutes," and each beginning with aura in shape of epigastric pain. Simultaneously there appeared slight fever, tenderness and enlargement of the spleen, tenderness in the hepatic region, loss of appetite, and sleeplessness. The administration of muriate of quinine proved of no avail. During eight days the fits returned about ten times a day. On the ninth day the author administered a dose (30 grains) of chloral, and a mixture containing 1 drachm of bromide of potassium, 3 drachms of tincture of convallaria majalis, and an ounce of distilled water: four tablespoonfuls daily. No more fits followed. Three days later the patient left the hospital feeling quite well. [Another case of "epilepsy from cold" is reported by Dr. Bluch in the *Centralblatt für Nervenheilkunde*, 1882, p. 504.]

Spinal Disease Following Contusion of Sciatic Nerve.

Charcot (*Le Progrès Méd.*, No. 9, 1883,) relates the case of a man, aged 40, who had never had syphilis, gonorrhœa, or rheumatism, but who had certainly committed alcoholic excesses four years anteriorly, and who was struck on the buttock by the end of a piece of timber just over the sciatic nerve. In consequence, he suffered from severe sciatic neuralgia, followed by partial paresis and muscular wasting, well-recognized results of such an injury. But, in addition, he began to complain of a constriction around his waist, and lost control over his sphincters and power of erection. The affected leg was wasted, cold, and marbled looking; the foot was a little swollen; sensibility, especially electric sensibility, was diminished; cutaneous reflexes were normal; the tendon-reflex was normal, but exaggerated in the other leg. But in percussing the patellar tendon of the affected leg, there was a sharp movement of adduction towards the middle line. In addition, electrical examination gave the reaction of degeneration in the muscles supplied by both the large and the small sciatic nerves.

A Ramrod in the Brain—Recovery.

The *Med. Press*, October 10, 1883, says Dr. Georg Fischer, of Hanover, reports the following remarkable case in the *Deutsche Zeitschrift für Chirurgie:* A carbine exploded accidentally, forcing the iron ramrod through the back of the patient, the point of entry being by the right side of the fourth dorsal vertebra. The missile passed upwards along the chest, the deep parts of the neck, through the skull and brain, and a length of 30 ctm. of it appeared through the left side of the head. After cutting down upon it through the neck, it was forced back by blows from a hammer, and extracted through the neck opening. The patient recovered, with loss of the sight of the right eye.

Reviews and Book Notices.

Notes on Current Medical Literature.

——The Address to the Graduating Class of Dartmouth Medical College, by Dr. D. W. James (8vo., pp. 18), is a well-worded oration on the general duties of a physician.

——An appropriate memoir of the late Dr. John Forsyth Meigs has been prepared by Dr. William Pepper (pp. 14). It is a fitting tribute to a conscientious and learned physician.

——"The Treatment of Wounds as Based on Evolutionary Laws"—a small book by Dr. Pitfield Mitchell, published by J. H. Vail & Co., New York. Price, 50 cents.

——The "Report of the Proceedings of the Illinois State Board of Health," at its last meeting in October, sounds a cheerful note of progress in the battle against quacks, charlatans, and fraudulent institutions in that State. The energy of the members of the Board deserves the highest praise.

——In "Health Notes for Students," Dr. Burt G. Wilder gives a series of brief extracts and short maxims as to eating, drinking, sleeping, bathing, studying, etc. It is not easy reading, and though the matter is good enough, the fragmentary and disjointed style renders it rather unpleasant to peruse. 32mo., pp. 58. Price 20 cents. G. P. Putnam's Sons, New York city.

——An apparently unique specimen of the brain of a cat, lacking the callosum, is described by Dr. Burt G. Wilder in a reprint from the *American Journal of Neurology.*

——The carbolic acid treatment of hemorrhoids is now receiving considerable attention. Hence the reprint from the *Pittsburgh Medical Journal*, November, 1883, of an article on the subject by Dr. George B. Fundenberg is both timely and interesting. After relating six cases, the author says: "It would serve no useful purpose to increase this list of cases. The large number I have on record all prove that this treatment is safe and effectual. I believe that the great majority of cases can be cured in this manner. Whoever doubts this should give the method a fair trial, for it is only those who have done so, that are entitled to speak upon the question."

——To all interested in the question of alcoholism the pamphlet by Dr. Lewis D. Mason, Consulting Physician to the Inebriate Asylum, Fort Hamilton, L. I., entitled "Alcoholic Insanity," will prove both instructive and entertaining reading.

——We have received the "Report of the Committee on Ophthalmology" to the Ontario Medical Association, the chairman of which was Dr. A. M. Rosebrugh, of Toronto. From it we learn that this branch of medicine is forging rapidly ahead in this country, for during the past twelve months no less than four treatises on diseases of the eye were issued by the American press alone —one written by Dr. Noyes, of New York, one by Dr. Williams, of Boston, one by Dr. Schell, of Philadelphia, and one by Dr. Mittendorf, of New York.

BOOK NOTICES.

Transactions of the Medical Association of Georgia. 1883. Cloth, 8vo., pp. 275.

We have here a handsome volume, containing the Proceedings of the Society, the President's address, and quite a number of reports on branches of medicine, and voluntary papers. The last-mentioned are generally the most original and hence the most attractive. Of those here contained, we may name "A Study on Climate," by Dr. A. Means; "An Account of the Use of Hyoscyamin in Acute Mania," by Dr. T. O. Powell; "An Appreciation of Hotz's Operation on the Lids," by Dr. A. G. Hobbs; "A Discussion of the Treatment of Acute Inflammations of the Throat," by Dr. C. W. Hickman; "In Favor of the Dry Treatment of Suppuration of the Middle Ear," by Dr. A. W. Calhoun; "Some Warnings about the Use of the Tampon in Pelvic Diseases," by Dr. V. H. Taliaferro; "On Typhoid Fever," by Drs. H. J. Williams and L. G. Hardman; and several other papers. The members of the Society show a commendable pride in the neat manner in which the essays are presented, and we may judge from this that the Association is in a flourishing condition.

Transactions of the Medical and Chirurgical Faculty of Maryland. Baltimore, 1883. Pp. 303.

Transactions of the Medical Society of Pennsylvania. Vol. xv., 1883. 8vo., pp. 515.

Not only is the volume of the Maryland Society above named a handsome and valuable one in itself, but the early appearance of a supplementary volume is announced from the pen of Dr. John L. Quinan. This indicates a healthy condition of intellectual activity, which is further borne out by the contents of the present issue. Not merely are the reports of the sections quite full, but a number of voluntary papers are published from members of the Society. Of these, we name one on the "Sewerage of Cities by the Pneumatic System," written by Dr. C. W. Chancellor; on "Laryngeal Paralysis," by Dr. J. D. Arnold; on "A Case of Dexicardia," by Dr. Chew; "The Prone Position during Operations of the Jaws," by Dr. Tiffany; "Hypnotism," by Dr. Boyland; on "A Case of Cow-pox," by Dr. Teackle; on "Naso-Aural Catarrh," by Dr. Mackenzie; and on "Malarial Fever in Puerperal Women," by Dr. P. C. Williams. An invited paper by Dr. H. N. Martin on "The Direct Action of Ethyl Alcohol on the Heart," is an excellent example of careful scientific work, and its results are quite interesting.

The Pennsylvania State Transactions form a commodious and presentable volume, manufactured in a manner creditable to the publication committee. In the report of the meeting of this society, published in the MEDICAL AND SURGICAL REPORTER last spring, we entered so fully into the scientific work presented by the members, that we have little or nothing to add on the present occasion.

The county reports are neither so numerous nor so thorough as we could wish. Scarcely more than a third of the counties are represented. We have always maintained that this is a most valuable and a distinctive feature of the Pennsylvania Society, and we deeply regret to see it falling into desuetude. Every county in the State should have a county medical society, and every such society should prepare its report. There is more value in these than in long articles by specialists.

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KOCH'S BACILLUS OF CHOLERA.

Dr. Koch went to Egypt to find a bacillus of cholera, and he thinks he has found it.

To those who are acquainted with the researches of this distinguished scientist, it was almost a foregone conclusion, when they heard that he had gone to Egypt, that he would accuse some little bacillus of causing all the misery that cholera has inflicted upon these filth-afflicted people. In his report, while he is not prepared to say absolutely that the minute parasite which he has found is the etiological agent of cholera, and while he requests (and has received) permission to still further prosecute his researches in India, where a sudden cessation of the disease is not likely, yet he hints very strongly at his belief that a potent little bacillus is responsible for cholera.

The following extract from the *Medical Times and Gazette* contains the gist of his report;

"No organized infective material could be demonstrated in the blood, or in those organs which, in the case of other infective diseases, are usually the seat of micro-parasites, viz., the lungs, spleen, kidneys, and liver. In some cases bacteria were found in the lungs, but these, as we saw from their peculiarities of form and position, had nothing to do with the peculiar disease-process, but had found their way into the lungs by the inspiration of ejecta from the stomach.

"The contents of the bowel and the dejections of the cholera patients contained extraordinary quantities of micro-organisms belonging to the most different varieties, none of which appeared in preponderating proportion. There was also an absence of other indications of a relationship to the disease-process.

"The bowel itself, on the contrary, gave most important results. In all the cases except one, which had died of a consecutive disease several weeks after recovery from cholera, bacteria of a definite form were found in the coats of the bowel. These bacteria are rod-shaped, and belong, therefore, to the bacilli; in size and shape they most nearly resemble the bacilli found in glanders. In those cases in which the bowel showed the slightest changes to the naked eye, the bacilli were found to have penetrated into the follicular glands of the mucous membrane, and had there given rise to very considerable irritation, as shown by the increase in the lumen of the gland, and the collection of many nucleated round cells in its

interior. In many cases the bacilli had also penetrated behind the epithelium of the glands, and had proliferated between it and the basement membrane of the gland. They had, moreover, collected in considerable quantities on the surface of the villi, and had often penetrated into their substance. In the severe cases, which had been characterized by hemorrhagic infiltration of the intestinal mucous membrane, the bacilli were found in large numbers, and were not limited only to the interior of the follicular glands, but had passed into the surrounding tissues, into the deeper layers of the mucous membrane, and here and there even into the muscular coat of the bowel. The villi were also in such cases extensively invaded by the bacilli. The chief seat of these changes is the lower portion of the small intestine. Had not this investigation been made on quite recent cadavers, the result would have been of little or no value, for putrefaction is able to produce in the intestine exactly similar bacterial growths. A year ago I had found these same bacilli, with a similar distribution, in a choleraic bowel which I received direct from India; but I had not been able to attach any value to it on account of this very reason, for it was always possible that they might be confounded with *post mortem* putrefactive changes. Now, however, that any error arising from putrefactive phenomena can be positively excluded, this early discovery, made in four different Indian cholera cases, acquires extraordinary value. Nor is it an unimportant fact that the agreement in the appearances of the bowel in Indian and Egyptian cholera furnishes a further proof of the identity of the two diseases.

"The number of cadavers examined is certainly small; but, as the bacilli were met with in all recent cases of cholera, while they were absent in the single case examined after the cessation of the cholera-process, as well as in several other cases dead from other forms of disease, and examined with special regard to this point, there can be no doubt that they stand in some sort of relation to the cholera-process. It cannot, however, as yet be concluded that they are the cause of the cholera. The relationship may be quite the reverse; it being quite as possible that the cholera-process produces such changes in the intestinal mucous membrane as to admit the penetration into its tissues of a definite bacillus variety of the many parasitic bacteria which are constantly met with in the bowels. Which of these two hypotheses is the correct one—whether the infective process or the bacterial invasion is the primary event—can only be decided by attempting to cultivate them, and then to reproduce the disease by inoculation experiments on animals. For this purpose it is absolutely necessary to have at one's disposal animals which are susceptible to the infective material in question. Hitherto, however, in spite of every endeavor, we have not succeeded, in an indisputable manner, in conveying cholera to animals."

With all due respect for the scientific labors of Dr. Koch, and with a weighty appreciation of the potency of these microscopic parasites, we yet fear that this bacillus craze is going too far, and that we are only doing what generations have done before, erecting theories on supposed facts, for our grandchildren to demolish and ridicule.

THE FACTS ABOUT SUPERSTITIONS.

There is always a time in the history of a science when an excess of self-sufficiency in its students prompts them to look with contempt on all assertions about it which their newly-acquired knowledge does not enable them to explain.

So it has been for a generation or so with psychologists. Really there has been but little growth in this complex study. But there has been nearly unanimity in ridiculing or contemning a large class of asserted observations in it, many of which are as old as history and as universal as the race. These have been called "superstitions," and everybody who seriously talks of investigating them was regarded as weak-minded.

At last, more rational views are prevailing. For several years past a society has been organized in England under the name of "The Society for Psychical research," which intend to subject all well-attested psychological anomalies to the scrutiny of a scientific logic.

It is an object of this Society to get hold of as much first-hand evidence as possible bearing on such phenomena as thought-transference, clairvoyance, mesmeric healing, presentiments and dreams noted at the time of occurrence and afterwards confirmed, unexplained disturbances in places supposed to be haunted, apparitions at the point of death, or otherwise, and of other abnor-

mal events, hard to classify at present, but which may seem to fall under somewhat the same categories as these. We have already referred to the work of this Society (REPORTER, September 29), but we deem it worth while to bring it again to the notice of our readers.

It is safe to say that there are in the lives of almost every one some such events which are inexplicable, and which the person holds in memory but rarely speaks of for fear of ridicule or miscomprehension. Some one asked Coleridge if he was afraid of ghosts. "No," was his reply, "I have seen too many to fear them any longer." So it will be with all these mysterious events. Knowledge about them will drive out fear. But it may do far more than that. It may put us on a track which will lead us to the solution of some of the most remarkable problems of mental action; it may lead us to new methods of instruction, to new views of the communication of thought, to positive notions about the conditions of mind.

In all these respects we regard the work of this society as of the first order of importance, and we urge our readers to send in to it accurate statements of any such events as are above mentioned, of which they have personal and precise knowledge. The address of the secretary is Edmund Gurney, Esq., Devonshire Club, London, England.

SEWAGE FARMS,

If the experience of the new town of Pullman, Ill,, is to be relied upon, the utilization of sewage matter as fertilizing material is to be highly recommended.

Not only does such a disposition of human refuse rob it of its injurious properties, but from the experience of this town, such a measure is to be endorsed from economical motives.

The farm consists of 160 acres; the total investment amounts to $80,000, and while the estimated expense is only $8,000, the estimated value of crops is $12,500, thus showing a handsome profit, to say nothing of the expense that would attend any other method of removing the refuse of 8,000 persons. What *has* been done on a small scale, *can* be done on a larger basis.

NOTES AND COMMENTS.

Gelsemium in Intermittent Fever.

In the *St. Louis Courier of Medicine*, October, 1883, Dr. N. B. McKay highly recommends it, and uses it with as much confidence as he ever used any of the preparations of bark.

I usually prepare the medicine for use by putting, say, ten drops into a teacup or tumbler, if for immediate use, and measuring in three or four teaspoonfuls of water to each drop, and giving in teaspoonful doses as stated above. If to be kept for a few days, I put in camphor or peppermint water, which helps to keep it sweet; or, where there is much headache, I put in bromide of potassium, and that helps to keep it. Where parties live at a distance, I add glycerine in place of one-fifth or one-fourth of the water, and then it will keep indefinitely.

This medicine, prepared in this way, will rarely fail to quiet any nervous chill or rigor after it is fairly under way. In such cases I give it sometimes as often as every five minutes in severe cases, and it has never failed me. I have never had occasion to use it in puerperal convulsions, but should not hesitate to use it as last mentioned, and should be confident of the best results. Some will spurn this remedy thus used, on account of its extreme simplicity and size of dose; other some, because of its cheapness and other reasons. A few will try it, and not being careful about the amount, giving too much, will be disgusted and discard it; while other few will try it faithfully and carefully, and the more they use it the more they will prize it.

It is cheap, easy to take, and very effectual.

Tuberculosa Dolorosa.

The *Med. Times and Gaz.*, September 29, 1883, says:

After giving an account of a case operated upon by Prof. Genzmer, Dr. Rohrschneider refers to the other cases that have been recorded of painful subcutaneous tumors. These he found to be sixty in number, thirty-five having occurred in females and twenty-four in males (the sex in one case not stated). As to the situation of the tumors, this was on the lower extremities in twenty-nine, on the upper in twenty-three, on the back in two, on the chest in two, on the head and scrotum each in one. In only three cases were they multiple; and their course was chronic, without any essential disposition to increase (the *Dauergeschwülste* of Virchow). Their structure exhibits no

anatomical identity, and they have been met with as true and false neuroma, enchondroma, fibroma, and erectile tumor, especially angioma. The case operated upon by Genzmer related to a woman thirty years of age, who suffered from violent pain due to a tumor, the size of a hempseed, in the temporal region. After its excision this tumor was found to consist of a cavernous structure, without any trace of nervous tissue.—*Centralblatt für Chirurgie*, August 18.

Sugar as an Antiseptic Dressing.

The *Med. Times and Gaz.*, September 22, 1883, says that Dr. Fischer states that Prof. Lücke, of Strasburg (*Centralblatt f. Chir.*, August 25), has since May last been making trials of sugar as a pulveriform antiseptic. He has used it mixed with equal parts of naphthaline or with a fifth part of iodoform, enclosing it in gauze bags, which are fixed over the wound after the application of sutures. When the skin is defective, the sugar is strewed over the wounded surface. The wound has been disinfected during the operation by means of a one per cent. sublimate solution. The dressing may remain on the part from a week to a fortnight, until the sugar becomes dissolved, the secretions from the wound diffusing themselves equally throughout the sugar. If, however, the sugar is applied too thickly (*i. e.*, more than half a centimetre) it forms into lumps. The wounds thrive under the sugar, the dressing emitting no bad smell nor exhibiting bacteria. The granulations are well developed, having no inclination to bleed, and cicatrization proceeds rapidly. In wounds united by suture, primary union has always been obtained. The experience thus far gained justifies the recommendation of further trials of a remedy so easy to obtain.

Removal of Tape-worm.

Apropos of the recent query in our columns for a tæniacide, the following will prove interesting:

M. Paul Agniel reports, in the *Semaine Médicale*, the case of a man, 24 years of age, who had never been ill, and whose appetite had always been good, who at intervals for a week had noticed the expulsion of segments of tape-worm. After preparation, an infusion of 80 grmm. of pomegranate-rind was administered, followed by castor oil. This brought away an enormous mass of tape-worm, which was found upon examination to consist of eleven worms, with their heads, as shown by the hooplets. The mass weighed one kilogram, and the combined length of the different worms amounted to 34.50 mètres.

In the *Boston M. and S. Jour.*, October 25, 1883, Dr. Garland relates a case of tænia mediocanellata with the head, which he had obtained by means of pelletierine, an alkaloid obtained by M. Tauret from the bark of the pomegranate. A preparation of this is made, and the dose for an adult is a bottle, which costs three dollars. Dr. Garland reported two successful cases in which he had used it.

The Grave of Perkins, the Metallic-rod Man.

In the course of a paper on the history of anæsthetics by Dr. L. C. Lane, in the *Pacific Med. and Surg. Jour.*, August, 1883, the following occurs:

"In the northwestern portion of London the strolling traveler's eye is attracted to a sepulchral monument of no mean pretension, and evidently so placed as to render it especially conspicuous to the passer-by. From the inscription one learns that it is the grave of Perkins, the discoverer of the pretended fact that when metalic rods or *tractors*, as Perkins called them, are brought in contact with the body of one suffering, his pains are quickly dispelled. For more than two generations the tractors have been consigned to the rubbish-closet, and oblivion has about established its claims to the inventor's name; and the pompous phrase in which his immortality is heralded on his tombstone has nearly been blotted out by the smoke and rain of London."

A Precaution in Convalescence from Scurvy.

In the *Cinn. Lan. and Clin.*, October 20, 1883, Dr. Joseph Eichberg calls attention to the necessity of absolute and resolute maintainance of the horizontal posture until recovery is pretty well advanced.

Patients who seemed to be in the best of spirits and in a fair way to recovery, have died instantly upon making a sudden exertion. The transfer from a vessel to a hospital in the harbor, the endeavor to leave the room, or the effort to sit up in bed, have all been attended by the direst results. The fatal termination in these cases is undoubtedly due to syncope, occasioned either by the diminished power of the heart, reduced as this organ sometimes is to one-third of its usual bulk, or, as suggested by Aitken, to embolism from an altered state of the fibrin.

Ablation of the Lungs.

The *Med. Press*, September 26, 1883, says that Dr. Domenica Biondi publishes in *Giornale Internaz. delle Scienze Mediche* some interesting experiments which he has made on this subject. He

abstracted the lungs of fifty-seven animals (dogs, cats, sheep, etc.), and of this number thirty recovered. The operations were as follows: Removal of the right lung, twenty-three—recovered, twelve; of the left, thirty-four—recovered, eighteen; of the two upper lobes, three—recovered, three; of the median lobe of one lung, one—recovered, one; of the inferior lobe of one lung, one—recovered, one. The failures should be attributed principally to the absence of antiseptic precautions, and it is to be hoped that humanity will soon profit by this daring surgical operation.

Strange, if True.

The *Brit. Med. Jour.*, October 27, 1883, says:

A surgeon-major in the Indian army writes to us, with regard to Dr. Koch's report on cholera, that he is aware of the details of an instance in which a native swallowed for a consideration, on successive days, some of the matter vomited by a patient suffering from well-marked Asiatic cholera, and, subsequently, a quantity of the rice-water stools just discharged by a patient suffering from Asiatic cholera. In neither case were any bad results perceptible. The statement is startling in more than one respect, but our correspondent vouches for the fact, which is well known to other medical officers of the army besides himself.

Unconsciousness Produced by Charcoal Fumes.

At a recent séance of the Academie, M. Leudet spoke of three cases of poisoning by charcoal fumes, where more or less marked unconsciousness was a marked symptom.

In the first case a charcoal fire had communicated the flames to some neighboring objects, the individual who occupied the room ran to awaken a comrade in the next room, then returned to his own room and got under the bed, where he was found when the moment of danger was past.

In a second case the occupant of the room filled with the fumes from a small charcoal stove, went to bed with shoes and part of his clothing on, showing commencing unconsciousness from a small proportion of the noxious vapor.

The Therapeutic Value of Acorns.

The *Med. Times and Gaz.*, October 27, 1883, notes that a supply of acorns constitutes a goodly portion of the domestic medical armamentarium of the rural housewives of England. They are used in diarrhœa, and prove very beneficial, probably owing to the large amount of gallic and tannic acids they contain. The fact is also noted that pigs and deer, who eat large quantities of acorns, become fat and well-conditioned on this diet, and the question is asked whether it may not be possible to use them as an admixture in the food of horses, especially for those in whom a constant looseness or scouring makes sleek appearance or good condition almost an impossibility.

Rickets vs. Syphilis.

Are these two diseased conditions identical? is the question that has been repeatedly asked. It is sometimes answered in the affirmative, and again in the negative; to the latter class belongs Dr. Post, of Boston [(*Boston Med. and Surg. Jour.*, October 4, 1883), whose argument is simply this: A disease occurs in young dogs which presents all the characteristics, general and bony, of rickets in the human subject, and which, so far as can be argued from history and gross appearances, is identical with human rickets. Syphilis does not occur in dogs; therefore rickets cannot be identical with congenital syphilis.

Urinary Changes Diagnostic of Gastric Disease.

We have already referred to some observations of Mr. Rommelaire on this subject, and now in the *Jour. de Med. de Bruxelles* for September we note: A cancerous ulceration of the stomach is attended with diminution in the amount of urea excreted per diem, and also of the urinary chlorides. Simple gastric ulcer is associated with normal azoturia, if that expression be allowed, or even hyperazoturia, and the chlorides are of normal amount or in excess. Spreading gastric ulcer is accompanied by normal or hyper-azoturia, but with decrease in the chlorides of the urine. If these observations are verified, they will constitute most important diagnostic factors.

Sweating in Phthisis.

Speaking of the unsatisfactory results of all the remedies recommended for this condition, Dr. J. R. Forrest thus writes to the *Lancet*, October 27, 1883:

I have have found the following a most efficacious lotion:

℞.	Sulphate of zinc,	gr. iv.
	Tincture of belladonna,	ʒj.
	Water,	ʒj.

The body to be sponged with the lotion at bedtime.

It has proved serviceable in my experience in cases both of the incipient and advanced disease, the excessive sweating being often quite restrained after two nights' sponging.

Re-occurrence of Scarlet Fever.

The question has been recently asked whether scarlet fever can occur twice in the same person, and at how short or long intervals. Several reported cases seem to indicate that it can recur at exeedingly short intervals; and now Dr. Martin Oxley reports an instructive case in the *Lancet*, October 27, 1883. On October 31, 1871, a boy of four years had typical scarlet fever; on December 3, he was seen and was well; on December 5, he had a typical scarlet rash, and after passing through an attack similar to that of a little over a month before, including the desquamation, he made a complete recovery.

Spina Bifida in an Adult.

To a recent meeting of the Manchester Medical Society (*Brit. Med. Jour.*, October 27, 1883), Mr. Whitehead showed a woman, aged 27, with an unusually large spina bifida in the lumbo-sacral region. The integumentary coverings were so attenuated that rupture seemed imminent. From birth until marriage (six years ago) the tumor remained stationary, when it immediately commenced to enlarge, and she had attacks of headache and nausea. During these attacks, and during menstruation, the tumor becomes flabby. Mr. W. proposes to operate.

Subnitrate of Bismuth as a Local Application.

To the New York Medical and Surgical Society, Dr. Alfred C. Post related a case of cicatricial contractions from a burn, which bound the arm firmly across the chest. Free incisions were made in the cicatricial tissue, and subnitrate of bismuth was dusted on the wounds from a pepper-box at each dressing. Exuberant granulations were kept down, while there was but little inflammation or suppuration. In other cases he has found it to control the amount of granulations from burned surfaces.

Lumbricus in the Liver.

Dr. Oks, of Rasgrad, Bulgaria, describes in the *Vratsch* the case of an almost moribund phthisical patient, who was seized with vomiting and icterus. The liver was much enlarged. After death, the usual appearances of advanced phthisis were discovered. All the biliary ducts were dilated, and the common duct was occupied by a large female lumbricus; one extremity of its body hung free into the duodenum. Deep in the substance of the liver a smaller male lumbricus was found, impacted in a biliary duct. This is a rare, but not entirely unknown, complication of a parasitic disease.

Displacement of Uterus by Distended Bladder.

An instructive case is reported by Dr. J. Lionel Stretton in the *Brit. Med. Jour.*, October 13, 1883. After parturition, the nurse accidentally discovered a tumor in the patient's right side. She was comfortable, pulse normal, no pain, and had passed urine. A positive opinion in reference to the nature of the tumor was difficult, and thinking that it might be a distended bladder, a catheter was passed, when between seventy and eighty ounces of urine were drawn off. The tumor then subsided, and the woman made an uninterrupted recovery.

Acute Bright's Disease from Drinking Water.

An important observation is recorded in the *Med. Central Zeitung* by Dr. L. Letzerich. He experienced a sudden outbreak of interstitial nephritis among children in his practice. Three died of acute uræmia. A study of the cases led to the discovery of bacilli in the urine. These, cultivated through four generations, and injected into the blood of a rabbit, brought about the same pathological condition. On searching for their origin, Dr. L. traced it almost certainly to the drinking-water which the children had used.

Ferruginous Koumiss.

According to Eberman's experience (*Mediz. Vestnik*, No. 22, 1882), anæmic patients, especially those with tendency to hemorrhage, rapidly recover their health from the use of ferruginous koumiss. This is prepared by daily adding ordinary doses of lactate of iron to two or three bottles of common koumiss. The iron salt easily dissolves, without changing the taste of the koumiss. This preparation is very well borne, even by patients who cannot take iron administered in pills, powders, etc.

Convallaria Majalis.

Owing to the depressing action of convallaria majalis, Dr. George Herschell tells us in the *Lancet*, October 27, 1883, that the actions of convallaria and digitalis are not quite so identical as seems to have been assumed: and, secondly, that we must be very careful, in giving it to a patient who is taking it for the first time, to begin at a dose much below that quoted as the minimum in most of the writings upon the subject.

A New Treatment for Tetanus and Hydrophobia.

Prof. De Renzi, of Genoa, claims to have treated tetanus successfully by plugging the external auditory canals with wax, and placing the patient

alone in a darkened room, the door of which was opened every four hours to give food and drink. The patient was urged to keep as quiet as possible. A similar line of treatment is recommended by M. Lucas-Championnière in cases of hydrophobia.

So says the *London Med. Record*, October 15, 1883.

Hydriodate of Hyoscin in Phthisis.

Dr. Fraentzel recommends (*Wiener Med. Blätter*, July 5,) hydriodate of hyoscin in the treatment of the night-sweating of phthisis, in subcutaneous doses of half a milligramme ($\frac{1}{140}$ gr.), or in pill, beginning with the same dose. He does not find it so universally beneficial as atropine, and it sooner exhibits a narcotic action; but he has seen good results from it in cases where atropine has proved useless, or has failed to act after being in use for some time.

A New Method of Performing Resection of the Knee-joint.

Dr. Richard Davy describes his operation, which he claims is very successful, in the *Brit. Med. Jour.*, October 20, 1883. He removes a rectangular wedge of bone from the femur and tibia, cuts a mortise in the head of the tibia, and shapes the femur as a tenon. He then places the femur in the head of the tibia, and applies direct pressure on the foot, until impaction results up to fixity of tenure. The novelty consists in the impaction, which he believes is also applicable to ununited fractures.

The Bacillus of Tubercle.

Some late studies by the Hungarian physician, Dr. Victor Babes, show that between the bacilli of leprosy and tuberculosis there exist marked differences. In the latter disease they are also much rarer than in the former, and, indeed, in some of the cases of recent development appear to be absent altogether. This exceptional fact the writer proposes to explain in future articles.

Malignant Lympho-sarcoma Treated with Arsenic.

The particulars of twenty-one cases of malignant lympho-sarcoma treated by arsenic are given in an inaugural dissertation by Dr. C. Marzolph, of Strassburg. Of these, six were entirely cured and two very much improved. About thirty grmm. of Fowler's solution was required to effect a cure. This result is very satisfactory, and shows, as the author claims, that arsenic acts specifically on the lymphatic glands.

Heat as an Antiseptic.

One of the cheapest, readiest and simplest antiseptics is Heat. Prof. Trendelenberg, of Bonn, recommends that the instruments, sponges, thread, be exposed to a heat of about 230° Fah. just before use. Either a dry heat, or super-heated steam may be employed. He considers this more certain than any other known antiseptic. The results in the hospital at Bonn have been excellent since this method was introduced.

Strychnia for Uterine Inertia.

Although logically indicated, when we pause to reflect, yet at first blush it seems strange, to have Dr. E. Deghilage (*Jour. de Med. de Paris*, October 13, 1883), recommend strychnia in parturition. When the cervix is dilated, but there is uterine inertia, he gives every ten minutes a granule of $\frac{1}{130}$ grain of sulphate of strychnia. The interval between the doses is increased as the head descends. He prefers its use to the forceps, as hemorrhage is less likely to supervene.

An Antidote to Strychnia.

From some observations of Professor Cervello (*Arch. per le Scie. Med.*, vol. ii., No. 1), it seems that paraldehyde possesses properties antagonistic to strychnia. Thirty-seven and a half grains of the former completely antagonized $\frac{1}{5}$ of a grain of nitrate of strychnia given to a rabbit. The converse action does not seem to exist, for strychnia has no influence on paraldehyde narcosis.

External Application in Acne Rosacea.

The following preparation is recommended by Helmayen:

℞.	Slaked lime,	1 part.
	Sublimed sulphur,	2 parts.
	Water,	20 parts.

To be reduced by heat to twelve parts.

This is to be used for topical applications to the affected parts, and must at first be diluted with five parts of water, but gradually it may be used in a more concentrated form.

Treatment of Puerperal Convulsions by Diaphoresis.

In the *Arch. für Gynak.*, Dr. Breus highly recommends his plan, which consists in hot-baths and wrapping in blankets until profuse diaphoresis occurs. He has never seen any evil results, and thinks it desirable to employ this treatment in pregnant women who are the subjects of dropsy or albuminuria, believing that by it the onset of eclampsia may possibly be prevented.

CORRESPONDENCE.

A Freak of Lightning.

EDS. MED. AND SURG. REPORTER:—

On the 23d of May, 1883, C. Frank Sheely was struck by lightning on the old Hare property near Gettysburg.

The electric bolt or influence passing over the house, entered the chimney and in it divided, a portion of the current going direct to the kitchen, and a portion followed the stovepipe of a stove in an adjoining room, passing over the stove to the floor, and then caught the left foot of Mr. Sheely; burst his shoe, entered the foot under the joint of the big toe, wounding it like a bolt of hot iron; burning the under portion of the joint; passing over the foot; ascending the leg, burning the hair on it; passing over the abdominal muscles; up the left side, marking the leg, belly, and sides with characteristic red stripes or flashes; then passing behind the shoulder, and out through the coat, severely shocking the system, but not killing the subject. The muscles of the foot, leg, and side, were for a time paralyzed, skin burnt and scorched, producing much nervous and muscular prostration, and excessive pain in the limbs of the opposite side. The case seemed hopeless.

The prostration was treated by an enema of spirits, the pain by morphia thrown under the skin by a hypodermic injection pipe. Time, tonics, and an electro-galvanic battery, completed the recovery. He was in my office October 20, in good health and fair spirits. J. W. C. O'NEAL, M. D.

Gettysburg, Pa.

The Medico-Chirurgical College of Philadelphia.

EDS. MED. AND SURG. REPORTER:—

I wish to reply in a very few words to the insinuations that have been advanced by a New York journal against the character of the Medico-Chirurgical College of Philadelphia. The cause of the attack seems to be a Rev. R. V. Danne, who graduated from our college last spring, after a satisfactory examination. He was received by the Faculty only upon showing two authenticated certificates from the Melbourne (Australia) University, testifying to his having attended two full courses in medicine at that institution; also Mr. Spencer, our American Consul in Australia, gave his certificate to that effect.

As to the criticism on the diploma, it would pass as worthless to any one familiar with Latin. The construction is absolutely correct. Some few changes were made by the engraver in mistaking single letters in a few words, thus affecting not only the grammatical construction, but the meaning intended; but, as before stated, to those who understand the language there ought to be no difficulty in recognizing the mistakes as merely typographical. The error was corrected as soon as discovered, and we feel grateful to the critics for such careful scrutiny.

It has been and will continue to be the object of our college to elevate the standard of the medical profession and to uphold strictly the principles we have announced, without regard to numerical eclat, or pecuniary reward.

WM. S. STEWART, *Dean.*

Congenital Absence of Spongy Portion of the Urethra.

EDS. MED. AND SURG. REPORTER:—

On the evening af the 10th of September, 1883, I was called to see an infant that (to put it in the words of the messenger) "could not make its water." Upon seeing the infant, I found it to be a well-developed boy baby, of normal size, and in good condition except that it had not urinated, also an imperfectly formed penis. Making some inquiry, I learned that the infant was born early in the morning, and that it was restless during the day, crying frequently, refusing to nurse, etc, it now being about ten o'clock, p. m. On examining the penis, I found it of average size, with an absence of the prepuce, the surface of the point of the organ being continuous with that of its body. The glans penis was marked with a vertical slit or depression, which indicated the position of the meatus urinarius. Carefully looking after the course of the urethra by delicate manipulation, I failed to find its presence. Although my examination thus far gave no evidence of a urethral passage, I thought it probable that by puncturing the bottom of the blind meatus, my instrument would drop into a natural passage to the bladder, I now punctured the bottom or floor of the meatus to the depth of two to four lines. My instrument not finding the urethra, I pushed the sharp-pointed probe downwards, being careful to keep it in the direction of the natural passage, until it passed through the spongy portion of the penis, at which the instrument entered the membranons part of the urethra, or at least a tube that connected with the bladder, resulting in a free and forcible exit of urine on its withdrawal. I now secured a small iron knitting-needle, shaping it after that of a urethral sound. I instructed the nurse to pass the wire sound into the bladder every four to six hours, feeling that I could do nothing better in the absence of a small silver tube. I now left the patient for home. Returning the next afternoon, the nurse informed me that the baby had urinated four or five times, and as the nurse said, was all right. Now, I don't know how long the nurse continued the introduction of the wire sound, but I do know that the baby is living and doing well.

Cherry Tree, Pa. J. U. BLOSE, M. D.

Croton Chloral in Whooping Cough.

EDS. MED. AND SURG. REPORTER:—

In REPORTER of November 3d, I notice a report from Dr. W. C. Webb, in regard to the efficacy of croton chloral in whooping cough; and having had considerable experience with the drug, I can endorse all that Dr. Webb has said in regard to it.

In the summer of 1877 we had in our city quite a severe epidemic of whooping cough, and having a number of cases to treat, used everything recommended by all the standard authors, with very unsatisfactory results. My only child, a boy of three years of age, was taken with the disease, and the paroxysms of coughing were the hardest I had ever seen. I thought I would try something new, so wrote the following prescription, which acted promptly, and the first twenty-four hours after commencing the medicine the paroxysms were reduced to two, and were very light:

℞.	Croton chloral,	grs. xv.
	Ether sulph.,	gtts. xx.
	Bromid. potass.,	℥j.
	Tr. belladonnæ,	gtts. xv.
	Tr. hyoscyami,	gtts. xxiv.
	Syr. tolu Q. S. to make,	℥iv.

M. Sig. One teaspoonful every four hours until better, then only three times a day.

I have treated a number of cases, perhaps more than a hundred, since I first prescribed the medicine, and it has always acted very promptly in relieving the paroxysms, and I feel confident that those who will prescribe it will be pleased with the results. E. A. FARQUHAR, JR., M. D.

Zanesville, O.

A Combination for Salicylic Acid.

EDS. MED. AND SURG. REPORTER:—

Please inform "Country Doctor" that I have for a number of years used the following formula, with the happiest effects. It is quite pleasant to take.

℞.	Sodii bicarbonatis,		℥ij.
	Acidi salicylici,		℥iij.
	Glycerinæ,		
	Aquæ puræ,	āā	℥ij.

M.

Sig.—One teaspoonful every 4 hours.

The carbonic acid gas is set free, and the sodium uniting with the salicylic acid forms salicylate of sodium, which is held in suspension by the glycerine. N. B. KENNEDY, M. D.

Hillsboro, Texas.

A Pleasant Combination of Salicylate of Sodium.

EDS. MED. AND SURG. REPORTER:—

In No 18 of present volume of your journal, "Country Doctor" wishes to know how to combine salicylate of sodium so as to make it pleasant. I send the following, also request him to look on page 79 of Stille & Maisch's Dispensatory, edition of 1879:

℞.	Acid salicylic,	grs. 100.
	Borax,	grs. 80.
	Syr. limonis,	oz. 8.
	Aq. menth. pip.,	oz. 8.

M.

Yazoo City, Miss. MEDICUS.

NEWS AND MISCELLANY.

Camden County (N. J.) Medical Society.

The thirty-eighth semi-annual meeting of the Camden County Medical Society was held at Eggman's hotel, Cooper's point, November 13, Dr. J. R. Haney in the chair and Dr. H. Genet Taylor, secretary.

The chairman of the section on practice, Dr. J. W. Snowden, read a paper on the prevailing diseases of the county during the past six months. There were no severe epidemics, but the principal contagious diseases that are common to this climate have existed in the county throughout the period, but were not unusual in number or severity. A small number of small-pox cases exist at present in the county. One case of typhus or spotted fever appeared at Blackwood almshouse, but was not followed by any others. The health of the county is quite up to the usual standard. The city has been slightly healthier during the summer than usual. Dr. Godfrey read a paper on the germ theory of disease and the diseases incident to Camden. Dr. Benjamin, chairman of the section on surgery, read a paper on general principles of surgery, and exhibited an original apparatus for the treatment of fractures of the leg, which is an improvement on any hitherto existing for that class of fractures.

Dr. Ridge, chairman of the section on microscopical pathology, read a paper on consumption.

Dr. Hamilton read a paper on the importance of chemical and microscopical examination of the urine in the practice of medicine. Dr. Gross read a paper on the impurities of the Camden water supply. The discussions upon the various papers were taken part in by the members generally, and were exceedingly interesting, important and beneficial.

The subject of small-pox was taken up and thoroughly discussed, and resolutions passed recommending that the Sanitary Committee of City Council adopt a plan of vaccination and re-vaccination. They thought that the disease had reached such proportions that they were justified in making this recommendation.

About three o'clock the society adjourned and repaired to the spacious dining-rooms of the hotel, where a bounteous and appetizing collation had been prepared.

After concluding the business of the session, the Association adjourned until the next annual meeting, which will take place on the second Tuesday of June, 1884, the members uniting in the expression of the sentiment that the meeting was one of the most profitable that has been held for years.

Report of the Adjunct Montgomery County (Pa.) Medical Society, by Dr. J. B. Carrell, of Hatboro, Pa.

The meeting was held in the office of Dr. Carrell on November 9, 1883. The President, Dr. Jno. Paxon, of Jenkintown, occupied the chair. Dr. Coltman, Jr., of Fox Chase, Philadelphia, read Bartholow's treatment of typhoid fever by the use of large doses of quinine, etc. Dr. Coltman, Sr., of Jenkintown, reported a case of typhoid, given below, in which is shown the antipyretic power of quinine.

Mrs. A. F. C., aged forty-nine, weight, 247 pounds. First saw the case September 13, 1883, and diagnosed it a severe form of remittent fever, with serious derangement of the liver; the skin and nails were of a decided yellowish cast, and the conjunctiva a yellowish-green. Ordered full dose of calomel and rhubarb, after which quinine in ten-grain doses was given morn and evening during the remissions. The disease soon assumed the typhoid condition, and genuine enteric fever was clearly diagnosed on September 24, at which time the rash appeared, and the temperature reached 102.1°. For the next week the temperature showed the usual vacillations, but from October 1 to October 6 inclusive, remained almost stationary at 103°, rising to 103.7° on the 5th, and during this period 102.4° was the lowest record. A sudden fall to 99.6° occurred on the morning of October 7; after this the morning and evening variations were noticed until October 16, when the evening temperature was 103.9°. The following morning the temperature fell to 98.5°, and a copious hemorrhage occurred. In the evening the temperature rose to 103.4°, and remained between 103° and 104° until the morning of October 23, when 104.4° was reached. At this time twenty grains of quinine were given at one dose, which brought the temperature down to 100.2°. On the morning of the 25th, it had reached 105.7°, when another twenty-grain dose of quinine was given, which reduced the temperature in five hours to 99.8°. On the evening of the 26th it stood 102.2°. About 3 p. m., October 27, perforation of the bowel occurred, marked by its characteristic, sudden, intense pain in the perforated region, faintness, etc. She rallied somewhat, but the general symptoms of peritonitis followed, and the patient died on October 29 about 11 p. m.

This patient had just previous to the attack nursed three cases of typhoid fever in her family, and was in bad mental and physical condition when she was taken sick. Bad drainage near the watter-supply was proven by accident. A solution of carbolic acid was left for disinfecting purposes; a portion of this was emptied near the pump from which the family was supplied with water. The water soon tasted strongly of the acid, and the well had to be pumped dry to get rid of it. The disease had undoubtedly originated from having drank the water from the well; the above incident showing clearly the percolating property of the soil.

The Cocoanut as a Food.

The *Fiji Times*, in a recent article on the immense utility of the cocoanut as food rations, and the valuable qualities which it possesses for sustaining nutrition, narrates the following instance of its use as food:

A vessel left San Francisco with 400 passengers for Sydney, and in consequence of running short of stores had to put in at Samsa, where a large quantity of cocoanuts were obtained. During the remainder of the passage—for, through stress of weather, the vessel only reached Sydney after a perilous journey of eighty days—provisions ran short, and men, women, and children were fed only upon cocoanuts, being at last reduced to one per diem for each adult. Notwithstanding the diet, not a life was lost, and not a single case of sickness occurred, all the passengers landing in a healthy and well-nourished condition.

Listerism in Buda-Pesth.

That Listerism and Lister are appreciated in some parts of the world, the following, from the *Brit. Med. Jour.*, October 6, 1883, amply testifies:

Professor Lister has been spending a few days at Buda-Pesth. A Vienna telegram announces that on Saturday night he received an enthusiastic ovation from the medical students of that city, who held a torchlight procession in his honor. On arriving at the Queen of England Hotel, Pesth, where Professor Lister was staying, the students drew up in a line in front of the building, and Professor Lister appeared on the balcony, surrounded by a number of professors of the medical faculty of the University of Buda-Pesth. One student then addressed the distinguished surgeon in Hungarian, and a second presented the homage of his fellow-students in English, Professor Lister returning his thanks in German."

A Deserved Punishment.

The Bolton (England) county magistrates have made a severe example of a man charged with offering diseased meat for sale. A cow jobber was prosecuted for having on his premises the carcase of a cow in an extremely diseased condition, but dressed for food. The meat had been previously condemned, and buried in quicklime; but the defendant at night exhumed the carcase, and was detected carting it away by the police, who took charge of it for a second time. He was committed to prison for three months, the Bench regretting that the Act precluded the imposition of hard labor.

Good! Let us follow suit.

The Insane as Witnesses.

The United States Supreme Court has recently decided that—"A lunatic or person affected with insanity is admissible as a witness if he have sufficient understanding to apprehend the obligation of an oath, and to be capable of giving a correct account of the matters which he has seen or heard with reference to the question at issue; and whether he have that understanding is a question to be determined by the Court upon examination of the party himself, and any competent witnesses who can speak to the nature and extent of his insanity."

Not a Bad Idea.

Dr. C. F. Naismith thus writes to the *Lancet*, October 27, 1883:

It is quite a common occurrence for young mothers to complain of the rapid decay of their teeth. This is no doubt caused by the abstraction of lime from the mother's blood to form the bones of the fœtus. Hence the craving for chalk and kindred substances. How would it do to prescribe phosphate and carbonate of lime regularly for pregnant females, to make up the deficiency?

International Sanitary Reports.

Surgeon General Wales, of the navy, in his annual report recommends that the medical departments of the great naval powers be invited to a conference, with a view to the adoption of a uniform nomenclature, classification, and tabulation of diseases, and of a system of interchange of periodical reports of the movement of disease, from which international reports of sanitary conditions all over the world may be published at stated intervals.

Investigation of the Properties of Manaca.

A Brazilian plant, locally known by the name of *manaca*, and to botanists as *Franciscea uniflora*, has long had a reputation in that country as a remedy in rheumatism and syphilis. A supply of it has been obtained by the well-known firm of Parke, Davis & Co., of Detroit, who are desirous of having its properties investigated by competent medical observers in this country. Those physicians who would feel interested in testing it can obtain particulars by addressing the firm as above.

Good Teeth and Good Intellect.

The recent discussion in the French medical journals on the relation of the teeth to the brain, and their conclusions, are of importance to all brain-workers. Dr. Championnière recommends that parents and guardians should pay close attention to the condition of the teeth of those under their care, and should, when any signs of premature decay are noticeable, give their charges a holiday.

Personals.

—Dr. Thomas Gallaher, re-sentenced for life as one of the leaders in the dynamite conspiracy in London, graduated at Bellevue Hospital Medical College in 1879.

—Dr. John B. Hamilton, the Surgeon-General of the Marine Hospital Service, has been elected Professor of Surgery in the Medical Department of the University of Georgetown, D. C.

—The death is announced from Paris of Professor Depaul, for twenty-one years Professor of Obstetrics in the Paris Faculty of Medicine.

—The *Medical Record* thus gives the ages of some of New York's distinguished physicians, many of them in active practice: Willard Parker, 83; A. C. Post, 77; J. G. Adams, 76; William Detmold, 76; S. G. Hubbard, 75; Isaac E. Taylor, 71; Austin Flint, sr., 71; Frank H. Hamilton, 70.

—The French colony at Alexandria intend to erect a monument to the memory of M. Thuiller, the member of the Pasteur Egyptian Cholera Commission who died at his post.

Items.

—The medical schools in London are better supplied with subjects than in most previous years.

—Two fatal cases of gastrostomy for malignant disease of the œsophagus are reported in the *Lancet*, October 6, 1883.

—In the *Wien. Med. Woch.* Dr. Viktor V. Hacker reports a successful resection of the pyloris—Billroth operated. The woman is now well.

—Recently, at Athlone, Ireland, a man was fined ten shillings for allowing a "wake" to be held upon his child, who had died from scarlet fever.

—In the *American Practitioner* for October, 1883, Dr. W. O. Roberts reports an aneurism of the femoral artery cured by ligation of the external iliac.

—In the *Med. Times and Gaz.*, October 13, 1883, Dr. R. J. W. Oswald reports a case of carcinoma of the prostate gland, probably scirrhous, occurring in a man only twenty-three years old.

—A weekly medical journal, called the *Edinburgh Clinical and Pathological Journal*, has been issued in Scotland, Drs. Graham Brown, Cathcart, and D. Bery Hart, being editors.

—Twenty-five thousand dollars was offered to St. George's Hospital, London, on condition that the money be devoted to a fair trial of homœopathy in the wards of that hospital. The offer was declined.

—In the *Boston M. and S. Jour.*, November 8, 1883, Dr. John Homans reports a case of two-horned uterus, where the left horn did not communicate with the vagina, and was filled with menstrual blood, forming a large tumor. Supravaginal removal of uterus, ovaries, and fallopian tubes effected a cure.

—Dr. Burdon Sanderson, in a lecture recently delivered in the Museum of the University of Oxford, said that Koch's discovery of the bacillus tuberculosis would, beyond the possibility of doubt, serve as the foundation for an efficient prophylaxis against pulmonary consumption and the other less familiar forms of tubercular disease connected with it by community of origin and of issue.

—In the *Lancet*, October 6, 1883, Dr. J. Crawford Renton reports a case of uterine fibroid removed by abdominal section; pedicle treated with silk; hemorrhage in twelve hours; reopening of abdomen, and application of Kœberlé's serre-nœud; recovery.

—Dr. Bakewell reports (*Lancet*, October 13, 1883) a case of multiple lymphadenoma; enlargement of submaxillary, cervical, axillary, brachial, inguinal and bronchial glands on both sides; treatment by arsenic; recovery.

OBITUARY NOTICES.

DR. LOUIS D. SPROAT.

Dr. Louis D. Sproat died in New York City on October 28, from typhoid fever. Dr. Sproat was a native of Chillicothe, Ohio. He graduated from the New York College of Physicians and Surgeons, and entered Bellevue Hospital as an interne in 1868. Dr. Sproat was characterized by marked professional integrity, and a mild and unobtrusive disposition. He leaves a wife and two children.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE PROPER METHOD OF LIGATING ARTERIAL TRUNKS IN CONTINUITY.

A LECTURE DELIVERED IN THE SURGICAL LABORATORY OF THE PHILADELPHIA POLYCLINIC AND COLLEGE FOR GRADUATES IN MEDICINE.

BY JOHN B. ROBERTS, M. D.

Before you commence tying special arteries, it is necessary for me to describe the correct manner of operating, that you may use your fingers with intelligence as well as dexterity.

Arteries are tied in continuity to lessen the circulation through aneurismal tumors and to arrest secondary hemorrhage, which pressure or ligation in the wound has failed to control. The special instruments required for the operation are a scalpel, dissecting forceps, a grooved director, two metallic retractors with which to hold the margins of the incision apart, an aneurism needle and a strong antiseptic ligature of cat-gut, ox-tendon or nerve.

The surgeon must first of all determine the exact course of the artery by the well-known landmarks of clinical anatomy, and the linear guides which are based upon these anatomical relations. If the artery is a superficial one, its pulsation will aid in this determination. If a superficial muscle or tendon is one of the guides, it can be made to stand out prominently by getting the patient before etherization to voluntarily use it. The line of the tendon or artery can then be marked on the skin with a moistened aniline pencil. In operating on the dead body, such tendons are made prominent by moving the joints in such a manner as to bring tension on the muscular fibres. For example, if a flexor is the guide, ask the patient to *flex* the joint and the muscle will, on contraction, become prominent; but in the surgical laboratory the same muscle in the cadaver can only be rendered prominent by forcibly *extending* the joint.

The second step is to decide upon the point of ligation. In secondary hemorrhage it is best, if practicable, to expose and tie the vessel near the wound and on both sides of it. In the case of aneurism, the Hunterian method is usually the best. This places the ligature sufficiently far from the aneurism to ensure at least one *small* branch being given off by the trunk between the site of ligation and the aneurism. The ligature should always be applied at least a half or three-quarters of an inch below the origin of any large branch or bifurcation of the artery. When this is anatomically impossible, it is often wise to secure the branch also with a ligature, to prevent secondary hemorrhage, which otherwise may result from the collateral current developed in the branch or bifurcation.

The incision should be made with its centre over the point chosen for ligation, and, in most instances, slightly oblique to the course of the artery. Such an obliquity of ten degrees makes it much more easy to search for the muscular interspaces and other deep guides leading to the vessel. The skin should be steadied, but not displaced, by the thumb and finger of the left hand while the point of the knife is inserted perpendicularly through the skin, and an incision,

varying from two to five inches in length, is made with one sweep. The scalpel should be brought out perpendicularly, in order that the wound may be of one depth throughout its entire length. The incision should always be sufficiently long to afford free access to the tissues beneath. When the artery is deeply located, whether from its anatomical relations or the obesity of the patient, a long incision is demanded.

The superficial fascia may be divided at the same time as the skin, if the vessel lies below the deep fascia. Large, superficial veins should be drawn aside, if convenient; though their division is of little importance, since the bleeding is easily arrested by ligatures if it does not cease spontaneously. The deep fascia is to be incised in a similar manner as the skin, or it may be punctured, and a grooved director slipped under it, after which manœuvre it is divided by carrying the inverted knife along the groove. The original length of the incision should be maintained until the sheath of the artery is reached. If the deep fascia is so tense as to prevent satisfactory investigation of the parts beneath, a short incision may be made across the middle of the longitudinal one.

Muscular interspaces are guides to some of the arteries. These, on account of the fat deposited in them, are usually quite readily recognized as yellow lines. Sometimes this yellow appearance is seen before the deep fascia is divided. Another guide to them is furnished by the small vessels which ramify in them, and perforate the fascia covering them.

The proper muscular interspace to gain access to the artery is next torn open with the rounded end of the director, or the wound is deepened by careful use of the scalpel. As the situation of the artery is approached, the forceps and the back of the scalpel's point are the safest means of separating the tissues. During this dissection the wound may be held open by blunt hooks or retractors, and the bulging muscles relaxed by bending the joints.

The larger arteries, with the accompanying vein or veins, are enclosed in a distinct fibrous sheath. This sheath is to be opened by pinching up a fold in the forceps, and making in it with the knife a cut about a quarter of an inch long. While the forceps hold the edge of the opening, the end of the grooved director or aneurism needle is introduced into the sheath on one side of the artery, and used to break up the adhesions between the vessel and the sheath, or the adjacent contents of the sheath. By a similar manœuvre on the other side of the vessel, complete isolation of the same is accomplished. Isolation of smaller arteries which have no distinct sheath can be readily performed by using two pairs of forceps to pull away the small veins and cellular tissue. The use of the point of the knife is dangerous in cleaning the artery, lest a puncture be inflicted upon the artery or vein; and on the other hand, care must be taken with the blunt instrument that undue bruising is not done.

The Esmarch apparatus is sometimes applied to prevent obscuration of the parts by hemorrhage during the operation. Usually it is unnecessary, for only a few small branches are divided. These can be tied if necessary.

It is well to remember the characteristics of an artery in the living subject. It has a pinkish-white, smooth, shining surface, and is compressible, feeling as it is rolled under the finger-tips as if two surfaces were slipping upon each other. A nerve has not this smooth shining surface, but has longitudinal markings due to its fibrous structure, and rolls under the fingers as a solid non-compressible cord. A vein is purplish, soft, and flaccid, and from its distension with dark blood resembles a leech in appearance. It becomes more distended if pressure is made on its cardiac end. A small tendon is pearly-white and glistening, and gives when seized the impression of having great density. Passive motion of the neighboring joint may prove its identity. The recognition of the artery is often aided by its location between two satellite veins, and by its pulsation. Pulsation, however, may be absent, because manipulation sometimes causes arteries to contract and become temporarily pulseless. On the other hand, a deceptive pulsation may be transmitted. When you fail to find the artery, you should not tear up the tissues and grope in an aimless way, but at once review all the steps of the operation and systematically verify the landmarks from the surface downwards to nerves or fascial bands lying over an artery.

After the artery has been recognized and isolated, the end of the curved aneurism needle, threaded with carbolized catgut, is carefully passed around it without disturbing its surroundings or pulling it from its bed. This is best done by grasping the tissues at one side of the artery, but not the artery itself, with the forceps, and insinuating the aneurism needle with a curvilinear movement under the artery from that side. A little lateral movement of the point of the needle will render its passage more easy. As the point projects at the opposite side of the vessel, any tis-

sue overlying it may be torn through with the finger-nail or forceps, if it is seen not to be a vein or part of the arterial wall. When the loop of ligature in the eye of the needle is visible, it is drawn out of the wound with the forceps, while the needle is made to retrace its course under the vessel, and is thus removed. If the artery has a single vein alongside of it, the needle should be introduced at the venous side of the artery, since puncture of the thin-walled vein is thus less likely to occur than when the point of the needle is carried beneath the vessel from the side opposite the vein. If accompanying veins exist on both sides of the artery, this precaution loses its value. If by accident such a large vein is punctured during the operation, it is well to extend the incision and tie at a higher point of the artery, lest the ligature act as a seton in the vein, and cause septicæmia. Before tying the ligature the surgeon should hold the artery in the loop of the ligature and compress it with a finger, to be sure that pulsation below is arrested by constriction of the structure encircled. This manœuver proves or disproves the proper application of the ligature, which may be around the wrong artery, or perchance around a nerve or piece of fascia. The ligature should be secured by a flat knot, and it is well to tie the ends a third time after completing the ordinary double tie, for catgut is apt to become loosened.

During the knotting the index fingers should be carried into the depth of the wound, in order not to raise the vessel from its bed. Sufficient tension should be put upon the first tie to insure division of the inner and middle coats of the artery. This is known by the sensation of cutting into the wall that is felt by the operator as the noose is tightened. When mere approximation of the inner tissue is desired, this cutting is avoided by using flat ligatures of carbolized ox-aorta or nerve. After ligation is accomplished, the wound is washed out with an antiseptic solution and approximated with sutures, cotton is applied around the limb to maintain an equable temperature, and the extremity is slightly raised to encourage venous return.

INEBRIETY PRACTICALLY CONSIDERED.

BY T. D. CROTHERS, M. D.,
Supt. Walnut Lodge, Hartford, Conn.

Some time ago a physician wrote condemning very earnestly an article published in the REPORTER, in which I asserted that inebriety was always preceded by a prodromic stage, from which prompt recognition and treatment would give the greatest promise of cure and restoration.

He saw in this statement errors that to him were infidel, and generally disastrous to all truth and progress. My silence and refusal to enter into any defence or argument to sustain these views, was construed as evidence of inability to do so, and he rushed into print in an essay that to-day he would gladly recall. A member of his family became an inebriate, and then for the first time he realized that a distinct chain of physical causes had been in operation producing this result. Had he recognized them before, he might have prevented a most calamitous disaster. The case in brief was this:

A young man of weak, nervous organization, with disordered nutrient tastes, and superficial education, was sent to Europe to travel for his health. He fell in with drinking companions and soon drank to intoxication, and continued for two years using wine and stronger alcohols to excess.

On his return, he manifested so much knowledge of foreign wines and their manufacture, that he was encouraged to start a wine store. Three years later he failed, and the interests of a large circle of friends were hopelessly ruined.

He is now an incurable inebriate, and a burden to his friends. A noted divine of New York asserted "that inebriety could only be cured by making it odious and criminal to drink, and that the inebriate should be treated with severe punishment, rather than by mock sympathy as a sick man."

Some time after, his only son, a professional man, became an impulsive inebriate, and was placed under my care. His father manifested great fear that he would be restrained against his will, and be treated harshly.

The son recovered, and after an interval of nearly two years is well. The father still preaches the same dogmatic views of inebriety, giving the impression of *mental aphasia*, and incompetency to recognize the truth.

Another instance, of a journalist whose writings have spread false notions, that are considered authority, may be of interest. His father died insane during his infancy. His mother was an invalid and died of some brain trouble. He was brought up with a drinking uncle, became a clergyman, then an editor. He has drank at intervals to intoxication from the time of a sunstroke many years ago. These paroxysms of intoxication come on suddenly, and are concealed by going away and shutting himself up in a strange house. They last about two weeks, and are

marked by free intervals of five or six months. During this interval he both writes and lectures, bitterly condemning the disease theory, and urging that all inebriates should be punished, and that the vice of inebriety deserves no sympathy, but must be met with severe repressive laws.

His views are often so intemperate as to suggest a very close approach to insanity. To his friends and readers, who do not know him as an inebriate, these theories are often quoted as an authority.

Thus inebriety, as seen through the theory of moralists and speculative dogmas, is found to differ widely when studied practically at the bedside. A noted temperance lecturer was very anxious to discuss with me the reality of vice, and a wicked, willful propensity to drink in all cases, that could be controlled. It was agreed to test it clinically by a study of the first case we should meet on the street that was available. The result of this experiment was the following, the lecturer making the first study separately and at his leisure, with these conclusions:

B., sixty-four years old. Has drank thirty years. Began to drink while working for a circus and through the influence of bad company. Does not care for spirits, and can stop it of his own will power. Never drinks except when in bad company. If he had married a good wife and kept away from bad company, would have been sober. Is sure it is a vice, and thinks it a wicked sin. When recovering from intoxication, has very clear notions of his sin and strong desires to be better; but later forgets it all, and drinks again. The lecturer conceives this to be a case of vice, that the pledge and conversion only can remove.

My study revealed this side of his history:

A strong presumption existed that his parents were both insane and criminal. He was brought up in an orphan asylum, and was a bar keeper and hostler in a hotel up to an attack of brain fever, which came on after a fall. He went with a circus, and drank to intoxication whenever he could get spirits. Was in the army two years. Had a succession of social disasters, and was sent to jail for drunkenness. From this time his career was marked by steady degeneracy of both mind and body. He was clearly incompetent to control himself, or abstain, and was fast merging on imbecility. His views of his case were mere delusions, which his whole life contradicted.

In all probability the brain fever produced some permanent impairment of an already feeble brain power, and gave an inebriate form to an inherited diathesis.

This was fostered by thirty years of more or less drinking, during which conditions of disease had begun that no art could reach, and no pledge or conversion would control.

The sequel of this was a good illustration of what is seen all over the country every day. This old man was taken into the church, signed the pledge, and claimed to be converted; also gave evidence of being a "shining light." The next day he relapsed, and stole a large sum from his benefactor, who, with inconsistent charity, had him sent to jail.

Thus, all over the country, theoretical notions of the vice and sin of inebriety result in the senseless efforts to cure inebriates by appeals to a diseased emotional nature.

The energy and money spent in the gospel temperance work and other labors to pledge the victim to recover, is a sad commentary on the ignorance of its advocates.

Practically, it is a failure, and always will be, for the reason that it ignores the actual state of the inebriate, and assumes the presence of another condition, which no study indicates.

Some years ago I advised a lawyer, who was drinking to great excess, to go under medical treatment, and urged that he was positively diseased, and should act on this basis. Some friends sneered at this notion, and urged him to trust in the pledge and conversion.

The result of this is that he is now serving out a life sentence for manslaughter, committed while intoxicated. The failure of the church and pledge only increased his malady, and literally precipitated him into incurable states.

Had he recognized his physical condition, and used the means for recovery, no such result would have followed.

Inebriety is a more positive disease than insanity, because the continuous use of alcohol is without motive or object, and contrary to every dictate of self-preservation.

Inebriety is a more stupendous evil than insanity, more widespread and disastrous, and yet its study is in the hands of moralists and reformers.

The legal treatment, by jails and fines, literally destroys the victims, precipitating them to lower levels and more incurable conditions.

The only hope for the future is from a practical study by medical men, who have no other object except to find the facts and the laws which govern them.

The excessive and poisonous use of alcohol, by a vast number of persons in this country, is most certainly a problem of absorbing interest, and can not be solved by theory and speculation.

Like cholera and yellow fever, it is no chance condition, but comes from some specific causes; and from the medical profession must come the practical investigations which will reveal these causes, and the means to remedy and neutralize them.

CASE OF TRAUMATIC TETANUS SUCCESSFULLY TREATED BY CALABAR BEAN.

BY J. T. MCSHANE, M. D.,
Of Carmel, Indiana.

Harvey M., laborer, married, æt. 21 years. On the 1st day of August, 1883, received a severe and painful injury of the dorsum of the middle, ring, and little fingers, the nail being entirely removed from the latter.

On the 19th day of the same month he accidentally struck the end of his little finger, which was destitute of nail and still quite sore, against the door.

On the following day he came to my office, complaining of stiffness of his jaws. On examination I found he could open his mouth as wide as usual, but not with the usual facility. On the morning of the 21st he came again complaining as before, but the symptoms had increased, and the stiffness complained of had extended to the muscles of the neck and arms. On the morning of the 22d, all the voluntary muscles of the body were in a state of rigid contraction, and any attempt to move was immediately followed by a paroxysm of violent contraction of the muscles of the neck, trunk, and thighs; also a sense of terrible constriction at a point corresponding with the lower extremity of the sternum. At 8 p. m., the paroxysms averaged one every eighty seconds while the patient was uninterrupted; a sudden noise, step, or introduction or removal of the light to or from the room, was followed by a paroxysm.

These paroxysms lasted from a fourth to a third of a minute, when the muscles again assumed a moderate degree of tension; the head, which was jerked violently backward, is again nearly erect.

These symptoms continued with slight variations until the eighth day of the attack. The only variations were, at one time the contractions, though general, were more severe in one set of muscles, as in the lumbar region, producing opisthotonos; again, in the lateral muscles of the chest, producing pleurosthotonos.

On the second and third days of the attack the temperature was 100° to 101°F., after which the temperature was normal throughout the course of the disease.

On the eighth day of the disease, for the first time, I noticed a slight diminution in the frequency and violence of the paroxysms; deglutition, which had been accomplished with great difficulty, became easier; the rigidity of the muscles of the neck and trunk was less marked.

This improvement continued from day to day, with an occasional exception, until recovery was complete. On two or three occasions my hopes for my patient's recovery vanished on finding him so rigid from head to foot as to render it necessary to stand him erect on the floor to give him water or medicine.

On the second day of the disease I commenced the administration, hypodermically, of ½ gr. extract physostigma every hour and a half. I increased the dose both in size and frequency, until on the fourth day I gave ¾ grs. every half hour. From this I could notice no effect, and having only a 16-grain solution of the extract, I gave it by the mouth, still increasing the dose until 10-grain doses of the extract were given. Not being satisfied with the results, I procured the Calabar bean as fresh as possible, and gave of the powdered kernel five grains, increasing the dose every two hours.

On the eighth day of the disease the dose was twenty grains, and, as mentioned above, I could notice a slight abatement of the symptoms.

On the sixteenth day of the disease the dose given was 25 grs. every two hours, and the average frequency of the paroxysms ten minutes. Although there was evidence of improvement in my case, I began to doubt the improvement being due to the effect of the drug, and discontinued the use of it with a view of using something else. The result in six hours was—increased violence and frequency of the paroxysms, the average frequency being at this time three minutes. I need not say that my confidence in the remedy was also increased.

I immediately gave a 30-grain dose of the powdered bean, to be repeated every two hours. Five hours later I called and was delighted to find my patient restored to about the same condition that he was in before the experiment.

From this time on he continued to improve slowly, and on the 6th day of October the paroxysms, which had become very mild, ceased to recur, and the rigidity of the muscles had almost subsided.

The remedy, the dose of which had been reduced to 15 grs., was discontinued.

There has been no recurrence of any of the symptoms, and the patient is now almost as well as he was before the attack.

The whole amount of physostigma given from first to last was, of the extract 60 grs., and of the powdered beans, procured of Sutphen & Co., of Noblesville, Ind., eight ounces, and of Ward Bros., of Indianapolis, sixteen ounces, making twenty-four ounces of the beans, all of which was taken by my patient in six weeks, the doses ranging from 15 to 30 grs.

My object in reporting this case is to give to the profession, through the medium of the MED. AND SURG. REPORTER, the benefit of the facts in this marked and severe case of traumatic tetanus, as treated solely by this remedy. The case also demonstrates that exceedingly large doses are necessary in this disease, and may be given without producing any alarming symptoms. So far as I have been able to examine, I find no record of any case in which the dose of the powdered physostigma equaled this.

In the experiments of Dr. Christison with powdered physostigma, in the case of his own person in a state of health, alarming poisonous symptoms were produced by about twelve grains (Stillé's Therapeutics and Materia Medica, fourth edition, vol. ii., p. 321).

Aitkin, of London, in his handbook of treatment, gives an account of sixty-four cases of tetanus treated by this remedy, thirty-three of which recovered. He also states that this large per cent. of recoveries has been increased, and when it has failed, it has generally been attributable to an inefficient use of the remedy.

I am indebted for valuable information on the subject of Calabar bean in tetanus to Dr. J. M. Gray, of Noblesville, with whom I consulted frequently during the progress of this case.

THE ELASTIC LIGATURE FOR THE UMBILICAL CORD.

BY JOHN J. REID, M. D.,

Of New York City.

In the majority of cases the ordinary ligature is sufficient to tie the umbilical cord, but in certain cases fatal hemorrhage follows its use, and presumably in the hands of competent practitioners. Hemorrhage is most likely to occur in cases in which the cord is large, and where there is an abundance of gelatinous matter.

In such cases where desiccation and consequent contraction takes place, sufficient pressure is removed from the vessels to permit bleeding.

There is one class of cases, and a rare one, I think, where any form of ligature at the common disposal of the obstetrician must be inoperative; and that is where there is calcification of the cord.

The diagnosis of such a case will hardly be be made before one or more attacks of bleeding take place.

Its treatment does not come within the limits of the present article.

I have proved satisfactorily to myself that a fine strong ligature tied as tight as possible with a surgeon's knot, and tied again and again in the same channel with the intention of causing as much pressure as possible, failed to prevent hemorrhage. I thus became convinced that to prove serviceable the ligature must be elastic to compensate for the shrinkage.

The method I adopted was to carry in my pocket a piece of black rubber tubing of the kind and calibre ordinarily used for drainage purposes. From the piece of tubing I cut off a ring about an eighth of an inch in length, and slip it on the prongs of a dressing forceps. The forceps is then opened and the umbilical cord grasped about two inches from its extremity. The rubber ring is then slipped down and over the fold of cord embraced by the forceps.

It is obvious that an increased amount of compression can be obtained by cutting the rubber ring longer, as the greater the amount of rubber the greater the pressure; but in my experience I have found an eighth of an inch sufficient.

As was stated in the beginning, the majority of cases will not require this treatment. There are, however, some in which it will be useful, and in none can it be a disadvantage.

HOSPITAL REPORTS.

SOME FORMS OF INSANITY.

1. Syphilitic Dementia—2. Dementia Paralytica of Uncertain Origin—3. Alcoholic Dementia.

A CLINICAL LECTURE DELIVERED AT THE PHILADELPHIA HOSPITAL.

BY CHARLES K. MILLS, M. D.,

Neurologist to the Hospital, and Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic.

Reported by WILLIAM H. MORRISON, M. D.

GENTLEMEN: I will to-day show you a few cases which will illustrate some of the etiological varieties of insanity. The etiological standpoint is, in some respects, a bad one from which to view insanity; for, as you can well see, that which in one case causes insanity, may in another produce some other affection.

The first patient presents several features of interest, not only in his mental condition, but also in the occurrence of certain attacks since his ad-

mission, and in the good results of the treatment which was adopted for these attacks.

He is a colored man, about twenty-five years of age. He was admitted February 17, 1883. When admitted, he was in the condition which is best described by the term general dementia or general mental enfeeblement. He was suffering from no paralysis of any kind. He was able to walk about and use his limbs freely. He had no marked trouble of speech, but he spoke but little and that in a muttering way. He would sit in his chair by the bed, muttering occasionally, with difficulty aroused from this condition of semi-stupor, and when aroused, he was simply slow and obstinate. There was no trouble with the bladder or bowels. He did not sleep well, but he had no maniacal attacks. This is the meagre history of this man's condition. He was simply in a state in which his mental powers were inhibited, restricted, or under a ban of some kind, but without any very definite local symptoms. We could get no answers to our questions. He had a distinct history of specific disease; and even in those cases without such history, we are justified in suspecting it, and it is our duty to put the individual on anti-syphilitic treatment.

He was put on the use of iodide of potassium, and under this treatment there was decided improvement. In the course of a week or ten days his mind became clear, and he became one of the most useful assistants in the ward.

The treatment was discontinued, and shortly afterwards he was taken in the night with an apoplectiform attack—epileptic apoplexy, if you choose—with unconsciousness, with a comatose or semi-comatose condition, and with marked spasm, which although involving both sides, was most marked upon one side. He had some elevation of temperature, which after a short time was followed by a depression, so that when I saw him on the following day, the temperature was between 97° and 98°. It varied between 97° and 100°. Some modification of breathing was present, a variety of the Cheyne-Stokes respiration—and death seemed imminent.

When the man was first taken with the attack, the resident examined the condition of the circulation, and concluded that this was a proper case for bleeding, and, very properly, bled. The result of the treatment was good. In the wards for nervous diseases, where we have so many cases of apoplexy, as well as in private practice, it is important to have points in reference to the treatment of these attacks. This was a proper case for bleeding, but there are but few proper cases for bleeding in these wards.

The diagnosis in this case was, in general terms, *syphilitic dementia*—a condition of mental depression and enfeeblement due to a syphilitic encephalic lesion.

In order to give you in a condensed form an idea of the gross pathological features of syphilitic lesions of the nervous system, I will quote for you from Dowse* a summary of these lesions: "*a.* The inflammatory thickening of the membranes of the brain, spinal cord, and nerves. This thickening may originate in the lining membrane of the osseous system, with which these structures come in contact. *b.* The invasion of the neuraglea, or connective tissue, by a diffuse form of gummatous infiltration, which might be the result primarily of disease of the circulatory system, or alterations of the fluids circulating within the vascular channels of the nervous tissue. The latter condition gives rise to albuminofibroid changes—more especially in the white nerve substance, and is often associated with a low form of inflammation of the membranes. *c.* The appearance of syphilomatous masses, which often occur singly, but may be numerous. Their seat may be over the surface of the hemispheres, and I have usually found them in the upper convolutions of the anterior lobes, or they may occur at the base. At any rate, they are to be seen almost invariably at the cortex, and closely united with the membranes. They extend into the surrounding tissue, which is generally found to be softened, hypervascular, and of a faint yellow color. When examined, they present the appearances which have been previously noted, the nerve-cells and vessels giving evidence under the microscope of the usual degenerations consequent upon vascular occlusion."

The syphilitic intracranial disorders which I have studied have been usually of this third class. The membranes, either the dura mater or the pia mater, or these two jointly, have been usually involved. Out of twenty cases of tumor of the brain which I have examined, at least seventeen or eighteen were distinctly tumors of the membranes, and two-thirds of these proved to be syphilitic in character. The question of insanity, or the lesions producing insanity, is not so much as to the character of the lesion, whether it results from syphilis, alcohol, or something else, as it is of the location of the lesion.

In a case of this kind, I should say that the man probably had a syphilomatous mass or a syphilitic inflammation of the bone and membranes of the brain, affecting particularly the pre-frontal region. You will have a predominance of mental, motor, or sensory symptoms according to the region involved. Under the use of iodide of potassium the thraldom of this region of the brain was released, inhibition was relieved, the pressure being removed by the melting away of the syphilitic exudation or infiltration.

The treatment was discontinued. The probability is that then an extension backward of the disease over the motor region of the convolutions took place, and the man had a convulsion. This is one way to explain the attack. A second explanation might be that a tumor was present which under treatment decreased in size, and this treatment being discontinued, or in spite of the treatment, it again increased in size, pressed upon the vessels, obliterating them and producing a breaking-down of the brain tissue. I do not think that this was the case in this instance.

Two forms of apoplexy may occur in these cases, either from the obliteration of vessels and the breaking down of the brain, or, secondly, a congestive or hemorrhagic attack in the vicinity of the growth. In such a case, and in almost every case of brain tumor with apoplectiform attacks, and certainly in every case where the blood pressure is great, with a full pulse and conditions that under

*Syphilis of the Brain and Spinal Cord, by Thomas Stretch Dowse, M. D., New York. G. P. Putnam's Sons, 1879.

other circumstances would call for bleeding, venesection will do a great deal of good.

As I have said, this man was bled and afterwards put on the use of bromide of potassium, ergotine, and the iodide of potassium. He came out of the attack only a little the worse for it, having now a little thickness of speech.

This second patient, D., aged 49, was brought here with the history of having been on a debauch for some time. He was placed in the ward reserved for such cases, and after recovering from the acute attack he was, in consequence of his mental condition sent to the *nervous wards*. He also has a history of syphilis dating back about twenty years. Although, as I have just said, he was supposed to have been intoxicated, he denies that he was ever a drinking man, and says that he got wild on the street and was brought to the hospital, but that he was not drunk. He says that he can do anything, and that he understands all trades; that he is also very strong, and can lift this heavy operating table, and that he can lift a coach. He is also a reformer, and has some curious ideas for the reformation of prisons and almshouses. He would reform the inmates of these institutions by so treating them that they would have no object for doing wrong. He would give them work, and supply them with clothing, food, and everything that they desired, from Wanamaker's, and he says that Mr. Wanamaker would be willing to do this for the work that he (the patient) would do. I wish you to notice the half staccato or scanning way in which he talks.

As you see, this case resembles some of the cases of general progressive paralysis of the insane, or dementia paralytica, which I have shown to you. These cases exhibited marked delusions of wealth, grandeur, strength, or the like. This man says that he is very poor; that he has not a cent, but that his relatives are very rich.

In some of the other patients a distinct history of syphilis was made out; in others there was no such history. This man has a distinct syphilitic history. He has also a history of chronic alcoholism. The probabilities are that either one or both these factors—more probably both—operated to produce this mental condition. He also shows me a scar on his head where he says that his skull was cracked by being hit on the head. This case illustrates what I have already said about the fallacy which may result from relying too much upon the history in trying to get an idea of the cause of the insanity. One observer would call this a case of traumatic insanity, another would declare that it was an example of alcoholic mania, while a third would consider it to be the result of syphilis. It is only when you have a clear, definite, and positive history of one continuing cause, or where you get certain results from treatment, that you are able to assert that the insanity results from a certain cause. Where a woman who has never exhibited any mental symptoms suffers from an attack of melancholia after childbirth, or in a case in which there is a distinct history of syphilis and the lesions of this disease are found in other parts of the body, the diagnosis is clear.

The patient, as I have said, has no delusions of wealth, but he has delusions of great strength and ability. He has a little peculiarity in his speech, which is a help in the diagnosis between this and some other affections.

When first admitted, he was given calabar bean, which has been highly recommended in the first stages of dementia paralytica. Crichton-Browne has obtained very satisfactory results from it, given in doses of one-sixth of a grain, gradually increased, and kept up for a long time. I have not, however, obtained very good results from it. After a time he was put on anti-syphilitic treatment, but he has not responded so well as the first patient whom I showed you.

This treatment, however, will be continued for a time. If his maniacal attacks return, I will order him hypodermic injections of hyoscyamia. This drug, which is now much used for its quieting effects in transitory mania, delirium tremens, and similar disorders characterized by cerebral excitement, can be given hypodermically in doses of from one-thirtieth to one-tenth of a grain. It can be dissolved in equal parts of alcohol and water. Granules of from one-twentieth to one-thirtieth of a grain can be had from some pharmacist, and may be used instead of the subcutaneous injections.

Case 3. This patient has a clear history of alcoholism, and nothing else, and might be designated as a case of *alcoholic dementia*. He is an intelligent-looking man, who held a responsible position until a few months ago, when, according to his account, he suddenly lost his memory. He has no special physical or other mental symptoms; simply an inane condition, with almost absolute loss of memory for recent events.

Passing through the nervous wards of a hospital, many varieties of disease can be found which may be classed as affections of memory. In some cases, as in this, there seems to be some general cause, acting upon the blood. Sometimes a severe jar or concussion of the head will produce the same effect. I recall the case of a lady who was struck on the head, and from that day to this she has never been able to recall the events which happened in the few hours following the injury, although her mind is entirely restored.

In this man the long misuse of alcohol seems to have brought on the attack. The whole question of what memory is organically would have to be discussed in order to get a clear, clinical and practical idea of this man's condition. We have not time for this, but this much may be said: there are varying conditions of tone and want of tone in the cerebral cells. Exhaustion of these cells may come on. Memory is dependent directly or indirectly on the nutrition of the brain itself. So far as immediate effects are concerned, varying conditions of the circulation give varying conditions of the ganglionic cells, so far as their ability to perform their functions is concerned.

According to Ribot,* memory is a general function of the nervous system. "Its basis is the property possessed by the nerve-elements of retaining a received modification and of forming associations. These associations, the result of experience, we have called dynamic, to distinguish them from those which are natural or anatomical. Retention is assured by nutrition, which is ever

*The Diseases of Memory, by Th. Ribot.

making the modifications and associations stable, becausing it is ever renewing the modified nerve-substance. The power of reproduction seems to depend above all on the circulation."

Take the case of our patient. A man of originally good mind and memory, begins to use and abuse alcohol, and as the action of his brain-cells is dependent on the blood supply, an increased activity of them is at first produced by the use of alcohol. Up to a certain limit this seems to be almost tonic: but it is continued for months or years, and after a time these over-driven cells refuse to respond to any stimuli: their original resiliency is lost, and more or less failure of memory ensues. In these cases you may have no gross lesion, no inflammatory or hemorrhagic condition, no closure of the blood-vessels with breaking down of the brain tissue—no condition of this kind; yet the repeated stimulation of the ganglionic cells has so over-driven them that they refuse to respond, because they are exhausted.

Just so it is in ordinary neurasthenia where there has been no abuse of alcohol, if this term means anything outside of organic disease. There are cases which are properly termed neurasthenic. Just as a man's muscle may be worn out by overwork and refuse to respond to stimuli, so these ganglionic cells may be exhausted and fail to come to time. If this be all, rest and proper treatment may restore the cells to their normal condition; but the process may go further.

An exhausted muscle will after a time undergo atrophy; in the same way, the brain-cells driven and over-driven by artificial stimuli, may atrophy, and a condition be pruduced from which the patient can only partially recover. In general terms, this is what we have in cases like the one now before me.

It is a curious fact that patients will often remember things that happened long ago, while they do not remember more recent events. The impressions that were made in these cells have been transformed into notions and ideas which remain; but the cells of to-day are not in a healthy condition to take the impressions of to-day.

The treatment of this patient should be to rest and build up the brain as far as possible. The stimulus should not be entirely withdrawn, but should be used cautiously. Nerve and general tonics, and particularly nutrients, such as cod-liver oil, and good food, in the most digestible shape, should be administered.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Specially reported for the MEDICAL AND SURGICAL REPORTER by W. H. SEELYE, A. M., M. D.

Syphilis.

The case presented was a man with the following history: Age forty-eight; married; is a horse-trainer; his father died of alcoholism and a wound in the hand; his mother died at seventy, of old age. Patient was well nineteen months ago. But in March, 1880, he had clap, and a sore on the penis which proved to be a chancre. A doctor treated him for this for two months, and then he went to Dr. L., who said that he had been murdered by his previous treatment, and that he was just ready to die, for the disease had gotten up to his brain. The secondary symptoms of constitutional syphilis rapidly appeared, and were strongly marked. A year ago he had several crops of whitish spots break out on his face and nose, which left dark pits behind them when they disappeared. A large ulcer formed on the chest, and another on his back. He had a severe iritis, first in his left eye, which left him almost blind, and in July it spread to the right eye, but it ran a milder course in this. He fell down stairs at some time and sustained a fracture of the tibia. His memory has been growing poor for the last two months, and there has been diminution of strength and loss of appetite, vomiting and emaciation. There has been no disturbance in the urine. He has been put on anti-syphilitic treatment, but he has not wholly given up the use of spirits, to which he has been accustomed.

Inspection.—The right tibia shows two swellings on its anterior surface, which are not periosteal nodes as they appear to be, but are due to fracture of the leg. The traces of a small chancre are still visible on the folds of the foreskin. As we shall see, this is a very profound case of syphilitic infection, and so it behooves us to inquire for every possible lesion that this may cause. As a visceral lesion we may get amyloid degeneration of the liver and spleen and kidneys, the last of which is made manifest by the presence of albumen in the urine. Notice objectively here the eruption on the face, which consists of nodules or tubercles on the cheeks and nose; and on the ear is a large ulcerating sore which needs dressing. This eruption is called a tubercular syphilide, not because it is in any special sense at all analogous to tubercle, but because of the little nodules, which have a globular shape, and in this respect resemble a tubercle. These consist of an exudation or a gummy growth in the true skin, and are so hard as to roll under the finger. This is a solid infiltration into the skin which finally will do one of two things: it will either cause the formation of a dry crust upon it, which will undergo involution, and at last disappear, but leave a permanent cicatrix; or an ulcerative process will take place in this new infiltration, which will cause destruction and loss of surrounding tissue. So, either with the dry or the ulcerating syphilide, we get a permanent scar.

These scars on the nose and face are always and forever the mark of this ugly beast; and they can never be mistaken by the practiced eye, but are easily detected. Yet I would not advise you, until you become experienced, to lay too much stress upon the presence of mere cicatrices, unless there are other points in the general history to confirm your suspicions.

Percussion.—Observe how very small the liver is here. The upper margin of dullness is in the sixth intercostal space, and the partial resonance of the colon covering its lower portion begins two inches or more higher than is usual. The positive liver dullness occupying such narrow limits, the inference is that the organ is atrophied; and this inference is borne out by another sign which would lead you to suspect atrophy, namely, the presence of enlarged superficial veins in the abdo-

men. It is impossible to detect any alteration in the spleen here, because of the distension of the stomach and the hollow viscera overlying it. There is no cardiac disease in the patient.

Among the points of special interest brought out in the history is the existence of a double iritis. There still remain traces of the effects of this lesion, in that the right pupil is yet slightly eccentric, while the left is not so decidedly altered. But this is not the most important change; for we find that his arteries are considerably stiffened, and are atheromatous. This is a lesion which occurs frequently in syphilis, which is one of its commonest causes. And this discovery leads us to the probable explanation of another symptom, which is the most important one in this case, and that is the loss of memory, together with the lack of precision and want of truthfulness in his statements. This is because he is suffering from perversion of nutrition in the cerebral hemispheres, which probably results from an atheromatous degeneration of the blood-vessels.

It would not be surprising if this man should at any time develop other symptoms of a cerebral lesion, such as a more marked loss of intellectual powers, or some localized paralysis, such as hemiplegia or paralysis of the motor oculi. Cerebral syphilis, which has already manifested itself in moderate psychical disturbances, will later, unless arrested by treatment, probably be followed by other symptoms. And there is hardly any psychosis or paralysis which syphilis may not cause. This man has been under the usual treatment of mercury and iodide of potash, ever since the disease began. He says that after being treated for two months by one doctor he went to another professor and has been ever since under his care. But in spite of the treatment, the disease has progressed; and this will often happen. It is not a fair criticism on a doctor that because a disease has not improved the treatment has not been proper; for this disease will sometimes get the better of the best physicians.

There is one point in the history of the treatment of this case which I would criticise, and that is that he has been allowed to continue the use of alcoholic stimulants. Now if there is any one point which my experience has taught me, it is that it is absolutely necessary that syphilitic patients should not be allowed to use alcohol in any shape or form. I am sure that indulgence in alcohol in cases of constitutional syphilis largely neutralizes any beneficial effect of the treatment. I have often seen patients growing worse under treatment, who have improved at once upon stopping the stimulants. Syphilis in the system destroys the power of taking alcohol to any extent for the rest of the patient's life, without producing unusual damage. This most important and interesting fact was first brought to my attention by Dr. Van Buren, who was one of the best authorities on this disease. The importance of this matter in the treatment of constitutional syphilis cannot be exaggerated. Not a single drink should be allowed, if you would give the patient the best possible chance for recovery. Carelessness in this point may entirely defeat your end in the treatment. This patient has improved decidedly since he came into the hospital, although he is taking the same remedies as before, but without the whisky. And it is possible that he may completely recover both from the psychosis and the lesions of the skin. There is no disease in which there is greater satisfaction in the treatment, if you are precise in your directions and earnest in carrying them out.

Medical Societies.

Philadelphia County Medical Society.

Meeting October 17, 1883.

The Treatment of Psoriasis.

BY ARTHUR VAN HARLINGEN, M. D.

The object of treatment in psoriasis is the removal of the eruption as it exists upon the skin. We cannot hope with any degree of certainty in any given case to prevent a recurrence of the disease, or, if you please, a relapse. I do not know what has been the experience of others in this respect, but I have patients who have been under observation three, five, even eight and ten years, without relapse. Such cases are, unfortunately, few.

I think I am not asserting too much when I say that eight out of ten cases of psoriasis of average character and severity, will do better under the use of arsenic than with any other remedy. I prefer Fowler's solution, given in the average dose of four minims thrice daily. I have sometimes been obliged to limit the dose at the beginning to one minim, in cases where subsequently such toleration has been established that twelve minims have been taken with impunity. However, four minims is a good dose to begin with, and if the effect does not begin to show itself within ten days or two weeks, the amount may be gradually increased. The solution is better mixed with water, or with wine of iron, or other convenient vehicle.

It must be remembered that arsenic is a slowly-acting remedy, and its use should be continued through many months to get the best security against relapse.

The solution of mercury and arsenic (Donovan's) I have employed in certain stubborn cases with good effect where Fowler's solution has seemed to fail.

Next in value to arsenic in the treatment of psoriasis is iron. I commonly employ the tincture of iron in cases where arsenic does not seem indicated. There is one type of psoriasis which includes robust, rosy, well-nourished individuals, "the very picture of health." Such people have never been sick a day in their lives, or perhaps may have had slight attacks of articular rheumatism. Such patients do well under arsenic.

But there is another type in which the individual is thin, poorly nourished, and perhaps somewhat anæmic. These are the cases which do well under iron, which is best administered in the form of the tincture of the chloride. With these two remedies, arsenic and iron, I usually succeed in curing ordinary cases of psoriasis, adding in rare cases cod-liver oil to the use of the tincture of iron when debility is present. Of course, local

applications are employed at the same time. Of these I shall speak presently.

I have found alkalies and diuretics useful in cases where a markedly inflammatory condition of the skin has existed.

The first thing to do is to remove the scales. This may be done by means of local or general baths, wet dressings, etc.. or by inunctions with fats and oils, by the use of soap, or by the action of impermeable dressings of india-rubber or oil silk. When only a few lesions are to be acted upon, a solution of salicylic acid in alcohol, 1 part to 16, well rubbed in with a sponge, will remove the scales very nicely.

The scales having been removed, the next thing is to apply such substances to the diseased patches as may most quickly modify the abnormal condition of the skin, and bring it back again to a healthy condition.

The introduction of chrysarobin or chrysophanic acid some six or seven years ago, put quite a new face on the local treatment of psoriasis; and since then, with the aid of this and other later discoveries, we are able to work a much more rapid change in the appearance and condition of the skin in this disease.

I do not think pyrogallic acid is by any means so well known as an application for the relief of psoriasis as is chrysarobin; but it is, in my opinion, one of the very best remedies we have for the cure of cases of psoriasis of average severity. Employed in the form of ointment, of the strength of one-half to one drachm of the pyrogallic acid to one ounce of simple ointment, the effect produced by it is almost as rapid and decided as that brought about by chrysarobin, without the accompanying discoloration. A slight blackish staining is all that is produced, and the ointment can even be employed in the scalp without markedly discoloring the hair, if applied cautiously. It is desirable, however, not to apply soap or alkalies at the same time, because this causes a more permanent and deeper stain.

Pyrogallic acid can not be used in extensively generalized psoriasis when large surfaces are affected by the disease, without a certain amount of danger from absorption, as indicated by strangury and olive-green or tar-colored urinary secretions. With care, however, and the occasional suspension of the remedy for short periods, I believe this remedy could be employed even in universal psoriasis with good effect.

One more external application in psoriasis remains to be spoken of—namely, naphthol. This drug, a derivative of coal-tar, was introduced into use several years ago by Kaposi, of Vienna, as a sort of substitute for carbolic acid. He recommends it very highly in psoriasis, in the form of ointment, about eighty grains to the ounce, and I have used it in this and other strengths, and also in solutions in alcohol and oil, with fairly good effect.*

Naphthol is not so active in its effect as chrysarobin or pyrogallic acid, but it is much more agreeable, and is, I think, peculiarly well adapted for employment upon such parts as are exposed to the view, as the face and hands. Like pyrogallic acid, it must be used with caution over large surfaces, as absorption with toxic effects may be produced.

It remains to mention briefly two or three methods of application of these remedies which have recently been brought forward. The first of these is the treatment by medicated gelatine, which was introduced by Prof. Pick, the well-known dermatologist of Prague. My own experience is that in psoriasis, at least, the gelatine applications are not active enough. I have not, however, used them with sufficient frequency to pronounce a positive opinion.

Recently a solution of chrysarobin in collodion has been recommended in the treatment of psoriasis by Dr. George H. Fox, of New York, and several dermatologists have confirmed his statements with regard to its efficacy. I have employed this preparation in one or two instances, but it has seemed to me so much less active than the chrysarobin ointment that I have not been encouraged to continue its use. It has one great advantage over the gelatine applications, however, and that is that it can be applied extemporaneously, and without the paraphernalia which must accompany the use of the gelatine.

A few weeks since, a pamphlet by Prof. Auspitz, of Vienna, reached me, in which that distinguished dermatologist recommended liquor gutta-perchæ as a vehicle for the application of chrysarobin. I at once obtained a ten per cent. solution, or rather emulsion, of chrysarobin in liquor gutta-perchæ, and happening to have a case of psoriasis of the face and scalp under treatment, I gave some to the patient to apply once daily. The effect was so happy as to encourage me very much to hope that we have in this preparation the most convenient method of applying chrysarobin yet devised; and as chrysarobin is, after all, the most efficient local agent in the treatment of psoriasis as yet brought forward, I have no hesitation in urging the trial of this preparation on any one who may have a case of psoriasis under treatment. It is to be noted, however, that the same watch must be kept upon the skin for fear of exciting dermatitis as when the ointment is used. Only when the liquor gutta-perchæ dries, which it does very quickly, there is little or no danger of rubbing the chrysarobin over the good skin, nor is there much danger, if any, of staining the clothing.

*In a communication read before the American Dermatological Association, last month, and published in the *American Journal of the Medical Sciences* for October, I have given the results of my experience in the use of naphthol in various diseases of the skin, psoriasis among the number. I may refer to that paper for further details as to the action of the drug in this disease.

Naphthol—Its Medicinal Uses and Value.

BY JOHN V. SHOEMAKER, A. M., M. D.,
Physician to the Philadelphia Hospital for Skin Diseases, Lecturer and Instructor on Diseases of the Skin in the Summer School and Post-Graduate Course of Jefferson Medical College.

Naphthol is one of the remedies of recent introduction, and of the two products of that name the β naphthol is the one which was first used by Prof. Kaposi as a substitute for the tar preparations in skin diseases. It was thought by him to be the essential and curative ingredient of tar, while it was free from the objectionable features of the latter.

Naphthol is a derivative of naphthalene, a

hydro-carbon found in large quantities in coal-tar, belonging to the so-called aromatic group.

As carbolic acid has many disadvantages, and is not the deodorant or antiseptic *par excellence*, the inodorous naphthol can certainly take its place in every respect. As naphthol has been described variously as poisonous and injurious to the animal economy, which by its composition and analogy was not apparent, I felt it my duty to experiment with it in regard to such, and commenced at once, without hesitation, by taking it internally; one part dissolved in 3000 parts of water produced at first heartburn, a slight sensation in the right lumbar region, and some dizziness. Of that solution an equivalent amount was taken to represent a half-grain.

These symptoms disappeared after continuing its use for some days, and while the urine showed upon analysis traces of naphthol and naphthol compounds, no albumen or blood could be detected therein. The doses then were gradually increased to four grains per day for six days, and still no untoward symptoms were discovered, while the warmth in the stomach directly after taking, was followed by increased appetite. Dr. Schofield, of Albany, reports to me that upon my solicitation he has used it largely, at first experimentally in the Albany hospital, where it has now become a staple article, and is used almost entirely, to the exclusion of other disinfectants and antiseptics. They use it there for all kinds of disinfection in wards, sick-rooms, for wounds, etc., and have abandoned carbolic acid in all but a few cases, and always with the greatest satisfaction and success.

I have found it to fully sustain the claim that Kaposi had made for it in scabies, psoriasis and chromophytosis, as well as in some of the chronic forms of eczema, in which it not only allayed the itching attendant thereon, but lessened the infiltration as well. In wounds and indolent ulcers I have found it a most useful detergent and deodorant, removing the fetor and establishing healthy action of the parts. Aqueous solutions, containing half a grain to the ounce, I have used to great advantage as vaginal injections, especially in leucorrhœa and uterine carcinoma, as well as in gonorrhœal affections, both in male and female. In diphtheritic throat affections it made a most useful gargle, as well as to remove the fetor of catarrhal and other affections of the buccal cavity. Its greatest value, however, arose from its disinfectant action of the evacuations of fever patients and rooms containing them, while by its absence of odor it did not tend to produce inconvenience both to patient and attendants. Combined with powdered talcum or starch, or both, and dusted into the shoes or stockings of those affected with fetid exhalations of the feet, it acts most satisfactorily, and its effects are equally as good in the same affection involving the hands, axillary and inguinal regions. Combined with other ointments in the proportion of from one to ten grains to the ounce, it not alone preserves the unguent from decomposition, but exercises also an antiseptic action to the parts and the exudation therefrom. A slight admixture to an experimental sample of lard has preserved the same in excellent condition throughout the hot summer months. In chronic psoriasis, particularly when there is great infiltration, a five to fifteen per cent. ointment has frequently been attended with good results. It has also been very effective in squamous and fissured eczema, used in combination with lard or gelatin.

To test for myself its antiseptic properties in comparison to that of carbolic acid, I mixed two whites of an egg with equal weight of water, and took one-half of this mixture in one vial, adding one grain of crystallized carbolic acid, while to the other half, in another vial, I added one grain of Dr. Wolff's odorless naphthol. After the expiration of five days, the carbolized albumen assumed a putrid odor, whereas the naphtholized part, though discolored by the naphthol, remains to this day, twenty days after the experiment, without odor. A quantity (about one-half pound) of meat already commencing to putrefy, was also at the same date immersed in a saturated aqueous solution of naphthol, with the effect of arresting the putrefaction and preserving it for some time.

After using naphthol so long and successfully without any untoward occurrence, I read to my astonishment and alarm that Dr. A. Neisser, in the *Centralblatt für die Medizinischen Wissenschaften*, 1881, No. 30, reported most extraordinary toxic effects obtained with naphthol, and that also Kaposi reported having seen hæmaturia, ischuria, vomiting, unconsciousness, and eclamptic attacks in a boy after the external application of naphthol. Also that Squire reports, in the *British Medical Journal*, January 14, 1882, of its producing blisters and irritating the skin.

Dr. Piffard regards it as a dangerous remedy, and Prof. Rapon, while he reports good results with it (*British Medical Journal*, p. 750) in scabies, prurigo, and eczema, advises in prolonged cases simple ointment to be substituted every fourth week, to avoid any possible risk of absorption.

Dr. Neisser stated that one gramme of a saturated solution (which in water would contain about $\frac{1}{30}$ grain of naphthol) injected hypodermically in a dog produced hæmaglobinuria, and shortly afterwards death.

To verify these accounts, I instituted a series of experiments on rabbits and human beings.

Arriving at a *resumé* of my experiments, I must certainly proclaim the odorless naphthol which I had received from Dr. Wolff as not a toxic agent. It must be borne in mind that all my remarks apply to odorless naphthol—only such as I have exhibited—and that I consider that alone as safe for medicinal use.

Note on Hydrargyrum Formamidatum.

By James C. Wilson, M. D.

Some accounts of this preparation have appeared in recent journals. Towards the close of last year, Prof. Liebreich proposed, in a meeting of the Berlin Medical Society, a new drug for the treatment of syphilis by the hypodermic method. It is supposed that the formamidated mercury, after hypodermic injection, undergoes decomposition, and that the metal mercury is set free in the tissues. The preparation is soluble in water, of neutral reaction, does not coagulate albumen, is not precipitated by caustic soda, and the presence of mercury can be demonstrated by potassium sulphide. It produces its effects very surely and rapidly. Liebreich regards it as the best remedy known for the hypodermic treatment of syphilis

by mercury, as it is but little liable to excite local troubles or salivation. Later (*Med. Times and Gazette*, July 7, 1883), we find that Prof. Zeissel, in Vienna, after trial of this remedy in fifteen cases of syphilis, was well satisfied with the results. In three of these cases salivation was produced. Some pain followed its injection, which was not, however, so severe as that following the hypodermic use of mercuric chloride. Twenty injections was the maximum number required to disperse the manifestations, even in severe cases.

It has not been possible to obtain this drug in this city until the present time. I would be glad to place the specimen which is exhibited in the hands of any member of the Society who may desire to make a trial of it clinically.

Editorial Department.

Periscope.

Massage.

The *London Med. Record*, June 15, 1883, says that Dr. Beuster, of Berlin, read a paper on this subject at a meeting of the Verein für innere Medicin in Berlin, on January 8 (*Deutsche Med. Wochensch.*, March 12 and 28). It is desirable to consider the advantages of this form of treatment on nervous diseases as well as on others, in order to fix the limit of its operation. The treatment which is now being judged by the medical world is the oldest of all, and has been employed by men in every country and in every age. It was known to the Asclepiades, to Hippocrates and Galen, and the Greeks practiced it in the fourth century B. C. In Rome, in the time of Nero and Trajan, massage formed part of the programme carried out in the tepidarium of the public baths. The Brahmins in India practiced it under the name of shampooing, and Alexander the Great, when he was in India, allowed those of his soldiers who had been bitten by serpents to be so treated by the priests. It was brought to Germany by the Crusaders from Syria and Palestine, but it soon passed out of the physicians' hands into those of the people, and was employed merely as a pleasurable sensation. Travelers relate stories of its extension to every quarter of the globe. The natives of Nubia and Sennar employ it largely, and Professor Hartman found its beneficial effects during an attack of fever to be so decided that he regretted having refused so long to submit to it. Dr. Emerson tells of its employment by the Sandwich Islanders, under the name of Lomi-Lomi, and honored guests are there shampooed as a special mark of regard. In some cases, the people lay themselves on the ground and allow their children to run over their bodies by way of massage, a proceeding which is also seen in the province of Brandenburg. In Japan it has been used from the most ancient times as a refreshment after over-fatigue, as well as to cure diseases. Massage seems, however, to have been employed earliest of all by the Chinese. In the beginning of the present century a book, "Cong-Fou," 3,000 years old, was translated by the missionaries Hus and Amiot, in the medical part of which all the proceedings of the Swedish gymnastics are described so fully, as to render it likely that they were really taken from this work.

The following are the different movements o massage as now practiced, and as the French have formulated them.

1. *Effleurage.* — *Friction douce.* — Slow, gentle strokes in a centripetal direction along the course of the veins and lymphatics, made with the palm of the hand, oiled, and with the pressure intermitting, so as to cause passive peristaltic action.

2. *Massage à friction*, in which the finger-tips of one hand, held at right angles to the axis of the limb, rub across and across in narrow ellipses, while the fingers of the other hand stroke parallel to the axis of the limb from above downwards.

3. *Kneading* (*pétrissage*), which should also be done from the periphery towards the centre, and which consists in raising up the soft parts and kneading them in a way that may be compared to squeezing a full sponge.

4. *Tapotement*, or tapping or striking, causing concussion of the affected part, which may be done with the fingers, the palm, the margin of the hand, the closed fist, a percussion-hammer, or an instrument like a drumstick, with an India-rubber head and a whalebone stem.

The French have also various other instruments, and they employ also the passive movements of flexion, abduction, adduction, rotation, etc.

The amount of power required to be executed is very variable, and it wants much practice and experience. The number of sittings may vary from two to five in the day, and their duration from three to twenty minutes, or even one or two hours. The proceeding seems to cause the operator not only fatigue, but also a nervous excitability, from the action on the nerves of the fingers and hand.

The chief point of the question is the physiological effect which it has on the human body. Professor von Mosengeil thoroughly discussed the question in the German Surgical Congress in April, 1875. The centripetal stroking favors the venous and lymphatic circulation, and acts backwards even on the parts which are not touched, so that a greater quantity of blood passes through the parts, causing increased tissue-metamorphosis. It is clear that the formation of exudation will be thereby prevented, and that exudation already formed will be removed, and even more solid formations will be fattily degenerated, and so absorbed. Pathological products can be removed even from such situations as the articular cavities, as has been proved by experiment.

Another result of massage is the diminution of pain. This may be partly due to the removal of pressure from the nerves, but it is also certain that after massage the entire sensibility of the part is reduced below normal, so that there must be some action on the nerves themselves. It may be of the nature of paralysis, or of some alteration in the equilibrium between the nervous molecules, especially after "tapotement." The motor nerves, with the muscular contractility and the tone of the blood-vessels, are also affected.

Every possible form of disease has been at one time or another treated by massage, but the most important results have been seen in traumatic joint-affections, such as bruises and sprains.

The most suitable nervous cases for treatment are peripheral neuralgiæ, especially those characterized by injection and a varicose condition of the vessels of the neurilemma. Sciatica has been the neuralgia which has most repaid this treatment, but in other forms also a good result has been obtained. Articular neuroses have been remarkably improved under this treatment, but it is not to be forgotten that they are by some considered to be hysterical in nature. The other neuroses which have been treated successfully by different practitioners are the minor forms of chorea, writer's cramp, hypochondria and hysteria, infantile paralysis, and hemiplegia after apoplexy. It is particularly useful in atony of the stomach and intestines, and even volvulus has been cured by its use. It has, finally, been employed for relieving the brain of blood; and in one case of a soldier, treated by Herr Gerst, convulsions arising from nephritis were cured in four sittings in one day.

Obstruction of the Bowels; Fæcal Vomiting: Recovery.

Mr. George R. Fraser, L. R. C. P. E., of Wark-on-Tyne, Northumberland, writes in the *British Medical Journal:*

"On April 11, at 10 p. m., I was hurriedly sent for to visit a lady, aged about forty-five years, who was said to be suffering from 'cramps of the stomach.' She was in bed, vomiting frequently, and complained of intense pain of the stomach and bowels. Her pulse was little affected, her tongue clean, her temperature normal, and her bowels had been freely moved twenty-four hours previously, after the use of aperient medicine. I prescribed bismuth with hydrocyanic acid, and also a full dose of tincture of opium, under the impression of having to deal with a case of acute gastralgia. The treatment had no marked effect; for, upon visiting her five hours after, I found she had passed a restless and sleepless night. The pain was sometimes acute, and the nausea and vomiting recurred frequently. I was shown a hand-basin containing upwards of a pint of distinctly fæcal material which she had just vomited, and her breath had also a strongly fæcal odor. The real nature of the case was now apparent. On careful examination, I could ascertain no cause of strangulation: no external hernia, nothing abnormal within reach by the rectum, and no abdominal tumor existed, and fæcal impaction could not be looked upon as probable. Copious injections failed to bring a trace of fæcal matter from the bowels, and only served to show that obstruction was complete. The abdomen was distended, and the pain, as already noticed, often most severe. The early appearance of fæcal vomit was remarkable. In all the circumstances I ascribed the symptoms to a twist, or to an intussusception at some point in the course of the small intestines. If due to intussusception, might not the purgative taken by the patient have had something to do with its production? We know that invagination is apt to arise from causes that produce increased irritability of the bowel. The stercoraceous vomit enabled me to form an early diagnosis, a point of the greatest moment in these cases, as it enables us to adopt a rational course of treatment. Better leave such cases entirely to nature, than administer a single dose of drastic medicine. No time was lost in placing the patient under the influence of opium. The drug was given as tincture, but generally in the form of powder, frequently repeated and continued throughout the attack; and no food of any kind was taken, for which, indeed, the patient expressed no desire. Ice was not procurable, but cold spring-water and soda-water were enjoyed in small quantities, frequently repeated, to allay thirst. The effect of the opiate was soon apparent. Vomiting became less frequent, no doubt from the influence of the drug in controlling intestinal peristalsis; and the patient became comparatively easy, and had some rest. The characteristic vomit continued to recur at much longer intervals. Occasionally the rejected material was merely a greenish fluid, consisting, no doubt, of the water swallowed mixed with bile. The symptoms were now less acute, but distension increased. Warm fomentations were constantly applied, and injections given occasionally. On the third day she was seen in consultation by Dr. Ridley, of Gateshead, who suggested operative means, or at least tapping, for the purpose of relieving the tympanites, which was now becoming extreme, and that possibly the bowel might right itself. Her friends however, were averse to any form of surgical interference, and the treatment was continued as hitherto, with the addition of nutritive enemata, and the free use of belladonna liniment to the abdomen, as recommended by Dr. Ridley. The opiate maintained its soothing influence, but the symptoms became more urgent. Hiccough was constant in the evening; tongue red and dry; pulse 134; temperature not taken. She had another good night, and in the morning looked decidedly better than on the previous evening. She had two attacks of fæcal vomiting during the day, but rested well. It was now the fifth morning, and the last upon which sickness and stercoraceous vomit appeared. Her pulse was good, and her expression cheerful. In the afternoon she informed me that "something had liberated itself in her inside," and that she was passing wind since I saw her last. A liquid motion followed soon after from the bowels, which contained a few firmer pieces of fæces of the size of hazelnuts. From this date, her improvement was uninterrupted. She soon regained her usual health, and has since remained perfectly well.

"Invaginations are said to be of frequent occurrence, giving rise to temporary derangement of the bowel, and they are also believed to become

soon disentangled by the normal peristaltic movements. If this were a case in point, the favorable result was probably due to the free use of opium. Had purgatives been used, fatal strangulation would, I think, have inevitably supervened. A timely diagnosis would render the purely medical treatment of these cases more successful than it has hitherto been."

Fatal Cases of Chorea.

Before the New York Society of German Physicians (*N. Y. Med. Jour.*, September 29, 1883), Dr. J. Rudisch gave the history of three cases of chorea with fatal termination, all of which he had observed at Mount Sinai Hospital. The first was that of a boy of nineteen years, from Wilkesbarre, Pa., who had been admitted to the hospital eight years ago. The symptoms were slight at the beginning, but, in spite of active treatment with arsenic, they increased in severity. The patient's temperature rose to 104°, and even 105° F. Chloral hydrate and other hypnotics were employed, in order to stop the jactitations and to induce sleep. Dr. Adler made a post-mortem examination, and found the vessels of the pia mater congested, punctiform hemorrhages in the gray substance, and œdema of the brain.

The second case, that of a girl about fifteen years old, was similar in its course to the first.

The third case was that of a girl of the same age as the last, who had been in the institution twice. The first time she was under the care of Dr. Heineman, who examined her heart, but could not detect anything abnormal. When admitted for the second time she came under the care of Dr. Rudisch, who, upon examination of her heart, heard a systolic murmur, but found no enlargement of the organ. Ether, hypodermic injections of morphine, and large doses of bromide of potassium, were needed to control the violent jactitations. Two days before death the temperature rose to 101°. On the night before the fatal issue, one-eighth of a grain of hyoscyamine had to be given subcutaneously in order to produce sleep. At the autopsy made by Dr. Heineman, the pia mater was found to be congested, the cortical substance of the brain was studded with minute hemorrhages, and there was stenosis and insufficiency of the mitral valve.

Dr. A. Jacobi said that the changes in the brain were evidently of a secondary nature, produced by the chorea, and should not be looked upon as the cause of the disease.

In answer to a question, Dr. Rudisch said that there had been no positive history of rheumatism in any of the cases reported, but no value could be attached to this circumstance, because rheumatism in children was overlooked as a rule, or confounded with "growing pains."

Internal Cancer with Obscure Symptoms.

In the *N. Y. Med. Jour.*, October 27, 1883, Dr. A. B. Ball related a case as follows: "A woman, forty-five years of age, past the menopause, began, in the early part of the summer of 1882 to fail in health without particular symptoms except those of general weakness. There was slight diarrhœa, from two to four passages a day, from July until some time in January, after which time it ceased. The pulse was 120 from July until January, and the patient complained of palpitation of the heart. There was also projection of the eyes, and exophthalmic goitre without enlargement of the thyroid gland was suspected, but the relatives said that the projection of the eyes was normal. The patient was seen in consultation by Dr. Du Bois and Dr. Draper. A diagnosis was not reached. In January the pulse fell to about 90, the diarrhœa ceased, there were no symptoms of renal disease, there was no elevation of the temperature, there was no acute pain. In March there was evidence of slight accumulation of fluid in the abdominal cavity, amounting, three or four days before death, perhaps to several quarts. Palpation revealed a hard mass beneath the fluid, which was believed to be cancer of the left ovary. The patient went to the country for a short time, and soon after her return to the city a marked diminution in the size of the abdomen took place, accompanied by the passage of a large quantity of urine. Four days later she died. Dr. Ball had not seen the patient from the time she went to the country until her death. The post mortem was made by Dr. Ferguson, who found a large mass in the left iliac region, and the anterior part of the abdominal cavity, which was turned out *en masse*, and was found to be composed of a portion of the large and small intestines, the left ovary, the bladder, the vagina, and the uterus, matted together. The interior of the mass was cheesy and purulent; the inner surface of the bladder was studded with cancerous nodules; the uterus, the vagina, and the ovary constituted one mass of scirrhus. The mesenteries were all involved in the disease. The kidneys were not cancerous, but showed commencing degenerative changes. There were cancerous nodules of the size of a walnut in the liver and lungs. There had been no pulmonary symptoms during life. The patient had had a good appetite, but was emaciated. A cyst as large as an orange was attached to the mass mentioned, which doubtless was the tumor that had been felt at the examination, lying to the left, and supposed to be attached to the left ovary. Afterward, by the growth of the mass, it had been pushed toward the median line. There were also some smaller cysts.

Acute Alcoholic Poisoning.

Dr. Frank H. Williams reports this case in the *Columbus Med. Jour.*, October, 1883:

"Was called into the country several miles, August 15, about 11 a. m., to see Johnny E., aged eight years, who, some seven or eight hours before seen (the exact time could not be ascertained), had stolen and drank twelve ounces of a very poor quality of whisky. When seen, he was in a state of profound coma; features pale and sunken; pulse feeble and frequent, 130; respiration hurried and stertorous; axillary temperature 96°; pupils widely dilated; and occasional tetanic contraction of the voluntary muscles. All attempts to produce emesis by means of the various emetics, and by tickling the fauces with a feather, were fruitless; it being *absolutely impossible* to get him to swallow anything. Tried to get a few spoonfuls of strong coffee down him, but

also failed in this. I had not a stomach-pump at command, or I should of course have used it, though satisfied the case was hopeless. The friends were directed to persevere in their attempts to get him to swallow an emetic and some of the coffee, and to apply external warmth. He continued in this condition several hours longer and died, never becoming conscious in the least degree. An autopsy could not be obtained."

H. C. Wood, Materia Medica, page 130, says that thirty-five cases of acute alcoholic poisoning occurred in England and Wales during the four years from 1863–67. Stillé, in his Materia Medica, page 596, cites several cases of adults dying in a few hours from excessive drinking. Also, of a child of two years dying in a few hours from drinking an ounce of rum, and several similar cases.

Division of the Meatus Urinarius for the Relief of Locomotor Ataxia.

Before the New York Medical and Surgical Society (*New York Medical Journal*, October 20, 1883), Dr. F. N. Otis related the following case:

Two years ago a gentleman from the country consulted him with regard to incontinence of urine and some loss of motor power in the lower extremities. He was requested to see Dr. Seguin, who gave a somewhat elaborate written opinion of his condition, pronouncing it undoubted locomotor ataxia, and giving a very unfavorable prognosis. He recommended the administration of large and increasing doses of ergot, and, if convenient, a course of treatment by the galvanic cautery. Dr. Otis recognized contraction of the meatus urinarius, and divided it, with the effect of producing almost immediate relief from the urinary symptoms. There was no history of syphilis, but, having recently read an article on locomotor ataxia in which the iodide of potassium was highly recommended in the treatment, he administered the drug, and within a short time the man began to show decided improvement in the motor symptoms, and was at present almost perfectly well, and able to attend to his busines as a gentleman farmer. Dr. Otis remarked that he had never failed in such cases to produce benefit by the division of the strictured meatus if it existed.

The Dietetic Treatment of Nutrition-Maladies of Infants.

In *Deut. Med. Woch.*, Nos. 3–5, 1883, Biedert draws the following conclusions:

1. A very large number of stomach and intestinal affections in nurslings are so closely related to the method of their feeding, that, simply through an alteration in the feeding, cure may be effected, and this even in very severe cases.

2. The quantity of nourishment is important.

3. Nourishment often requires to be given in a very diluted condition.

4. The proportion of albumen to fat in the food is an important element. Thus, a mixture of albumen with emulsionized fat in greater proportion than it is found in cow milk, and more nearly approaching the proportions in human milk, greatly facilitates its digestion.

5. It must not be forgotten that occasionally a morbidly diminished fat resorption may occur, which necessitates either a diminution of the proportion of fats, or—remembering the facts as to albumen digestion mentioned in 4—a proportion of fats between that in cow milk and that in human.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An able exposé of charlatanism as it has prevailed in Colorado is made in the address of Dr. Jesse Hawes, republished from the State *Transactions*. Fortunately, Colorado has passed some laws which cannot fail to diminish this pestilent breed of rascals within her boundaries.

——"Delayed and Non-union of Fractures" is the title of a reprint from the *Weekly Medical Review*, September 29, 1883, of a paper read before the Rock River Medical Society by Dr. N. Senn, of Milwaukee, Wis. This condition is oftentimes so trying that a careful perusal of Dr. Senn's excellent paper is strongly recommended.

——A most timely and interesting article, entitled "Influence of Constant Use of High-heeled French Shoes upon the Female Form," etc., has been received as a reprint from vol. vii. of the Gynecological Transactions. The author, Dr. S. C. Busey, of Washington, D. C., deserves a vote of thanks for his admirable and valuable essay.

——We can speak with praise of the "Consultation Chart of the Eye-Symptoms and Eye-Complications of General Diseases," by Henry G. Cornwell, M. D., Professor of Ophthalmology and Otology in Starling Medical College, Columbus, O. (Published by Robert Clarke & Co., Cincinnati, Ohio. Price 50 cents, mounted on rollers.) On account of the fact that there are no treatises on the subject, and that the matter of the Chart could only be obtained by careful investigation of these points in works devoted to general medicine or ophthalmology, the usefulness of such a comprehensive survey to the physician cannot fail to be appreciated.

——The Annual Reports of the Provost and Treasurer of the University of Pennsylvania show that that venerable institution is in a flourishing condition, and has prepared a plan for its development in all directions, which, if judiciously carried out, cannot fail to make it one of the commanding centres of learning in the United States. There is only one serious danger before

it, and it is one which has already been very hurtful to Philadelphia institutions—the appointment of professors, etc., to posts from local personal, or family preference, with but little regard to their fitness.

BOOK NOTICES.

Elements of Surgical Pathology, By A. J. Pepper, F. R. C. S., etc. Illustrated. Small 8vo., pp. 503.

Surgical Applied Anatomy. By Frederick Treves, F. R. C. S. Illustrated. Small 8vo., pp. 531. For sale by Henry C. Lea's Son & Co.

These two small treatises are portions of a series of "Manuals for Students of Medicine" compiled by medical writers in London, and published there. We have given them a rather close examination, and have been well pleased with the good judgment with which they have been put together, and the amount and character of the instruction they contain. They are much ahead of the ordinary "students' manuals" with which we have been familiar for a good many years. There are also certain advantages in a student reading a number of short treatises by various authors on different branches of his studies, rather than drawing his knowledge from some one voluminous writer. He is thus less apt to swear to the words of one master, and the horizon of his science is extended.

Epitome of Skin Diseases, with Formulæ, for Students and Practitioners. By the late Tilbury Fox, M. D., and T. Colcott Fox, B. B. Third American edition. H. C. Lea's Son & Co. Pp. 240.

This manual, whose principal value is to students, has met with a certain degree of popularity in the United States, and is as comprehensive as could be expected for a work of its limited size. The revisions since the death of its author have been careful, and have eliminated much that is now out of date. It is, however, scarcely a fair exponent of the newest views in dermatology, and does not show much of the change which this specialty has undergone by the researches of the latest German and French investigators.

A Manual of Practical Hygiene. By Edmund A. Parkes, M. D., F. R. S., etc. With an Appendix by Frederick N. Owen. Vol. i. New York: Wm. Wood & Co.

This volume, issued in Wood's Standard Medical Library, is a new edition, under the care of Dr. DeChaumont, of a well and favorably-known treatise by one of the most eminent masters of modern hygiene. To be sure, Dr. Parkes gave most of his attention to the military and naval applications of his knowledge, but whatever he wrote bears the stamp of the highest authority. It is gratifying to know that his excellent treatise will secure a wide dissemination in this country.

A Guide to American Medical Students in Europe By Henry Hun, M. D. New York: Wm Wood & Co. Clo. 8vo., pp. 151.

We can commend this handbook as containing a great deal of information which the medical student or physician who contemplates a journey to Europe will be very glad to obtain. He cannot find these points in any other single publication, and it will save him a good deal of wasted time and money if he buys and studies this guide. It will tell him all about the different clinics, the hospitals, the special courses, the facilities for study, etc., of the principal cities of England and the Continent.

The author in his remarks tends rather to depreciate the French medical instruction compared to the German, which we regret to see, because in several respects the former is undoubtedly superior. He also makes no mention whatever of the Dutch schools, which certainly merit a page or two, as they offer unusual advantages in some special departments.

Chemistry, Inorganic and Organic. By Charles Lou- don Bloxam, Professor of Chemistry in King's College, London. New American, from the fifth London edition, 8vo., pp. 700. Cloth, $3.75; leather, $4.75. Henry C. Lea's Son & Co.

This ample and thorough treatise on chemistry has in this revision been extended and brought down to the latest date, so as to include a notice of all important recent discoveries in this progressive science. It is very well illustrated, nearly three hundred woodcuts being inserted in the text. In this edition, the theoretical portions have received especial attention, so as to bring them into accordance with modern views. A division of the text by the use of different sizes of type, permits the student to employ the treatise either for a profound study of the science, or for acquiring that general knowledge of it which is sufficient for those who merely attend to it as an auxiliary to other pursuits.

Student's Manual of Diseases of the Nose and Throat. By J. M. W. Kitchen, M. D., New York. 12 mo., cloth, pp. 127. G. P. Putnam's Sons, 1883.

It was scarcely worth while to have printed the memoranda which make up this book. They are superficial and incomplete. The student requires a great deal more than it contains, and if he is not willing to work to get it, he had better drop out of the ranks altogether. It is not the kind of a book that we feel able to commend.

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THE
QUARTERLY COMPENDIUM
OF
MEDICAL SCIENCE.

With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

It is especially adapted to be taken with the REPORTER, as few or none of the articles in it appear in our weekly journal.

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SO-CALLED LIBERALISM.

A number of New York City doctors have united in one volume a series of attacks on the Code of Ethics. They call it "An Ethical Symposium:"* but it differs from the usual literary meaning of a symposium, inasmuch as all the participants agree in their views. They are like the colored debater, who exclaimed: "Dis child likes to argefy. Sam, he comes along, and says, 'Why don't yer paint dat fence white?' An' I sez, 'I done goin' ter paint 'er white,' an' so we argefies an' argefies fer ebber so long!" But perhaps we are meant to take the word in its original sense, and understand it as a drinking bout, in this instance a sort of solitary intoxication.

The key-note to the whole is at once struck by the editor in his preface, where he denounces various assertions of those who differ frem him as "unqualifiedly false," and as the offspring of "bigoted intolerance." This does not promise well for a fair and temperate discussion of the main question at issue, which is, Shall regular physicians consult with homœopathic, eclectic, botanic, and any other sort of doctors who are recognized as such by the legislature of a State? Shall we admit them to our societies, and treat them with the same professional respect as we do the graduates of reputable, scientific medical institutions?

Of course, the guests of the symposium are a little shy of treating the question in its full, broad meaning. They confine their attention entirely to our homœopathic friends. They tell us that in spite of all efforts, homœopathy has increased alarmingly of late, and is still increasing (pp. 65, 66). In the same breath they add that homœopathy is so, at present, only in name, that the doctrines of Hahnemann are dead and buried, and that the difference between the two schools is maintained only for gulling the public. In fact, the statements about the little-pill school are singularly confused. In one sentence we are told its practitioners are honorable and

* *An Ethical Symposium, being a Series of Papers concerning Medical Ethics and Etiquette from the Liberal Standpoint.* 1 vol., 8vo. G. P. Putnam's Sons.

educated gentlemen, whom we ought to be proud to meet: while Dr. Jacobi seems to class most of them as "fossils or frauds" (p. 171). Again, Dr. Jacobi says that homœopathy "never had the slightest influence on the labors of the men who shaped the fate of medical science during this century" (p. 158); while Dr. Vanderpoel asserts that its introduction led to a revolution in the doctrines of the regular practice (pp. 31, 32).

Meanwhile, all studiously ignore the real reason of this sudden outburst of liberalism and friendship for the irregular practitioner, which has warmed the hearts and opened the eyes of our New York brethren. It is, however, an open secret that this development of charity arose from the observations of a certain number of specialists in that city that they were forced by the Code of Ethics to forego the opportunity of pocketing a number of handsome consultation fees tendered by homœopaths. Hence, they combined to urge "liberalism" and to fling forth the banner of reform and scientific fraternization. They have discovered that the true plan to oust homœopathy is to be friendly to it, and to patronize its practitioners.

But we suspect these will be on their guard. They will exclaim with the ancient hero: *Timeo Danaos et dona ferentes.* They will not be willing to accept this welcome from hospitable hands which avowedly prepare hurried graves. As long as the public want homœopathists in name, there will always be a supply of men willing to carry that title, and unwilling to merge it in that of the regular crowd.

The appeal is made that it is our duty to consult with irregulars for *the benefit of patients.* What sophistry is this! What false philanthropy! Do we not injure the public more by giving formal recognition and tacit approval to the wild doctrines of charlatans or illogical enthusiasts, than when we brand them as such and stand aloof from them?

Our opinion of this volume is that it is a series of specious pleadings, avoiding real issues, concealing real motives, and replete with partisan and contradictory assertions.

REFLEX NERVOUS INFLUENCE.

It has oftentimes been cast up to physicians by those who ought to know better that the mysterious and ill-defined influence of "reflex action," is utilized as a shield to cover ignorance, and as a loop-hole to crawl through and escape when confronted with a morbid condition the intimate nature and etiology of which they are unable to fathom.

That some men have availed themselves of this convenient and comprehensive term is undoubtedly true; but that such a thing as reflex action is a reality, and that it is a much more potent etiological factor of disease than is ordinarily believed, is also true.

By reflex action we mean that an impression made upon some nerve termination in one portion of the body is carried along this nerve to a centre, and from there reflected, as it were, along some other nerve to a part of the body remote from the point of first impression, at which latter point its power to disorder healthy action is made manifest, while no morbid phenomena are observable at the point from which the irritation has really arisen.

This is a plain definition of "reflex action," devoid of all technical and superfluous words; and that diseased conditions frequently have such origin, no one of experience will deny.

But the general practitioner, we fear, does not take this factor sufficiently into consideration in the formation of his opinion of the cause of disease, and since, therefore, his remedies are directed rather to the effect than to the cause of the effect, he is met oftentimes with failure, when, did he but realize the actual influence of reflex action, and look to the proper point for his cause, and guide his therapeutics accordingly, he would have much better results.

The great influence of reflex action was never more forcibly illustrated than in two cases reported by Dr. Formento, in the *New Orleans Medical and Surgical Journal* for October, 1883. In the one case a woman of good constitution, with men-

struation regular but slightly painful, was married. The catamenia not occurring after marriage she was supposed to be pregnant, and additional support was given to this idea by such symptoms as occasional vomiting, irritable disposition, capricious appetite, etc.

In a couple of months, however, menstruation was re-established, but the other symptoms grew gradually worse in spite of the greatest variety of treatment.

An examination revealed an abnormal sensibility of the external organs, amounting almost to vaginismus; a narrow, constricted vagina, a hard conical cervix, external os so small that the smallest sound could not pass. The cervical canal was incised laterally through its whole length, and, presto! the symptoms vanished.

After a few months they returned, and an examination revealed the fact that the canal had become again narrow; a second operation was equally successful, and so on to a third operation, after which the relief was permanent until her death from pneumonia five years after the third operation.

The second case was that of a boy, anæmic, peevish, fretful, partially paralyzed, with soft, flabby, ill-developed muscles, and all due to reflex action from the irritation of an elongated, narrow, adherent prepuce, all of which symptoms immediately yielded to circumcision. In connection with this subject, Dr. D. T. Smith, of New Orleans, says: "I am satisfied that a very large proportion of curable diseases is produced by reflex disturbance and impairment of the vitality of internal parts, caused by injuries to the terminal filaments of the nerves distributed to the skin," and in this way, rather than by the arrest of cutaneous excretion, would he explain the phenomena of the action of cold on the surface.

So much reliance does he place on the power of reflex action, that he inclines to believe that in the treatment of continued fevers, when there is a coated condition of the tongue, it would be well to coagulate the epithelium of the tongue with such an agent as Monsel's salt, and peel it off, thus making more available the reflex properties of the nerves of taste.

So, also, in the *Boston Med. and Surg. Jour.*, September 27, 1883, Dr. James O. Whitney calls the attention of the profession to the following conditions frequently observed in young children: Weak gait, palsy of legs, convulsions, fretting, crying, restlessness at night, and so on, which he finds due to an adherent, inelastic prepuce, for which he recommends stretching the prepuce and exposing the glans, and if this is not sufficient, circumcision.

While the influence of reflex action has been and is admitted, yet we think that it has not received the notice, as a cause of disease, that its importance demands, and it would seem that the further pursuit of the subject would offer an interesting field of research.

We can, however, formulate this practical aphorism: "When morbid conditions will not yield to appropriate treatment, look elsewhere than at the seat of manifestations for the cause, and in many cases you will wrest success from apparent failure."

VACCINE VIRUS AND SMALL-POX.

The question of the unity or duality of vaccinia and variola has recently provoked considerable discussion in France, on account of the experiments undertaken by a commission at Lyons, and the opposing opinions ably advocated by M. Warlomont at the Academie (October 16).

Up to the present, the experiments of the Lyons commission have been in favor of the dualist theory.

They have demonstrated that horse-pox, cow-pox, and vaccinia in the human subject, all come from the same virus, which, being transferred from one species to the other, always produces the same disease. But, on the other hand, the variolic virus, taken from the human subject, does not produce by inoculation cow-pox in the cow, or horse-pox in the equine species; it always induces variola, and renders the animals thenceforth refractory to the action of vaccine virus.

We are then authorized to admit, as the result

of these experiments, two distinct maladies and species of virus, vaccine virus and variolic virus.

But the recent researches on the attenuation of virus, have offered new arguments to the scientists who hold the theory of unity of the two diseases. This theory was sustained by Prof. Depaul in a memorable discussion in the Academy in 1863, and recently at Brussels by M. Warlomont.

M. Warlomont admits primarily that small-pox, like all other virulent affections, is a parasitic disease. He considers then that the germ or microbe of the disease in passing through a living animal organism, having different characteristics and a higher temperature (horse 38¼° C., cow 39° C.), than the human subject, may undergo attennation, so as to produce only vaccinia when re-inoculated in the human subject. But it would seem that the results of direct experimentation by the Lyons commission suffice for the entire negation of this view.

M. Warlomont considers that direct inoculation does not furnish a sufficient proof for the assertion of the dualist theory. The variolic virus should be directly injected into the blood-vessels or lymphatics, and thus completely absorbed into the system.

Under such conditions, if variola is declared, it will furnish sufficient proof of the distinct nature of the two species of virus.

Notes and Comments.

The Risks of "Massage."

In the *British Medical Journal*, June 23, 1883, Dr. Julius Althaus, Senior Physician to the Hospital for Epilepsy and Paralysis, Regent's Park, deprecates the abuse of massage, a practice often now employed where it can be of no service. "It is well known that at various times epilepsy, idiocy, and some forms of insanity, have been treated by massage and gymnastics; but, fortunately, we now hear very little of such therapeutical aberrations.

"It appears to me that diseases of the brain and spinal cord must, on account of the anatomical situation of these organs, be inaccessible to the influence of massage, which can only be applicable to more superficial parts of the body. Apart from this, however, it is important to consider that many of the most important diseases of these organs are of an inflammatory or irritant character, either primarily or secondarily; and this should make it self-evident that massage should not be used for their treatment, even if the suffering parts could be reached by it. I will here only allude to many forms of cerebral paralysis from hemorrhage, embolism, and thrombosis, which are followed by sclerosing myelitis of the pyramidal strands; and most forms of primary lateral, posterior, or insular sclerosis of the spinal cord.

"That which may be good for developing and strengthening healthy muscles, or muscles which have been enfeebled by disuse or certain local morbid conditions, etc., is not for that reason suitable for the treatment of muscular paralysis owing to central disease. In most cases of lateral and insular sclerosis, which are, unfortunately, now much treated with massage and exercises, rest is indicated rather than active exertion; and overstraining of the enfeebled muscles acts prejudicially on the state of the nervous centres. I have recently seen quite a number of instances in which the central disease had been rendered palpably worse by procedures of this kind: and, in a case of cerebral paralysis which was some time ago under my care, the patient had, after four such sittings, been seized with collapse, which nearly carried him off."

Water for Infants.

Some two years ago Dr. N. S. Davis, of Chicago, called attention to the condition of the blood of infants in summer, which we might term *ex-aqueous*, due to the excessive amount of liquid lost by perspiration, and which he deemed predisposed the system to the summer diseases of children; and now Dr. Charles Remsen (*N. Y. Med. Jour.*, September 29, 1883,) calls attention to this point, which has received altogether too little attention. We all know how seldom an infant is given any more water than that contained in its food, and yet we all see how eagerly they will often drink when it is offered to them. A slightly depressed condition of the anterior fontanelle is one of the earliest symptoms showing the amount of water in the system to be below the standard. Fretfulness, moderate rise of pulse and temperature, a hot, dry skin, and frequent desire to nurse, are other signs. If not relieved, collapse is apt to set in.

The treatment adopted for these emergencies consists in wrapping the patient in a wet sheet,

applying cold to the head, and giving as much water by the mouth as the child will swallow.

The results of this simple method have been extremely satisfactory, the child becoming quiet, and even going to sleep, while all the threatening symptoms subsided with great rapidity.

Aneurism of the Internal Carotid.

In the *New York Med. Jour.*, October 20, 1883, Dr. John A. Wyeth reports the case of a woman, sixty years old, who had a swelling situated below the left ear and at the angle of the inferior maxilla. It was diagnosed as above, though the diagnosis is by no means easy. An enlarged tonsil, tumor of the parotid (a frequent seat of neoplasms), sub-maxillary or cervical abscess, fatty or other tumor in contact with the arteries, are complications which we must certainly consider. To the sight the tumor pulsates with the jump of the carotid. The pulsation of the tumor is synchronous with the radial pulse and cardiac systole. The common and external carotid and the superior thyroid arteries were ligatured.

The subsequent history of the case is short. The wound healed quickly, discharging a small quantity of pus through the drainage-tube. The pulsation in the aneurism ceased entirely on the eighth day after the operation. The patient was able to go out of doors in the fourth week. There were no alarming symptoms developed—no hemorrhage. The aneurism, which was about one by two inches in diameter, has diminished in size until it is scarcely appreciable. The patient is perfectly well, and has not had a hemicrania (to which she was previously subject) since the operation.

Treatment of Warts and Condylomata by Carbolic Acid.

The *Brit. Med. Jour.*, August 4, 1883, says: M. Jullien has described in the *Annales de Dermatologie* the treatment used by Tommaso de Amicis and himself in cases of warts and condylomata. It consists in repeated cauterizations by means of pure carbolic acid, and is best adapted to large sessile growths, or to fumigating cauliflower-like vegetations. The *modus operandi* is very simple. Crystals of pure carbolic acid are kept in a small bottle; the warts having been washed, the bottle is warmed in a flame or in nearly boiling water, and the crystals touching the glass melt. The fluid is applied with a brush or cotton-wool to the whole surface of the warts, which assume at once a shiny white appearance. The white layer soon falls off, and on the next day the operation can be repeated. Pure carbolic acid causes much less pain than either chromic or acetic acid. It has been noted that when the cauterizations are repeated, the last are more painful than the first. The number of cauterizations necessary for curing the patient is, of course, variable. In a case of vegetations on the glans and prepuce, the cure was complete after two applications.

Plastic Operation for Burn.

Before the Suffolk District Medical Society (*Boston M. and S. Jour.*, July 12, 1883), Dr. C. B. Porter exhibited the result of a plastic operation for a burn of the forearm received eighteen months previous, which had resulted in a cicatrix covering the anterior surface of the fore-arm and wrist, contracted so as to flex the hand on the fore-arm beyond a right-angle. A flap was taken from the middle of the anterior surface of the abdomen, extending from the median line outwards and backwards to the lumbar region, where the pedicle was made, relying on the lumbar branches of the abdominal aorta and the ileo-lumbar from the internal iliac to supply nourishment to the flap. The cicatrix was dissected off, laying bare the superficial group of muscles. The arm was fixed to the corresponding side, and the flap stitched into position. At the end of six weeks the pedicle was severed, the flap having firmly united. The result of the operation was a straight wrist, and a power of flexing the fingers, which was impossible before the operation, and the restoring to him a useful hand.

Facial, Conjunctival, and Retinal Nævus.

To the Ophthalmological Society of Great Britain (*Med. Times and Gaz.*, July 28, 1883), Dr. Horrocks exhibited a case of facial, conjunctival, and retinal nævus. The patient was a girl, nine years of age, who had been subject to fits since her birth, and was hemiplegic on the left side. The right side of the face, including the skin of the eyelids and forehead, was covered with a nævus, giving a port-wine-stain appearance; the conjunctiva was also affected. On ophthalmoscopic examination, the retinal veins of the right eye were seen to be very tortuous. Owing to her defective intellect, nothing satisfactory could be elicited as to vision; but, as far as could be made out, she saw equally well with both eyes. Dr. Horrocks pointed out that the tissues in which the vascular dilatation occurred were epiblastic structures, suggesting the possibility that the vessels of the pia mater on the right side

were similarly affected, thereby having something to do with the left-sided fits.

The Deceptive Character of Railroad Injuries.

Railroad surgery is a new innovation and its literature is exceedingly scanty, so that anything valuable concerning it must be interesting. Dr. Z. E. Patrick, of Sheldon, Ill., in the *Ft. Wayne Jour. Med. Sci.*, October, 1883, notes a very peculiar feature, namely the deception of the evidence offered to our senses by the outward signs of injuries received in railroad accidents. What would seem to prove but a trifling and surely recoverable injury under ordinary circumstances, will, oftentimes, when received from a railroad accident, prove unexpectedly fatal. Therefore, we must be very guarded in our prognosis. The reason he thinks is that in this class of injuries the producing agent is so powerful that there is an excessive amount of laceration, and bruising of the subcutaneous tissues to such an extent that their vitality is greatly impaired, and to a much greater extent than is apparent to the observer.

Horse-Back Riding and Pulmonary Calisthenics.

Dr. Dio Lewis writes a story in his new journal tending to illustrate the great benefit that consumptives will derive from horse-back riding. Whether this benefit is due to anything more than the necessity which it entails of being in the fresh air we do not know, but we do know that fresh air has a remarkable influence on weak lungs, so-called. Whether the oxygen destroys the famous bacilli, or what is the modus operandi, we leave for others to determine, but we will recommend a little procedure that we have repeatedly found to make strong men and women out of those whom others as well as ourselves had pronounced to be afflicted with incipient phthisis. Throwing back the shoulders, we direct our patients to inspire and expire as forcibly and as deeply as possible, expanding and contracting the chest to its greatest possibilities, and being in the open air to go through this process as often as possible in the course of the day. Try this plan, and it will surely give satisfaction.

Breaking Down of a Uterine Fibroid During Pregnancy.

The increased vascularity of the pregnant uterus generally tends to cause an increased growth of these tumors, but an exception to this rule is noted in a case reported by Dr. G. Krukenberg in the *Archiv. für Gynäkologie.* After the fourth month the tumor became painful, there was irregular pyrexia, and the patient became much prostrated. An exploratory incision was made, supposing the tumor might be an abscess, but upon discovering its nature the wound was closed. Labor set in shortly afterwards; the woman passed into a typhoid condition, and died six days after the operation. The autopsy revealed that the tumor formed with the cellular tissue adjoining, a dirty-greyish, semi-fluid, slimy mass, which communicated with the uterine cavity by an opening about the size of a shilling.

Introduction of Sutures for Laceration of the Cervix Uteri.

The following quotation is from a paper entitled "Laceration of the Cervix," read before the Lackawanna County Medical Society, at its last meeting, by Dr. L. M. Gates, of Scranton, Pa:

This (the introduction of the sutures) is usually the most difficult task of all, as the tissues are as tough as sole leather, and the cervix cannot always be brought well down. Needle-holders will slip, and needles turn around or break, much to the disgust of the operator. In this case I used a new method of my own devising. The os being pulled well down, a Peaslee's needle for ruptured perineum was passed through the cervix, the silver wire then threaded into the eye, and the needle withdrawn, carrying with it the suture. By this means this difficult task was made quite easy, as the needle is more completely under the control of the operator.

Syphilitic Phthisis.

That we may have a serious affection of the lung, very like phthisis, and caused by the syphilitic poison, is now well recognized, but we do not take this cause sufficiently into account in our therapeutic plans. Dr. A. Solkowsky describes two forms of syphilitic phthisis in the *Deutsch. Med. Woch.*, September 12, 1883; the one curable, and the other capable of palliation by specific treatment. They only differ from ordinary phthisis in minor details, and a syphilitic history must be our guide in making a diagnosis. In view of the great prevalence and insidiousness of syphilis, it will be well to bear this matter in mind in treating our cases of phthisis.

A Case of Cysticercus Cerebri in a Child One Year Old.

The *London Med. Record*, June 15, 1883, says that Dr. O. Soltmann (*Centralbl. für die Med.*

Wiss., March 14,) relates the following case: A child, one year old, was seized with vomiting, convulsions, and squinting, and suddenly died. The post-mortem examination revealed a rickety state of the osseous system. In the middle of the grey substance of the gyrus fornicatus was found a tumor of the size of a pea (a cysticercus); one also in the left corpus dentatum, and two smaller tumors in the cortex of the left posterior lobe on its under surface, near the fissura calcarina. No tæniæ were found in the intestines. The author finds only one case of this kind at so early an age. Fleischmann records a case of cysticercus of the brain in a child aged two years.

Amussat's Laxative Syrup.

Guaiac wood, rasped,	100 gm.
Chicory root,	100 "
Burdox root,	100 "
Peony root,	100 "
Fumitory herb,	100 "
Pansy herb,	100 "
Senna pods,	500 "
Honey,	3 kilos.
Sugar,	4 kilos.
Water,	q. s.

Infuse the drugs with five kilos of boiling water; after twelve hours, express and repeat the infusion with three kilos of boiling water; unite the liquids, strain, add the honey and sugar, and boil the liquid down to 31° Baumé (spec. grav. 1275).

The above specialty is used for habitual constipation. The composition is given by the *Gazette Hébdomadaire*, (quoted in *Pharm. Centralb.*, No. 3).

Alimentation of Infants Affected with Thrush.

When new-born children, affected with thrush, refuse to take the breast or the bottle, Dr. Wiederhofer (*Journal de Médecine de Bordeaux*, June 10, 1883,) advises the pouring of milk by means of a funnel through the nasal fossæ. This mode of alimentation is not difficult. When the milk enters the pharynx it provokes reflex movements of deglutition, and is propelled into the stomach. The author has been enabled by this means to nourish infants for three and four weeks in succession. The same procedure is useful in children born before term, in whom there are no spontaneous movements of deglutition.

Urethral Stricture Treated by Internal Urethrotomy.

Drs. G. H. Tilden and F. S. Watson contribute a critical analysis of nineteen cases so treated to the *Boston M. and S. Jour.*, October 25, 1883, and conclude as follows:

We wish to be considered as reasonable advocates of internal urethrotomy as done by Otis's method —an operation worthy of more attention than has been given to it in Boston, an operation not proper in all cases, nor always successful, but one which, when rightly done in suitable cases, is the one of all others which, without danger to the patient, brings to him the most speedy relief and the best chance of a radical cure.

Cancer of Rectum Relieved by Scraping.

If we can afford relief in this terrible disease by so comparatively simple a process as scraping, we should hail the fact with delight. Dr. J. Crawford Renton reports a case in the *Glasgow Med. Jour.*, September, 1883, where it was resorted to, and now, for a period of thirteen months, the patient has continued to experience great relief. The bleeding was easily controlled by finely-powdered matico. It would be well in suitable cases, such as this one, where the growths are villous in character, to try scraping before resorting to the much more serious operation of excision of the diseased part.

Obscure Origin of Syphilis.

It sometimes happens that men become infected with syphilis, when it is extremely difficult to find out how it has occurred, since no sores can be found about the vulva of the suspected woman. Dr. Bell has probably struck the keynote when he tells us (*Canada Med. and Surg. Jour.*, October, 1883,) about *uterine* chancres, and says that owing to the great frequency of the occurrence of simple erosions of the os uteri, many infecting syphilitic sores are probably overlooked, and that in this way might be explained many of the obscure cases of syphilis in which no history could be obtained of primary sore.

Solution of Perchloride of Mercury in Gonorrhœa.

Dr. Campbell Black, of Glasgow, in the *Brit. Med. Jour.*, refers to a paper by Dr. Leistikoff, read before the Berlin Charité Medical Society, detailing the results of his researches on the gonorrhœal bacteria first discovered by Neisser. Dr. Leistikoff recommends a weak solution as the best means of treatment, and Dr. Black draws attention to a paper he sent to the *Lancet* in April, 1870, where he recommends a solution of one or two grains of bichloride of mercury to eight ounces of water in obstinate cases of gleet.

Tuberculosis of Children.

Before the New York Obstetrical Society (*N. Y.*

Med. Jour.), Dr. B. F. Dawson presented the lungs, the spleen, and a portion of the left side of the diaphragm, removed from an infant that had died in the Foundling Asylum of general miliary tuberculosis. The specimens were thickly studded with tubercles. The interest of the case related largely to the difficulty of diagnosis, which, as Dr. Dawson believed, was usual in these little patients. Although tuberculosis had been suspected, it was not positively diagnosticated before death.

CORRESPONDENCE.

A Vehicle for Salicylate of Sodium.

EDS. MED. AND SURG. REPORTER:—

In reply to the query of "Country Doctor," in your issue of November 3, I would suggest that he should use equal parts of simple syrup and water, or of simple syrup and liquor ammoniæ citratis (B. P.) as his vehicle for salicylate of sodium, flavoring with oil of wintergreen, one minim to the ounce or two. I have used this sufficiently often to speak in its favor.

S. SOLIS-COHEN, M. D.
1229 *Franklin street, Philadelphia.*

Puerperal Eclampsia.

EDS. MED. AND SURG. REPORTER:—

I desire to add my mite to the literature of puerperal eclampsia.

I was called to see Mrs. S., a primipara, aged 31, rather delicate in appearance, though she enjoyed good health. A violent headache caused me to fear some trouble, and my apprehensions were verified, for in a few hours she was seized with convulsions of a very violent character.

I applied a handkerchief saturated with chloroform to the nose, and gave hypodermically one-fourth grain morph. sulph., and xv. ♏ fl. ext. ergot. This controlled the convulsive seizures, and a living child was delivered with the forceps. The woman made a complete recovery.

C. B. SANFORD, M. D.
Topioma, Kansas.

Pop-corn in Vomiting of Pregnancy.

EDS. MED. AND SURG. REPORTER:—

Having seen several cases of cure of vomiting of pregnancy by the use of pop-corn lately reported, and as it is only by a large number of cases that we can arrive at any definite conclusions in therapeutics, I will report my experience. In the first case in which I used it, the patient thought the remedy too simple, and did not give it a fair trial from lack of faith. The second case had been four weeks confined to bed under the care of two regular physicians, who had tried nearly all ordinary means before I was called. She had eaten absolutely nothing of late, and was so weak that she could not raise her hand to her head until beef (Saubé) extract was used by injection a few days before I saw her. I prescribed ingluvin in five grain doses and peptonized milk injections in conjunction with beef extract. The ingluvin doing no good, added five grains of oxalate of cerium to each dose, and at the same time ordered roast corn tea. After two days' trial of this, and the fifth of my treatment, finding no improvement, ordered pop-corn. The next day she did not vomit till evening, and then it was provoked by taking a powder, which she did not try after that. She vomited no more, and by degrees began other food, and in five days was eating quite fair meals.

S. M. GATES, M. D.
Scranton, Pa.

Treatment of Facial Erysipelas with Iodide of Potassium.

EDS. MED. AND SURG. REPORTER:—

I desire to add my testimony to the communication in your issue of November 17, from Dr. J. B. Johnson, of Washington, D. C., recommending iodide of potassium in facial erysipelas. I have depended upon it in the treatment of erysipelas for more than twenty-five years, and have lost but one patient, a young girl in whom the disease was complicated with difficult menstruation, and in whom death resulted from meningitis. Perhaps I should say also that in deference to the opinion of the consulting physicians, other remedies were considered of more importance, and the iodide of potassium discontinued early in the disease. This occurred some twenty years ago, and my faith in the remedy was not then so firm as it is now, or I should have pushed the iodide to the utmost, always remembering the text from which I first derived this hint, as follows: "A patient thoroughly under the influence of the iodide of potassium will not die of erysipelas." These words I find among my notes of lectures by Professor J. K. Mitchell in the Jefferson Medical College. I believe that iodide of potassium approaches as near to a specific in erysipelas as quinine does in ague. I use tincture of iron and quinine also in cases where it is indicated for other causes or complications, malarial, etc., but *always in conjunction with the iodide of potassium.*

J. RALSTON WELIS, M. D.
5138 *Lancaster Ave., Phila., Nov.* 21, 1883.

The Berlin Hygienic Exposition.

Special Correspondence of the Medical and Surgical Reporter.

The Hygienic Exposition which has just closed, after several months of exhibit, has been one of the largest and most successful ever held in any country. It embraced a very comprehensive illustration of nearly everything relating to sanitary science, and from its progressive and suggestive spirit merits the attention of American physicians. To attempt anything like a detailed description of the Exposition would be impossible here. Several acres of ground, and a great number of large and small buildings, were devoted to the exhibit, which is catalogued in a closely printed book of several hundred pages. German thoroughness and minuteness were well exemplified in the display.

The range embraced admirable models for school rooms, kindergarten and baby schools, gymna-

siums, hospitals of graded sizes, operating amphitheatres, fire engines and fire-escapes, improved kitchens, nickel-plated cooking utensils, preservatives for meat, improved condensed milk and meat extracts, common sense clothing, clothes and shoes adapted for deformities, automatic ventilators, fine metal tubes in coils, adapted to all parts of the person, through which to pass water to reduce the temperature, improved methods of obtaining bovine vaccine virus, filters, fire-helmets, life-boats, with preservers and armor, etc. The exhibit of surgical instruments and appliances, electrical apparatus, medicinal preparations and wines, medical books, microscopes and microscopical work, analytical implements, etc., was especially large and interesting. While the models for schools were admirably arranged for light and general convenience, there seemed in some cases a disregard of the requirements for ventilation. This is a want usually severely felt by Americans in most German dwellings. Drainage, too, seemed not to have received the attention which Americans accord it, and among the large variety of bath-tubs and bath apparatus shown, I failed to discover an improvement on the old metal tubs, which, in the United States, are being displaced by those of glass and porcelain.

Considerable room was devoted, among microscopical specimens, to the illustration of the *trichina spiralis*, in its various stages of development. Prominent in this department were slides showing Koch's bacillus of tubercle. Americans can obtain specimens of these, prepared according to Koch's method by a reliable Berlin microscopist, by enclosing a foreign draft for two marks (50 cents), and addressing, in German, Paul Thate, 59 Louisen-Strasse, Berlin. It will be sent postpaid, enclosed in a small wooden box, to any address, for this sum.

The department of "common sense" clothing is one which is attracting considerable attention here, and its chief promoter, Doctor Yäger, is not unknown, I believe, in America. The most radical departure from old usages which he teaches, is the use of stockings fitting the toes in the same manner that gloves fit the hand. The value of this suggestion has been endorsed by dermatologists very generally, and certainly seems reasonable, as tending to do away with the macerated surfaces between the toes, so frequently the source of fœtid odors, and to assist in the re-established use of those nearly rudimentary members themselves. The stockings are supplemented by common sense shoes, very broad at the toes and very solid in construction. Nor does innovation stop here, but invades every article of dress, for men or women. For men, the doctor advocates tight-fitting trousers, and double-breasted coats, with short skirts. For women, dresses calculated not to interfere with physiological processes, warm and comfortable, and cut after patterns designed by himself. His hats are much like the soft hats in general use. Any one curious for farther information can obtain the same by addressing Prof. Dr. Gustav Yäger, Stuttgart, Germany.

In connection with ventilation was a very excellent suggestion and invention, easily applied—if not already made use of—in America. It is the application of hydraulic power, obtained from the ordinary house water-pipes, to the automatic ventilation of all buildings. Under the name of Aërophors, Trentler and Schwarz, of Berlin, are manufacturing these machines, making use of the screw-wheel principle. They are ornamental, so that they can stand in a room if desirable, or otherwise may be placed at the cold-air entrance and force it all over the building. Their sizes, accordingly, vary from a small machine, occupying about the space of a large vase, and having a capacity of 350 cubic metres per hour, to those as large as a large parlor stove, and introducing from 7,000 to 8,000 cubic metres per hour. The aërophors are not expensive, and the motor is one that makes the cost of running them on a par with the small motors used in a similar way with sewing machines. There is an attachment which can be used, in connection with them, for moistening the air, which it does most effectually, and can be made the vehicle for the introduction of medicated vapors, or disinfecting preparations. The demand for practical, non-expensive apparatuses like these in many sick-rooms has struck the mind of every practitioner, and their use in dwelling houses generally, is, perhaps, only a question of time.

Of the very admirable plans and models of the *Käiser-pavillion des Königlichen Klinikums*, constructed under architect A. Schmieden, of Berlin, very little can be said which would be of practical use. This building, very recently constructed in Berlin, contains the amphitheater in which Prof. Von Bergmann—Langenbeck's successor in the University—conducts his clinics. It is probably one of the best operating amphitheaters in the world, and is a wonder of practical convenience and applied scientific principles.

Models of improved abattoirs were of practical value. Among the suggestions for fire-escapes, and especially for conveying persons overcome by the smoke from the upper stories of burning buildings, was a long canvas tube. One end is fastened to the window-casing aloft, and the other held by the firemen below. Down this inclined plane the person is slid rapidly, and protected from the flames. It seemed practicable. Whether it has been made of use could not be ascertained.

Some recent analyses may be of interest to American physicians. They were made under the supervision of Professor König, of the Münster Agricultur-Chemische Versuchstation, and illustrated with the constituents, obtained from the analysis of the several articles of food, displayed in test tubes.

In one kilo of each of the following substances is contained the following:

	Hydrate potassium.	Chloride sodium	Magnesia	Lime	Oxide Iron	Phosphoric acid	Sulphuric acid	Silicic acid
	gr.	gr.	gr.	gr.	gr.	gr.	gr.	gr.
Rye	5.6	.21	2.1	.50	.29	8.40	.20	.40
Potatoes	6.67	.40	.40	.20	.05	2.02	.73	.20
Beef	3.42	.47	.28	.19	.09	3.23	....	.19
Peas	11.5	1.50	1.9	1.20	.08	9.97	.98	.22
Cabbage	3.66	.78	.26	3.53	2.09	.39	.46	.52

Some American parlor coal-stoves were in the exhibition, but whether as illustrating sanitary advancement or retrogression was not stated.

W. O. Stillman, M. D.

Berlin, November 10, 1883.

News and Miscellany.

The American Public Health Association.

The eleventh annual meeting was held in Detroit, Mich., Nov. 13, 14, 15.

Dr. Salmon, of Washington, read a paper on "Texas Cattle Fever; Is it a Chimera or a Reality?" in which he claimed that it is a reality, that its origin is confined to a certain territory, that its seeds are portable, and that it is likely to spread widely, if not carefully controlled.

Dr. J. M. Partridge, of Indiana, read a paper entitled "Swine Plague."

Dr. W .T. Belfield, of Chicago, presented a paper entitled "Swell Head in Cattle." This disease he claims to be actino-mycosis, and its relative features in man and animals were portrayed. Its prominent features are tumors of varying degrees of hardness upon the jaws, etc.

The worn subject of malaria was discussed by Drs. Geo. M. Sternberg, Alfred A. Woodhull, and Charles Smart.

"Changes of Type in Malarial Fever," was the subject of a paper by Dr. R. D. Webb, of Alabama.

Dr. Thomas F. Wood, of North Carolina, presented a paper on "The Clinical Thermometer in the Prevention of Malarial Disease."

"Food Supply," by Dr. W. K. Newton, of Paterson, N. J.

"Vital Statistics as Sanitary Monitors," Dr. Albert L. Gihon, U. S. N.

"Adulteration of Foods," Prof. Albert R. Leeds, of New Jersey.

"School Hygiene," Dr. Charles J. Lumly, of Detroit.

"Physical Training," Prof. J. Madison Watson, of New Jersey.

"Physical Culture," Prof. D. A. Sargent, of Massachusetts.

"The Eminent Domain of Sanitary Science, and the Usefulness of State Boards of Health in Guarding the Public Welfare," Dr. James E. Reeve, West Virginia.

"The Removal of Decomposable Material from Households," Rudolph Hering, New York City.

"Overhead Ventilation of Sewers," Dr. Wm. Oldright, Ontario, Canada.

"The Sanitary Care of Households," Dr. Jos. H. Raymond, of Brooklyn, N. Y.

"The Drainage of Level Lands," etc., Prof. W. C. Van Bibber, of Maryland.

"Dangers of Fæcal Matter Disseminating Disease," Dr. W. S. Rosa, of Kentucky.

"Pullman, from a Sanitary Point of View," Dr. Oscar C. De Wolf, of Chicago.

"Modern Sanitation," Dr. L. H. Montgomery, of Chicago.

"Typhus Fever in New York City," Dr. Edward H. Janes, of New York.

"Catarrhus Baltimoriensis," Dr. John Morris, of Baltimore.

"The Restriction of Small Pox," Dr. J. N. McCormack, of Kentucky.

"Preventible Contagious Diseases," Dr. David Ferguson, of Detroit.

"Sane Humanity," Bishop Thompson, of Mississippi.

"Increased Insanity in the United States, its Causes and Sources," Dr. Foster Pratt, of Kalamazoo, Mich.

The next meeting will be held at St. Louis.

The following officers were elected for the ensuing year:

President—Dr. Albert L. Gihon, Medical Director U. S. Navy.

First Vice-President—Dr. James E. Reeve, Secretary of the State Board of Health, of West Va.

Second Vice-President—Hon. Erastus Brooks, of New York.

Secretary—Dr. Irving A. Watson, Concord, N. H.

Treasurer—Dr. J. Berrien Lindsley, of Nashville, Tenn.

Executive Committee—Dr. Thomas L. Neal, Dayton, O.; Dr. J. D. Gatch, Lawrenceburg, Ind.; Dr. Henry P. Walcott, Cambridge, Mass.; Dr. Gustavus Devron, New Orleans, La.; Dr. Charles Smart, U. S. Army; Dr. Henry D. Fraser, Charleston, S. C.

Tobacco-smoking Nations.

The *Med. Times and Gaz.*, August 25, 1883, says:

A statistical comparison recently published, showing the relative extent to which various nations are addicted to the use of tobacco, gives the proportions as follows: For England, France, and Russia, 5; for Italy, 7; for Cuba, 11; for Austria, 14; for Germany and North America, 15; for Belgium, 24; and for Holland, 28. Mexico, however, even surpasses Holland, for there every one is a smoker. The school children who have done best in their studies are rewarded by being allowed to smoke a cigar as they stand or sit at their lessons. The schoolmaster himself is seldom without a cigar in his mouth. In the law courts all persons commonly enjoy their tobacco freely, and even the accused in a criminal trial is not denied this indulgence.

Soda Water as a Fire Extinguisher.

A druggist in Connecticut some months ago had a fire break out in one of the rooms adjoining the store, in which alcohol, turpentine, and similar goods in barrels and other large quantities were kept. The fire had gained considerable headway, but remembering that he had a loose fountain charged with carbonic acid water, he quickly seized it, and rolling it to the entrance to the room, at once opened the faucet, and in very brief order the fire was extinguished.

Horrible to Think of, if not Worse.

In London there are 105 churchyards and disused burial grounds, thirty-three of which have been laid out or are being adapted for recreation purposes.

Operating by the Electric Light.

Iridectomy and other delicate operations about

the eye were recently performed in London under the electric light. It proved very satisfactory.

Personal.

—Dr. Charles M. Seltzer has removed to the northeast corner of Seventeenth and Green streets.

Items.

—A few drops of ammonia on a moist cloth will quickly remove finger-marks from windows and mirrors.

—Carey, the informer, who was murdered by Irish agitators, had a brain weighing sixty-three ounces.

—Austria has in its seven universities 2,418 medical students. United States has in about ninety medical colleges some ten thousand students.

—Drs. Sands & Weir, of New York, add their experience to the endorsement of peat as an absorbent dressing for wounds, which has been noticed in our pages.

—Cremation is reported to have been made compulsory in Lisbon in times of epidemics, and every five years all bodies that have been buried are to be incinerated.

—A medical school for women is to be established in Toronto, Canada, and it is said that Dr. Jenny K. Trout, of that city, has promised to give $10,000 toward its endowment.

—It is said that the Emperor of Brazil has given Prof. Lacerda $20,000 for his discovery of permanganate of potassium, hypodermically injected, as an antidote for the bite of the cobra.

—Resorcin as an antipyretic is not so good as quinine or salicylate of soda, says Dr. Sarbeck, on account of the nervous symptoms which it produces. It quickly reduces temperature, and causes perspiration. It is given in fifteen-grain doses.

—Dr. R. J. Hall, of New York, has cured five or six cases of hydrocele with injections of carbolic acid, which he prefers to iodine. He used half a drachm of the pure acid, never more than one drachm.

—From a large list of administrations of anæsthetics, reaching over many thousands of cases, both in America and Great Britain, the average risk to life has been pretty accurately determined. It amounts to about one death in 2,800 administrations.

—In the *American Practitioner* for September, 1883, Dr. W. M. Fuqua reports a case of epithelial cancer of the glottis and trachea, where death occurred from strangulation, owing to hemorrhage from the lungs when coughing. It is interesting in so far as only three or four cases are on record.

—At a meeting of the French Association for the Advancement of Science, it was noticed that the largest attendance of ladies was secured by the author of a paper on the "Transit of Venus across the Sun." The local journals poked fun at the fair devotees of science who had selected for their patronage the subject whose title promised most diversion.

—Alphonse Karr was lately a guest at a dinner of some homœopathic physicians at Paris, when, after toasts had been honored to Hahnemann and to the great lights of the science now living, he was asked to propose a toast. "Gentlemen," he said, "you have drunk the health of many physicians, but there is one toast you have forgotten. Permit me to repair this omission. I drink to the health of your patients."

OBITUARY NOTICES.

DR. JOHN L. LE CONTE.

Dr. John L. Le Conte died in this city, November 15, aged fifty-eight years. Born in New York, he graduated from the College of Physcians and Surgeons in 1846, and settled in Philadelphia in 1852. He served with distinction as a medical officer during the war. Being especially interested in entomology, he contributed largely to the periodicals on this subject.

MARRIAGES.

MORROW—EDWARDS.—At the residence of the bride's parents, 84 Clifton Place, Jersey City Heights, Jersey City, November 7, 1883, by the Rev. Dr. Putman, Dr. B. Rowland Morrow, of New York city, and Miss Amy, daughter of Capt. and Mrs. Nelson Edwards.

HUSLER—STEEN.—At Mansfield, Tuesday, October 16, 1883, by the Rev. J. M. Duff, Dr. Edward G. Husler and Miss Hattie Steen, both of Mansfield, Pa.

LEONARD—JUDSON.—At Minneapolis, Minn., October 24, 1883, by the Rev. S. M. Campbell, D. D., assisted by Rev. Frederick Campbell, Dr. L. D. Leonard and Miss Mary A. Judson, both of Minneapolis.

LINN—WILKINSON.—At the Parish Church, in the Parish of St. Martin-in-the-Fields, in London, in the county of Middlesex, England, by special license from the Bishop, by the Rev. R. Isherwood, Curate, on the 5th day of May, 1883, Dr. Hugh James Linn, of the city of Philadelphia, and Mrs. Harriet S. Wilkinson, of Paris, France.

VALENTINE—COURTRIGHT.—At the residence of the bride's mother, at Erie, Pa., on Wednesday, November 21, 1883, by the Right Rev. Bishop Spaulding, Dr. R. K. Valentine, of Brooklyn, and Allee, youngest daughter of Hannah Passmore and the late Milton Courtright.

WALTON—CURRIDEN.—In Camden, N. J., November 1, 1883, by the Rev. W. W. Moffett, George R. Walton, M. D., of Malvern, Pa., and Miss Ida J. Curriden, of Camden, N. J.

DEATHS.

ARMITAGE.—At Solebury, Bucks county, Pa., Wednesday morning, October 31, 1883, Austin W. Armitage, M. D., aged thirty-five years.

CHAPLIN.—In New York city, Thursday, November 15, 1883, Dr. Elbert H. Champlin, of Cornwall-on-the-Hudson.

LE CONTE.—In this city, Thursday, November 15, 1883, John L. Le Conte, M. D.

McNEIL.—In Jersey city, Friday, November 9, 1883, D. McNeil, M. D., in the seventieth year of his age.

PERRY.—At the residence of his son-in-law, W. H. Cheney, in Orange, N. J., November 15, 1883, Dr. George W. Perry, of Yonkers.

SARGENT.—At his residence, No. 229 Hackberry street, Walnut Hills, Cincinnati, O., November 13, 1883, Dr. F. D. Sargent.

SCOTT.—On Tuesday evening, November 6, Wm. H. Scott, M. D., in the eighty-second year of his age.

WEMPLE.—Saturday, November 17, at Sioux Falls, Dakota, Dr. D. F. Wemple, in his twenty-eighth year.

MILLER.—In this city, November 22, 1883, Arvella Preston, wife of Dr. A. F. Miller, aged twenty-seven years.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

CICATRICIAL STENOSIS OF THE PYLORUS.

BY M. RICKLIN, OF THE PARIS FACULTY.

At a recent séance of the Society Medicale des Hopitaux, this subject came under discussion, apropos of a case, which formed the subject of a memoir, presented by M. Dujardin Beaumetz.

In this case the stricture was situated at the pyloric orifice at the origin of the duodenum; it was extremely tight, for a goose quill could hardly be passed; it was of cicatricial nature, consecutive to a simple round ulcer. Of course, the passage of aliments through this strictured orifice was impossible, and the patient died of inanition, presenting tetaniform accidents, which we will reconsider later on.

It is in such cases, according to MM. Beaumetz and Debove, that resection of the pylorus would be perfectly justifiable, and two interesting observations prove that this opinion is well founded.

Extirpation of the pylorus has been performed more than twenty times, during the past three years, in cases of cancer of the pyloric segment of the stomach, and also in two cases of cicatricial stenosis of the orifice consecutive to simple ulcer.

The first case was reported by M. Ryoygier (Berlin Klin. Woch, No. 3, 1882), and he presented his patient six months later in excellent health. The second attempt of this nature, also with a favorable result, was made by M. Van Kleef, in 1882. The patient, at that time thirty-seven years of age, had suffered more or less from her fifteenth year, and finally presented all the signs of pyloric stenosis, enormous dilatation of the stomach, constant vomiting, obstinate constipation, etc. At the period when the operation was performed the patient had had no passage from the bowels for several weeks. Washing out the stomach daily by means of a stomach pump (lavage de l'estomac) had much reduced the dimensions of the organ, which had previously been enormously distended.

The general condition of the patient became very bad on account of the prolonged inanition, and an operation was decided on. The extirpation of the pylorus was successfully performed, and three months later the patient had gained in weight twelve kilograms. Examination of the resected portion confirmed the diagnosis, the stenosis of the orifice was very marked; on each side was found a series of concentric cicatrices, and besides a simple ulcer about one centimeter in diameter.

The first surgeons who performed this operation reserved it entirely for cases of organic disease at or near this orifice, where the incurability of the cancerous disease, and the imminent death of the patient seemed to justify an operation of such gravity. But to-day, in presence of these two successful cases, and, on the other hand, the numerous failures experienced after extirpation for cancerous disease due to relapse or generalization of the malignant neoplasm, it has become a question with many surgeons whether the prime indication for this operation is not a condition of impermeable stricture of the orifice, consecutive to the cicatrization of simple ulcer, where relapse or general infection of the system are not to be feared. It is, of course, understood that so grave an operation is to be reserved for cases where ab-

solutely no aliments are retained, and the patient is in imminent peril from inanition.

What, in effect, can we do in such cases? The lavage of the stomach is palliative only, and is not exempt from danger. M. Dujardin Beaumetz recalled the fact that Küssmaul had observed tetaniform accidents in the first patients placed under this form of treatment, but attributed them, not to the existing inanition, but to the sudden evacuation from the distended stomach of an immense quantity of liquor which had to be replaced from the blood serum. Or, it is an admitted fact, that deshydratation of the blood is a powerful factor in the production of tetaniform accidents, a fact well shown forth in cholera. Lavage of the stomach, so much at present *à la mode* in France, is not then without its dangers. Without speaking of the gastrorrhagia which may be caused by contact of the tube with the ulcerated mucous membrane, in cases where there is great dilatation of the organ with considerable accumulation of liquid, washing out of the stomach (pompage) may determine convulsive accidents, which find a predisposing cause in the condition of general inanition, but which are primarily induced by the deshydrate condition of the blood, brought about by exosmosis from the vessels to replace the liquid removed from the stomach. This extravasation is favored, as admitted by Prof. Peter, by the inertia of the contractile elements of the walls of the stomach and the consequent diminution of blood pressure in the capillary network contained in its parietes. M. Dujardin Beaumetz said that these accidents were, in his case, of sufficient gravity to cause death.

COMMUNICATIONS.

REPORTS OF TWO CASES PRESENTING MANY SYMPTOMS IN COMMON: ONE A CASE OF TYPHOID FEVER, THE OTHER ENTERITIS—WITH REMARKS.

BY J. M. ANDERS, M. D.,
Of Philadelphia.

Read before the Northern Medical Association of Philadelphia.

During the fall of 1882, there came under my observation two cases, whose histories seem to me worth giving.

The first patient was a little girl, æt. 16 months, who was taken ill October 22d. The first symptom to attract attention was cough, and it was on account of this symptom that I was called to see the child. On exploring the chest, signs of mild general bronchitis were found. There was slight febrile action, but the temperature was not taken. The fever gradually increased for two or three days, when the temperature was found to be 102°, pulse 120. The bowels were moved two and three times daily, the stools being soft and yellow in color. The belly was now slightly swollen, but not tender. There were present marked nervous symptoms, to wit: rolling of the head and an occasional shrill cry. She was fretful when aroused, but if left to herself there was slight tendency to stupor, the child not giving heed to what was going on about her. There was frequent grinding of the teeth. She had not cut her eye and stomach teeth, but the gums were not tense nor swollen, and hence her symptoms were not due to dentition. There was nothing special about the treatment employed. It should be stated that the bowels were very susceptible to the action of laxatives.

By the end of the first week the evening temperature had risen to 103°, and it never afterwards rose higher. There were marked morning remissions in the temperature (at least 1.5° F.) The nervous symptoms were likewise much more marked at night. About the middle of the second week I for the first time observed a profuse eruption over the upper portion of the abdomen, the spots being small, rather dark, elevated, and disappearing upon pressure. There was a second and perhaps a third crop of the eruption. There was now slight tympany and tenderness; stupor had grown a little deeper, the other nervous symptoms already mentioned varying but little. About the twelfth day, and for two or three days subsequently, there was present perceptible internal strabismus of left eye.

The temperature ranged from 102° to 103° F., until the end of the third week, when it began to decline steadily and permanently. The pulse ranged from 120 to 140, and was small.

With the decline in fever-heat, there was a corresponding improvement in the bronchitic and nervous symptoms. The diarrhœa, however, had been replaced by slight constipation from the end of the second week. After four weeks the patient began to convalesce The patient was extremely debilitated, and strength did not much improve during the next fortnight; thus recovery was very protracted, During her convalescence, and for some months subsequently, there was partial inability to use the left leg. The child had been able to walk very well prior to her illness, but was unable to do so many weeks after her convalescence.

The second case was a child two years old. I

was first called October 20th. The symptoms were slight diarrhœa, which the mother stated had been present for two days. The stools were liquid, greenish, and contained bits of undigested food. There was slight swelling and tenderness of the abdomen. Temperature 101°, pulse 110, tongue coated with yellowish-white fur and very dry.

The nervous systems, however, were the most striking, and it will be observed that they closely resembled those present in the first case. The patient was peevish; there was frequent rolling of the head, grinding of the teeth, and rather frequent sharp cries. There was very slight tendency to stupor. I learned from the mother that the child had been unusually fretful for some days previous. The mother had observed that during a passage the head symptoms were worse, and that the child would frequently cry out. There was no vomiting. According to my note-book these were the symptoms present for the next week, with but slight changes in her condition, the temperature never going above 101.5° F., nor the pulse 120 per min. On the third day, however, there were slight twitchings of the muscles of the face, and the child would frequently frown. This child had cut all of her first set of teeth. The convulsive twitchings were only noticeable for about three days, when the stupor increased, but the child was still easily aroused. The diarrhœa also became more marked toward the close of the first week, there being at least half a dozen stools daily. On the eighth day of the disease the symptoms began to abate. The fever subsided rather suddenly, and at the same time the nervous symptoms and diarrhœa rapidly improved. On the tenth day the patient began to convalesce, and at the end of two weeks had nearly recovered.

Remarks.—These cases are reported solely for the interest which centres around the question of diagnosis. To form a positive diagnosis in such instances may prove too difficult, but their study will, I trust, be both interesting and profitable. In the cases whose histories I have just sketched, we have to distinguish between at least three affections, to one or more of which they probably belong, to wit: tubercular meningitis, typhoid fever, and enteritis or entero-colitis. It can readily be shown that our second case was not one of tubercular meningitis, though the earlier symptoms corresponded to those of the latter disease, and for a few days there was doubt and a strong suspicion that this dread disease was developing. The nervous symptoms were very similar to those exhibited by tubercular meningitis, viz., the sharp cries, rolling of the head and eyeballs, repugnance to external impressions, the tendency to stupor, and the frequent grinding of the teeth. There were also slight spasms of the muscles of the face for several days. But on the other hand, there were no marked convulsions, no hemiplegia, no contractures of the limbs or partial palsies, no strabismus, and, finally, no "tache cerebrale."

Again, there was no slowing of the pulse-rate, retraction of the abdomen, no vomiting, and the bowels, instead of being constipated, were loose. Moreover, the whole course of the disease was rather too short to admit of its being pronounced tubercular meningitis. Was this case one of typhoid fever? Such a diagnosis does not appear to me to be warranted by the facts. But first let us hastily enumerate the points in favor of this idea. There was a continued type of fever, with the accompanying nervous symptoms frequently present in this disease when it occurs in children. Diarrhœa was present with slight tympany and tenderness of the abdomen.

Notwithstanding these evidences pointing to typhoid fever, a closer analysis will doubtless lead to the conviction that the symptoms were due to intestinal disorder, and not the fever poison. The temperature did not rise sufficiently high—not exceeding 101.5° F.—and reached its height on the third day of the illness. The fever was also of short duration—about ten days.

Again, while there was moderate diarrhœa, the stools were not of ochre color, as is generally the case in typhoid fever, though I am aware that in bilious forms of the fever the stools are greenish, as in our patient's case. But it must be remembered that in this case there were present in the discharges particles of undigested substances; and this fact, along with the observation of the mother, viz., that during a passage the child's screams were increased, and all the other nervous symptoms as well, renders it still clearer that we had to deal with a case of enteritis or entero-colitis (there being no bloody stools, it was evidently not dysentery). Besides, convalescence was more rapid than is customary in typhoid fever of children, even in mild cases of the disease.

Is the diagnosis in the first case the same? We must answer in the negative. While the symptoms referred to the nervous system were very similar, there were other and important points of difference. The diagnosis in the first case evidently rests between typhoid fever and tubercular meningitis, and I fear it will not prove an easy task to decide the question aright.

Was it tubercular meningitis? The symptoms

present in this case indicating such a diagnosis were the following: Restlessness, mild delirium, manifesting itself chiefly in sharp cries, grinding of the teeth, rolling of the head and eyeballs, the strabismus, and tache cerebrae. But it will be seen that the picture is not by any means complete; many, and perhaps the most important symptoms of the disease being absent, viz.: vomiting, constipation, retraction of the abdomen, slowing and irregularity of the pulse, and the temperature was not fluctuating. Other symptoms might be enumerated, but these will serve our purpose. On the other hand, there were symptoms present which do not belong to tubercular meningitis, and which will be given hereafter. Hence it is quite safe to assume that this was not a case of tubercular meningitis. Was it typhoid fever? From a glance at the history of the patient, it will be found that many of the characteristic symptoms of this fever were present. The first symptoms were cough and fever, which were followed in the course of a single day by diarrhœa. It is true there were no prodromata as is usual, but this was probably owing to the extreme youth of the child—sixteen months. The course of the temperature and the pulse-rate were compatible with this view. There was no secondary rise in the temperature observed, though it may have been present, since toward the close of the disease the evening temperature was not regularly noted. Barring the strabismus, the nervous symptoms of the patient corresponded to what is frequently observed in typhoid fever of children. In these young subjects the delirium is exhibited to a great extent in sharp cries. The presence of the typhoid eruption would scarce admit of a doubt of this being the correct diagnosis. How shall we account for the strabismus? This is an important symptom in tubercular meningitis, but it has also occasionally been observed in typhoid fever. Palsies of single spinal nerves sometimes occur about the commencement of convalescence, and thus is explained the loss of motor power of one of the child's limbs.

Were there any symptoms belonging to the fever absent? Yes, epistaxis and hemorrhage from the bowels, but these symptoms are not infrequently absent in well-marked cases of the disease, particularly in children, and this fact does not therefore affect the question of diagnosis.

—Oöphorectomy in a girl eight years of age was recently performed successfully, by a French physician, Dr. Duchamp. The left ovary and a large part of the Fallopian tube were removed.

A PECULIAR CASE OF CONSTRICTION OF THE BOWELS.

BY D. H. STRICKLAND, M. D.,

Acting Assistant Surgeon U. S. Marine Hospital Service.

Thos. Kerr, aged forty years, and a merchant marine employed on the St. Judea, was admitted to the Hospital, September 10, 1883, at 10 p. m., suffering with severe pain in bowels (referred by him to the region of stomach). He stated on admission that he had been suffering from severe pain in bowels, and vomiting from early morning of the day of admission. When brought to hospital, vomiting had ceased, but pain in bowels was intense, and occurred spasmodically. He was given warm drinks and $\frac{1}{8}$ gr. of morphia hypodermically to control pain, which had the desired effect after second $\frac{1}{8}$ gr. of morphia was administered. He spent the night tolerably comfortably under the influence of the anodyne. My attention was called to the case early next morning, when I found a man of medium stature, with haggard expression, indicative of great suffering, tympanitic and distended abdomen (not overly sensitive on pressure), vomiting a greenish-yellow matter, and complaining of great pain in stomach.

After obtaining a history of the case, my first efforts were to allay pain, arrest vomiting, and make my patient as comfortable as possible. I continued the morphine hypodermically, applied large poultices of flaxseed-meal, in which a small portion of oil of turpentine was incorporated, and gave him ice freely to allay thirst and check vomiting. He continued to vomit for forty-eight hours after admission in spite of all we could do, but at no time were the dejections of a stercoraceous character. Pain was kept in subjection by the use of the hypodermic syringe and hot fomentations to bowels. After the lapse of forty-eigh thours from time of admission, vomiting ceased, from which time he was able to retain iced milk, beef-tea, and milk-punch, which was given him freely, to counteract a flagging pulse. Pain continued the leading feature in the case, and we were obliged to continue the morphia hypodermically, which he would beg for if not given sufficiently often to subdue the pain. My first impression of the case was that my patient was suffering from some obstruction of the bowels, probably intussusceptio (although he informed me that his bowels had moved naturally two days previous). Hence, after vomiting ceased, I turned my attention to bringing about an action of bowels, and to this effect I gave him 10 grs. hydrg. submur. by mouth, and a large injection of warm water, to which was

added castor oil and oil of turpentine, with the instruction to have the injection repeated in two hours, if first should not prove effective. After second injection he had a slight fecal discharge, evidently from the lower bowel. Not being satisfied with the character of the discharge, I ordered him a full dose of castor oil and 10 grs. hydg. submur. All the milk and beef-tea he would take, and with hypodermic injection continued often enough to control pain. Upon my next visit I was informed that he had another slight fæcal discharge. I then ordered a tablespoonful of oil in whisky by mouth, and injection repeated, with no effect. My patient grew worse from day to day, and died on the morning of the eighteenth—eight days from date of admission.

Autopsy six hours after death. Rigor mortis fairly well marked, body emaciated and slightly warm. On opening the abdominal cavity, we found a marked congested, blackened condition of the entire alimentary canal. No effusion in peritoneal cavity, and upon further search we found a firm fibrinous band attached to the external oblique muscle of the right side four inches from umbilicus, extending to the left and around the small intestine near the junction of the ilium, and jejunum, then down and finally attached to the small intestine near its junction with the large bowel, completely constricting the small intestine at the encircling point.

The interesting feature in the case was, How could this condition of things have existed so long without causing any previous trouble, as the man stated he had never had a similar attack, and the organized condition of the band precluded the theory of a recent formation, but rather gave evidence of an old trouble of long standing, or probably may have been congenital.

COLD WATER PACK IN PNEUMONIA.

BY DR. EDWARD H. SHOLL,

Of Birmingham, Ala.

A brief descriptive history of the treatment of two cases last spring in and near the writer's old home at Gainesville, Ala., will throw some light on a method of treatment with which for more than a quarter of a century he has been familiar in its application to other forms of disease, but not in pneumonia. The first case was that of a mulatto girl, fourteen years old. As to medical treatment, it may suffice to say that up to the seventh day all the ground that could be measured out, save blood-letting, had been carefully covered, and in vain. Temperature ranged from 105° to 106½°; pulse and respiration rapid; expectoration characteristic, and the case from its exceeding gravity seemingly hopeless. A lounge was prepared on which a heavy double blanket, well soaked with the coldest water to be had, was laid. In this, the clothing being removed, she was carefully and thoroughly rolled and packed by careful nurses, and over this another pair of wet blankets was placed. Immediately the shock gave rise to violent paroxysms of coughing, with abundant expectoration of rusty-colored sputa. In less than thirty minutes the temperature had fallen a degree, the restless, tossing girl had become quiet, and in one hour she was sleeping a gentle and undisturbed sleep. The mistress of the house, an intelligent lady, made repeated observations of the temperature, had the cold water poured on as freely as was necessary, watching the pulse, one hand being left out, and at the end of seven hours, according to my directions, she was taken out of the pack, carefully dried, put back in bed to rest, and from this time on she continued to steadily improve. The temperature never came back to its old height; convalescence was as rapid as could be expected, thus happily terminating a case about as far removed from the possibilities of recovery as is ever seen.

The second case, a boy of seven years, has a similar history of symptoms of gravest import, delirium, anxious restlessness, high temperature. Stripping him naked, carefully packing him in four blankets thoroughly wet; the same violent paroxysms of coughing came on with free expectoration, followed by quiet sleep. Temperature soon fell one degree. As the blankets grew in the least warm, cold water was poured on freely, till at the end of three hours the temperature seemed permanently reduced, and the general condition more favorable, when he was taken out, dried thoroughly, and put in a warm bed. From this time on, improvement was decided; and fully as rapidly as could have been expected, he went on to perfect health.

It will be observed that in neither case was it necessary to repeat the process. Had it been properly indicated, it would surely have been done. So far as results go, it at least shows, if nothing more, that it does not add anything to the perils of a grave case, and very probably promotes decidedly the chances of restoration. Further practical study in this direction is not only admissible, but indicated, for in whatever way we add to our resources to cope with disease, we confer a lasting benefit on mankind.

Hospital Reports.

CLINIC PENNSYLVANIA HOSPITAL.

SERVICE OF R. J. LEVIS, M. D.

Reported by Dr. Geo. F. Souwers.

Gentlemen: You will recollect the case I had before you on the last clinic day, of the man whose skull was the seat of a compound, comminuted fracture. You will recollect that at the time, I trephined at the seat of fracture, and removed a number of segments of bone. Unfortunately, however, notwithstanding what had been done for his relief, the man gradually sank and died. At the autopsy it was discovered that a large effusion of blood had taken place beneath the dura mater, and that pus, also, was being poured out.

We have now before us for consideration another case of skull injury. This boy, while engaged with other juveniles in the pleasures of a stone fight, was the recipient of a blow on the head, over the parietal region, from a brick. This was on Sunday last. He was brought to the institution at once; and while there were absolutely no symptoms of a depressed fracture of the skull, except, of course, the local appearances of lacerated scalp, blood, etc., that might lead us to suspect the possibility of such an occurrence, yet, on examination, a decided depression and fracture were discovered.

Now, in the case of the man who had died, we had marked evidence, by the cerebral disturbance which was present, of the amount and seriousness of the damage done, and yet in this boy's case we find as great, or a greater amount of cranial injury, and absolutely no sign nor symptom that would indicate the serious character of the lesion. Notwithstanding the fact that cerebral disturbance was not present, four or five pieces of bone (detached) were removed from the seat of the accident. In addition, he was trephined in order that any depressed portions of bone might be elevated, or, if necessary, removed.

Now, this trephining was done in spite of and in defiance of the doctrine laid down in the books, and also maintained by the large number of our great and leading teachers on the subject of the trephine and its employment in fracture of the skull. The books lay it down as a rule, we may almost say sans appeal, that the trephine is not to be used unless cerebral symptoms are present, or arise shortly after the receipt of the injury, say in the first few weeks; but I consider this wrong teaching. I well recollect that shortly after I commenced the practice of surgery, and whilst still imbued with the idea that the trephine was not to be used unless specifically indicated, a case of fracture of the skull fell into my hands for treatment. The man presented no symptoms that in the light of my then knowledge, I felt would warrant me in subjecting him to the risks of the trephine—meningitis, etc., that possibly might thus be lighted up. Thus he was not trephined, and, to all appearances, fully recovered. The calm, however, was but illusive. In a few months, or at most years, the man became a most deplorable epileptic, and has been a constant thorn in my flesh, as I occasionally see him on the street, and feel that all his trouble might have been obviated had I but trephined him; for the brain is probably, and has been, subjected to the irritation of some depressed spiculæ of bone, causing the epileptic condition. Had we not operated on the boy, the probabilities are that after months or years he would have fallen a victim to epilepsy and all its attendant miseries and horrors; now, at least, the best chance is given him to escape them. He at no time since the operation has had any troublesome symptoms; he has no particular rise in temperature, the thermometer marking but 99½°, and no indications of cerebral involvement.

It is my practice in this hospital to administer to each patient admitted with cerebral symptoms of any kind, following an injury, one to two drachms of the bromides, in one or two doses, together with a saline purgative; and this course I also follow after the operation of trephining. Care should be taken to leave the flap very loose, or else to put in drainage threads.*

Now as to some points in applying the trephine—something in unwritten surgery which, together with the most advantageous point of withdrawing splintered bone, I have never seen discussed in any work with which I have come in contact.

Do not attempt so to trephine that part of the instrument which rests, presses, or works upon the fractured portion of bone; you not only have a yielding surface then to deal with, but likewise an increase of the risk to the patient, for you cause the fragments or depressed portions to impinge on the cerebral substance more than they otherwise would. Apply the trephine to the nearest sound edge, and where possible use your elevator from and upon that point as a fulcrum; you will find that you can thus readily get the trephine under the depressed portions. If the fractured pieces are wedge-shaped, do not attempt to draw them out so that the basal end will be drawn toward the narrow apical extremity; withdraw the splinters in the direction of the widest angles, particularly if they are jammed or twisted into their abnormal positions; you may thus save yourselves much time and trouble, and the patient some risk.

This man now before us met with an accident; he tells us that he fell from a roof to the ground, a distance of thirty-eight feet. In such an accident the first thing we should look for is the evidence of greater or less systemic shock—that peculiar depressed condition which has never yet been thoroughly explained. This condition having been treated by stimulants internally, or hypodermatically if great promptness is required—by hypodermics of morphia, or by carbonate of ammonia, or aqua ammonia and digitalis—the next step is to make a careful, *thorough* physical examination of the patient. Now, you may think it somewhat strange that I insist so on the thorough-

*In the Pennsylvania Hospital India-rubber strands are commonly employed for this purpose, a cut section of one having a cubical appearance. These strands are about a foot or a foot and a half in length, and for small wounds may, of course, be cut. Their heaviness is somewhat greater than ordinary white store string, or about as heavy as the heaviest plaited ligature silk. They are not generally carbolized, though they may be by simply dipping in a 20 per cent. solution of carbolic acid in olive or petroleum oil (fluid cosmoline).—Reporter.

ness of this procedure, but you will appreciate the desirability of it if you realize that it may sometimes save you serious trouble. It occasionally happens that for want of it on the part of resident surgeons, I find injuries and fractures that have not been suspected, though I must say that the present incumbents of that office have not as yet fallen under the ban. There are certain salient points about the body which seem to have a peculiar tendency to be sacrificed in cases of accident; the principal of these are the patella and clavicle; and singular to say, these very accidents are the most commonly overlooked. When fracture of the clavicle is to be dealt with, the best method of treatment, I am convinced after years of experience, is to place the patient flat on his back on a hard mattress, and use no apparatus whatever. If there is great displacement backwards, a small pillow under the shoulder will afford sufficient support, or if there is overriding of the fragments, a weight placed on the shoulder will remedy the trouble. The head should be somewhat elevated, to take off the tension of the sterno-cleido-mastoid muscle, this muscle being concerned in the displacement of the anterior portion of the bone; he must be absolutely flat on his back, and then there is but little tendency to displacement.

Fracture of the lower end of the radius is another accident peculiarly liable to happen, and should carefully be examined for. Further, the condition of the pupils should be carefully noted, in order that any hidden cerebral lesion may perhaps have light thrown on it; effusions into the orbit must also be looked for, as well as variations in the line of axis of the tongue when thrust out of the mouth.

Our next patient is a comparatively rare case in this hospital—namely that of ununited fracture; in the ordinary treatment and course of events, it but seldom happens that we see an instance of it. This man tells me that this leg, now fractured in the middle third of the thigh, was broken forty years ago at the ankle. He has had three fractures of different bones, exclusive of this, at different times in his life.

This one was received seventeen weeks ago, so that it has hardly become an ununited fracture, but rather one of delayed union; it is mobile, but yet resisting, and has not that flail-like character of a true ununited fracture.

The true way to treat a case of this kind is to get the patient out of bed and into the open air; have him use exercise and bear his weight on the bone, promoting attrition, and thus causing an increased flow of blood to the parts, thus hastening the deposition of callus. By this treatment I have seen the fragments unite promptly; the leg naturally hangs down, and so it is but after all placing it in a normal position. Of course, it is necessary to place the limb in a permanent fracture-dressing in order to afford the patient sufficient support.

A generous diet should be given the patient, and his secretions kept in good condition.

Our last case is one of diseased testicle complicated with hydrocele, the man having suffered some years since with an orchitis, which had left the testicle somewhat enlarged, the epididymis being also in the same condition.

From its appearance I should say we have here an encysted hydrocele, which is simply a variety of the ordinary hydrocele like that upon which I operated at the last clinic, only that this is not in the tunica vaginalis like a common hydrocele, but is between the body of the testicle and the epididymis. I called your attention at the last clinic to the differential diagnosis of hydrocele and other tumors of the scrotum and testicle. This tumor has a sharp, definite upper limit to its sac, whilst hernia and varicocele tend more to blend with the cord.

In hydrocele the testicle is in the lower third of the sac, in hernia it is at the very bottom of the sac, though here in a case of cystic hydrocele we find the testicle at the very bottom of the sac. In encysted hydrocele we generally find the fluid very clear, the ordinary hydrocele fluid being more of a straw-yellow, much more albuminous, and less attenuated than the ordinary hydrocele fluid.

In puncturing by the trochea the sac of a hydrocele, you must fix in your mind the depth to which you wish your instrument to penetrate; place your index finger at that point, then grasping the instrument firmly between the thumb and other fingers, allowing its heel to rest against the palm of the hand, thrust it in slantingly. As an injection I invariably use pure carbolic acid; its application is almost entirely painless, while it produces sufficient inflammation to eradicate the sac of the hydrocele. With iodine the patient suffers intensely, sometimes for days, but not so with carbolic acid, which I have been using ten years this month, and have seen no reason to discard. When agglutination is taking place, there is a peculiar doughy feeling in the scrotum; it is not elastic like that produced by an ordinary serous effusion, but feels rather as if plastic matter were being thrown out.

An ointment of ext. of bellad. ʒj, vaseline or cosmol. ʒij should be applied to the testicle, and the iodides administered internally where disease and enlargement of the organ is present.

NOTES FROM THE PHILADELPHIA HOSPITAL.

SERVICE OF DRS. PARISH, M'FARLAN, AND PANCOAST, NOV. 24, 1883.

Ventral Hernia.

Dr. W. H. Parish presented an old woman with a superficial tumor in the umbilical region. The diagnosis lay between a fatty tumor and a ventral hernia. The percussion note was the crucial test; this being resonant, proves that the intestines are included in the tumor, hence it is a hernia. It has a somewhat doughy feeling, owing to the presence of some omentum. Umbilical hernias generally present the tumor *below* the umbilicus, and as it is *above* in this case, Dr. P. concludes that it is a ventral hernia. The ovaries and uterus may escape, as they have done, in some cases of ventral hernia; the bladder also may protrude and in some cases it will rupture. Although this tumor seems to be irreducible, with ordinary manipulation, yet, since it has existed a long time, and gives no trouble to the patient, he will let it alone, because the mortality after operative interference is great.

Suspected Pregnancy.

This woman, of weak intellect, has been sent to the obstetrical wards, to see if she is pregnant, because she has not menstruated since last March. Examination of the breasts and abdomen, as well as digital examination of the uterus, shows no signs of pregnancy. There is no retention of menstrual fluid, because the uterus is not enlarged and there is no uterine colic. On percussion over the abdomen, pain is elicited. Dr. Parish concludes that the woman is not pregnant, but that she is suffering from amenorrhœa due to a lack of vitality.

Metritis.

A woman aged forty, well until five months ago, was seized with severe uterine and rectal hemorrhage, which recurred ten weeks ago. Had always been regular in menstruation and was intemperate. There is no likelihood of abortion. The uterus is congested, not pale, as it would be, were the hemorrhage the result of a fibroid tumor. The passage of the sound demonstrates great uterine tenderness. She has now metritis, which will be treated by opening the bowels and keeping them regular, relieving the portal congestion (the result of her intemperate habits) poultices to abdomen and vaginal injections of hot water. When the metritis subsides sponge lints will be used, and a more thorough uterine examination made, when we may discover the hemorrhage to be due to cancer or to polypi.

Continued Fever—Probably Typhoid.

Dr. McFarlan presented to the class a young colored girl, in whom the diagnosis was in doubt. She entered the hospital in the third week of her sickness. There were no rose-colored spots; no epistaxis, the temperature ranged from 103° to 105° in the afternoons, there was bronchial irritation, she was delirious, and had diarrhœa. He believed it to be a case of typhoid fever. He laid stress upon the use of the thermometer in clinical medicine. He made this case the basis of some remarks on typhoid fever. He believes that there is no pathognomonic sign of this disease, that is to say, that all of the symptoms usually attributed to it, may occur in other diseased conditions, and *vice versa*. In malarial diseases the tongue is generally flattened out and flabby and it readily takes impressions from the teeth; that these indentations are produced by the teeth, is proven by the fact, that they are absent where a tooth has been lost. This condition of the tongue he has never noticed in typhoid fever.

He deprecated the idea of endeavoring to *cure* typhoid fever; all you can do is to keep the patient alive until the poison wears itself out. In his early days he was taught by Professor Mitchell and Prof. George B. Wood that nitrate of silver and turpentine were the remedies, par excellence, for typhoid fever: he tried these remedies and while the disease did not *quit*, his patients did. In one case in which he used nitrate of silver and the patient continued to grow worse, his rival, "the *old* country doctor" was called in and the patient got well, under the use solely of "Volatile Julip," composed of bicarbonate of ammonia, mucilage of gum acacia and cinnamon. This case opened his eyes and thereafter he ordered his patients to put one drachm of turpentine in twelve ounces of gruel and take a tablespoonful every hour; he thinks this gruel did more good than the turpentine. He believes that when we become better acquainted with animal chemistry, we will discover some specific capable of destroying the activity of the typhoid poison. In most zymotic diseases, he believes that the germs introduced into the body proliferate and attain their full growth therein and when given out are capable at once of producing a like disease, but in typhoid fever, he believes that they do not attain their full maturity in the body, but are discharged imperfectly developed, and that they reach maturity outside of the body, in cess-pools, dung heaps, etc.; hence while most zymotic diseases are contagious, typhoid is only infectious. He does not believe that sewer gas can cause typhoid fever, but that it so enfeebles the system as to render it susceptible to the pernicious influence of the typhoid poison. He believes that there exists a poison for all life, and that in time we will discover a destroyer for the life of the typhoid cause. When called to a case of continued fever, if in doubt, he gives quinine for three or four days; if malarial, it is relieved; if typhoid, it is not; in the latter event, he then orders ten drops of dilute muriatic acid with two grains of chlorate of potash every two hours. He gives milk, systematically, every two hours; and does not allow it to be sipped in the intervals, for if you put fresh milk on top of that partially digested, you are apt to cause fermentation and bad results. If, after awhile the pulse becomes weak and rapid he uses alcohol, according to indications, but not digitalis, which, under such circumstances he does not regard as a heart tonic, but thinks rather that it tends to paralyze the heart.

Cataract—Hare-Lip—Exsection of Hip Joint.

Professor William H. Pancoast closed the morning's service with three interesting operations. One important point in the diagnosis of cataract is that the patient can see better in "half-light," in the morning or at twilight, because the pupil being then dilated, allows the light to pass around the opacity or cataract, while in the bright light, the pupil is contracted around the opacity, and thus the space for the admission of light is diminished. He prefers the needle operation, by which the cataract is broken up and pushed aside, when the cataract is soft and even sometimes when it is hard, because there is less shock and less danger than in extraction, though every case has to be studied and the appropriate operation decided upon. Before operation, he always dilates the pupil well with atropia. In congenital cataract he advises immediate operation. Much delicacy is required in these operations about the eye, yet to see Dr. Pancoast operate for cataract one would suppose that it was a very simple matter; he certainly knows how to use his hands.

For hare-lip, he prefers the modified Malgaigne operation. He incises the frænum and would even loosen the nose, if necessary, so important does he consider it to let the flaps lie loosely. He introduces pins and puts black silk sutures over them; each day he loosens or cuts one suture, to see if the pin is irritating the skin; if so, he removes it.

About the most forlorn-looking specimen of

manhood that could be well imagined was brought in suffering from hip joint disease. He was going down hill rapidly and it seemed evident to the class as it did to Prof. Pancoast that he was doomed. It was supposed that the head of the femur as well as the acetabulum were involved in destructive disease, the result of synovitis from "cold." The operation of exsection was performed and the diagnosis was verified. We will take interest in reporting the result of this seemingly hopeless case, in which Dr. Pancoast was much averse to operating, but where he felt, as all must have felt who saw it, that an immediate operation to relieve the poor wretch of his "life-drain," was the only possible hope he had.

To prevent bed-sores in these bed-ridden cases, Dr. Pancoast uses oxide of zinc ointment on patent lint, fastened on with adhesive plaster and washes the "pressed-upon" parts with alcohol and alum. The force that is requisite to dislocate a joint was well illustrated in the course of this operation, for even after all its attachments were divided, it required sufficient of the *considerable* strength of the operator, to dislocate the joint, to make him red in the face.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Gastro-duodenal Catarrh.

Dr. Draper presented a typical case of this affection in a woman, age twenty-one. A bronchial catarrh (the result of cold) subsequently invaded the gastro-intestinal tract, giving rise to the following symptoms: Pain in the left side, nausea and vomiting, yellow complexion, increasing in intensity, urine high-colored and stained with bile, and the alvine evacuations pasty and clay-colored; itching of the skin, gastric and hepatic tenderness, with a slight enlargement of the liver. This catarrhal inflammation, after involving the stomach, extended into the duodenum, and then from the increased secretion of mucus and the thickening of the mucous membrane the ductus-communis became closed, and the conditions were thus formed, which were favorable for the absorption of bile into the circulation, which caused a discoloration of the skin and urine. The light-colored stools show the absence of bile from the intestines. This is a more common disorder in young persons than in adults, and it is not at all uncommon to find it in young children as a result of a cold, or in those in whom there is a lithæmic state of the constitution, or as a direct result of over-eating or of vicious feeding.

The treatment of this disorder consists simply in enforcing rest in bed, and in washing off the secretions from the gastro-intestinal mucous membrane by means of saline or mercurial cathartics and alkaline drinks. And of these the carbonate of soda in Vichy water is one of the best. The mucous membrane after being thus cleansed is soon restored to its natural condition.

—In the *Glasgow Med. Jour.*, November, 1883, Mr. John Carey reports a case of neuralgic ciliary pain, cured by stretching the nasal nerve.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Very Large Ulcer of the Stomach.

Meeting, September 13, 1883.

The President, Dr. James Tyson in the chair.

Dr. C. W. Dulles presented the specimens of this case. The patient, a lady aged thirty-five years, complained of a constant burning pain in the region of the stomach, which nothing seemed to relieve. She vomited daily, sometimes immediately after a meal and sometimes not until evening. She was anæmic, emaciated and weak. No tumor could be found on physical examination. Under a milk diet, with pepsin and ten drops of sulphurous acid every three hours, she did not vomit for ten days. Having eaten a fritter, all her evil symptoms were aggravated, and she vomited altered blood. The diagnois wavered between carinoma and simple ulcer. When placed in the knee-elbow position a tumor could now be felt. Hamamelis, one drop every twenty minutes and one-quarter grain of oxide of silver thrice daily constituted the treatment. From this time to her death (six weeks later) she was careless about her diet, yet there was no hemorrhage, little inclination to vomit, and very little pain.

Autopsy.—At the upper part of the pyloric orifice of the stomach there was a firm, puckered induration, resembling a cicatrix, and close to it, a large ulcer about two and a half inches long and over an inch wide. Although the ulcer extended through all the coats of the stomach, the fluid contents of this organ had not escaped, because the ulcerated part of the stomach was attached by adhesions to the adjacent pancreas.

Tubercular Ulcerations of the Intestine, with Tubercular Infiltration of the Lungs and Spleen.

The patient, a woman aged forty-three, was admitted to the Episcopal Hospital, July 16, 1883, complaining since last April of vomiting and purging, which it seemed impossible to check. No cough. Opium and astringents temporarily relieved the diarrhœa, and the gastric irritability became less. The diarrhœa became again worse, and about a week before death (which occurred August 30,) she complained of cough, when auscultation revealed tubular breathing and gurgling below the right clavicle.

Autopsy.—The right lung presents at its apex a cavity about the size of a pigeon's egg, with smooth walls. Numerous cheesy nodules in spleen. About eighteen inches from ileo-cæcal valve, the small intestine presents two or three small round ulcerations and mucous surface everywhere injected. The large intestine presents everywhere evidences of chronic inflammation.

Cancer of the Liver.

While at work, the patient, age sixty-five, began to experience pain in the epigastric and right hypochondriac regions. Two weeks later he noticed that he was jaundiced, and that there was a lump in his abdomen. There was constipation anorexia, cachectic appearance, tongue yellow coated. Purgatives failed to influence size of tumor.

Autopsy.—Section of the liver showed complete infiltration with cancer nodules and little or no normal hepatic tissue could be seen.

Meeting, September 27th.

Specimen of Posterior Nasal Hypertrophy in Situ, Together with an Exostosis from the Vomer.

During the discussion of this specimen, Dr. Seiler said that all sufferers from hay fever invariably have hypertrophic nasal catarrh, and, if during the winter you remove the hypertrophies with a dental drill or the cautery knife, the hay fever will not return during the summer. The anterior end of the nares is not at all sensitive, and the septum of the nose may be deflected at this point without producing any more symptoms than those caused by the occlusion of the cavity, while posterior and middle parts are very sensitive.

General Melanosis.

Dr. Carl Seiler read the history of and exhibited slides from a case of general melanosis, in which the diagnosis had been rendered easy by the black urine, without corpuscular elements, and later on by the black saliva.

Malignant Growths of the Stomach and Ovaries.

Dr. Eskridge reported this case. In the latter part of 1882 the woman fell on her stomach and hurt herself considerably. Soon after, her abdomen became painful and began to swell. Previously she had been in good health, and there was no history of cancer or syphilis. During the spring of 1883 her abdomen was tapped twice, and on each occasion a large quantity of straw-colored, serous fluid was drawn off. During July she was tapped twice again with similar results. Throughout the whole sickness, while she was emaciated and her appetite poor, yet her stomach was tolerant. On July 17 no nodules could be felt in any portion of the abdominal cavity. Urine normal, no heart nor lung trouble. A few days later about three gallons of yellowish, serous fluid were drawn from the abdominal cavity, after which a tumor just below the ensiform cartilage, as well as one in each ovarian region could be felt. She grew gradually weaker and died August 1. The stomach was small, and while the growth encircled the pyloric end, its thickest portion was along the lesser curvature. Growths were found on each ovary, while the uterus was normal. The absence of nausea, vomiting, etc., is explained by the enormous dilitation of the pyloric orifice, which readily allowed undigested food to pass from the stomach into the bowel (she had occasional diarrhœa). All through the abdomen were plastic evidences of inflammation, the probable result of the fall. Dr. Formad said (without a microscopic examination) that he did not think there was any trace of cancer in the stomach or ovaries, but that it was a case of chronic fibroid gastritis. This occasioned a discussion, and the specimens were referred to the Committee on Morbid Growths for examination.

Cysto-Sarcoma of the Female Breast.

Dr. De Schweinitz exhibited this specimen for Dr. John Ashhurst, who removed it from the breast of a single woman, aged 38. No family history of cancer could be elicited. The woman suffered from flatulent dyspepsia and headaches. In February, 1883, she noticed a lump in her left breast. This gradually increased, the growth being painless, however, until March, when she began to suffer from intermittent, lancinating pain, and the tumor took on increased activity. It was removed August 9th, and the woman made a good recovery.

Recurrent Scirrhus of Male Breast.

This case (presented by the same gentleman) possesses peculiar interest for two reasons: 1. On account of the comparative rarity of cancer of the *male* breast. 2. Because the second growth had its point of beginning where one of the sutures had been introduced at the primary operation. This suggests the question, whether it would not be an interesting study to make sections of the edges of flaps that are to be about approximated after the removal of malignant growths and note whether any morbid manifestations would present themselves, ready to be lighted up into active growth by any irritation, as in this instance, by the passage of a suture. It teaches one practical lesson, that all incisions for such purposes, should be carried as far into healthy tissue as possible. There was no family history of cancer or of injury, but some enlarged axillary glands, the patient stated, were present at the time of the first operation.

Phthisis—Absence of Perietal Paricardium—Malposition of Liver.

Dr. W. E. Hughes reported the case of a man age thirty-three who had been in the Philadelphia Hospital under the care of Dr. Bruen. The diagnosis was made of chronic plastic pleurisy, with consequent phthisis, and the needle of an aspirator introduced about the middle of the area of flatness with negative results. After a fall and a slight pulmonary hemorrhage he died in fifteen minutes of apnœa, the heart continuing to beat after the respirations had ceased. At the autopsy, a complete absence of the pericardial sac was noted, the heart lying free in the left pleural cavity. The right lobe of the liver, about its middle, turned sharply upon itself, and, carrying the diaphragm with it, extended upward to the third rib. The left lobe was very small, and was not carried up with the right.

Spindle-celled Sarcoma of the Rectum.

Dr. MacConnell exhibited this specimen. The case was operated upon by Dr. Levis. Three years ago the patient (male æt. 43) noticed pain, uneasiness, and tenesmus of the rectum. He was very constipated; hemorrhage only occurred as the result of the passage of hardened fæces. After two years he noticed a tumor, the size of a walnut, detected by his finger in the rectum. This gradually increased in size, until at the time of operation it was as large as the fœtal head. By bearing down, he could protrude the tumor, when the parts presented the appearance of the fœtal head when distending the vulva. The tumor weighed nearly one and a half pounds.

Ulcerated Scirrhus of Mamma.

The same gentleman exhibited this specimen. It was one of the so-called "spontaneous cures by sloughing" of carcinoma, but it proved the fallacy of this, since the base and periphery of the resultant ulcer as well as the lymphatic glands gave distinct evidences of active carcinomatous processes.

Autopsy of Case of Pleuro-Pneumonia in a Cow.

Presented by Dr. Thos. J. Dunn, of West Chester, Pennsylvania.

The disease was of ten days' duration, and the prognosis being hopeless, the animal was killed. The rectal temperature was 104⅘°, respiration 89, pulse 42, eyes sunken, ears drooped, back somewhat arched, great difficulty in walking, slight exertion causing dyspnœa and coughing. Respiration was jerky and shallow; there was slight muco-purulent coryza. Percussion gave absolute dullness over entire right side and lower part of left, while over the upper portions resonance was normal or slightly exaggerated. Ausculation; absence of vesicular murmur on right, and even bronchial breathing could only be detected over circumscribed areas; over upper part of left side, ausculatory signs normal; below, nothing could be heard.

Autopsy.—Much emaciation, muscular tissue of a deep mottled red, exuding on pressure much venous bread. The pleural cavities contained about six quarts of clear serum, with a few flakes of lymph. Both layers of the pleura were covered with from 1 to 3 inches of thick, tough, unorganized lymph, the membrane itself being rough and congested. The weight of the membrane was estimated to be twelve pounds. The left lung was crepitant throughout, but congested below; the right lung was completely carnified, while some of the largest bronchi were filled with plastic plugs, which, on removal, left the mucous membrane rough and swollen. The other bronchi had their mucous membrane swollen and congested. Frothy muco-pus exuded from the cu tlung surface when scraped. The solidified lung was estimated to weigh 50 pounds, the norm being 3½ pounds. Right heart was dilated and its tissue soft; as the animal had been bled after death, the vessels were nearly empty. Other organs healthy. Microscopical examination of the blood × 670 to × 11,000 from the heart showed innumerable globular or oval micrococci from 0.35 to 0.5 m. m. They rarely grouped in colonies, more frequently in pairs, but usually single. Lung-scrapings showed granular cells, shreds of tissue and innumerable micrococci. The cells contained bodies resembling the micrococci of the serum; they were non-soluble in ether, neither did they stain with aniline green, nor hœmotoxylon, whether in an acid or alkaline solution, while the remainder of the cell readily colored. Aided by Dr. Martin, of West Chester (who aided me in the microscopical examinations detailed,) I have commenced culture-experiments, which in one instance have succeeded.

The next specimens presented were from "*A Case of Typhoid Fever, with Abortion in the Third Month, Ulceration of Peyer's Patches and Highly Fatty Kidneys.*" In the discussion which ensued, Dr. Woodbury stated that he had had a case of profuse bleeding, due apparently to menstruation, in the course of typhoid fever.

Dr. Formad exhibited a "*Heart with Extensive Ulceration of the Inside of the Left Ventricle,*" forming an aneurism about one inch in diameter.

The Pathology of Phthisis and its Laryngeal Complications.

Meeting October 25, 1883.

Dr. Seiler read a paper on this subject, in the course of which he deprecated the indiscriminate use of the terms phthisis and tuberculosis, when speaking of lung disease, as it was calculated to mislead the student and make careful investigation into the etiology and pathology of these diseases extremely difficult. He defined tuberculosis as an auto-infectious disease, manifesting itself primarily by the production of minute neoplasms called miliary tubercles, which rapidly undergo retrograde metamorphosis, ending in caseation, while phthisis he defined as a progressive consolidation of the lung tissue, due to a more or less localized inflammation, affecting primarily the apices, and undergoing retrograde metamorphosis. The laryngeal lesions never appear prior to the lung disease in phthisis; they are characterized by a peculiar pallor of the mucous membrane, the tumefactions generally affect the posterior portion of the organ, and the ulcerations are shallow and have a tendency to spread over the surface. Tubercles are never found in the tissues of the larynx in phthisis, while in tuberculosis they have been found there prior to the lung implication; the tumefactions are more commonly observed in the anterior portions, and the ulcerations are deeper, with raised edges.

Dr. J. C. Wilson heartily agreed with Dr. Seiler's assertion concerning the curability of certain forms of chronic lung disease, when treatment is instituted early, and he thought that nothing had exerted a more unfavorable influence upon the therapeutics of such diseases than the false view that the constitutional tubercular diathesis invariably antedates the local lesions of pulmonary consumption.

Dr. F. P. Henry, while not convinced of the primary importance of the bacillus as a cause of tuberculosis, inclines to attribute to it a prominent part in the production of the secondary symptoms of phthisis, those of systemic infection, which are largely septic in character. A small ulcerating cavity communicating with the absorbent vessels, is more disastrous in its effects than a larger cavity shut out from the absorbents by a living membrane or wall of fibroid tissue.

Dr. Bruen agreed in the main with Dr. Seiler; he believes in a hopeful prognosis in the early stages of many varieties of phthisis, more particularly when the lesions are localized, and *vice versa*. He considers it proven that phthisis can be produced by inhalation of inorganic irritating particles, especially if there be an inherited predisposition or an artificially damaged constitution.

Dr. Mills thought that the prevalence of tuberculosis among those afflicted with chronic nervous and mental diseases would lend support to the views of Formad rather than to those of Koch.

Dr. Eskridge considered that this last fact only tended to prove that a prolonged period of lowered functions of the body, was a favorable condition for the development of tuberculosis. He admits that he is in the dark as to the pathology of tuberculosis, for enough proof has not yet been advanced to establish the truth of any theory. He called attention to the fact that the best clinical observers of large experience, such as Flint, Da Costa, and Hughes-Bennet, considered tuberculosis and phthisis to be identical.

Dr. Davis believes that tubercle is a local affection, and since he has seen tuberculous affections of the knee recover without operation, he believes

that the same condition in the lungs can also get well in some cases.

Cylindrical-celled Ephithelioma of Cæcum.

Meeting, November 8, 1883.

Dr. Wm. E. Hughes related the history of a man aged forty-six, whose family history, as far as it could be learned, was good; no history of malignant disease. The only incident in his past life, bearing on the present trouble, was a frequently recurring, sometimes easily checked, diarrhœa, with which he had been troubled off and on for years. When he came under observation he offered the usual constitutional symptoms of malignant disease. The abdomen was slightly tympanitic, but neither abnormality nor tenderness could be detected upon the deepest pressure; but a very thorough examination was impossible, as the ribs extended almost to the crest of the ilia. After improving (the diarrhœa) under treatment, he was seized with a chill, followed by fever (temp. 102°) and died in a few hours, apparently from failure of the vital forces. In the cæcum, completely surrounding the gut, but producing no obstruction, was a ragged, ulcerated neoplasm developed apparently from the mucous membrane. Microscopical examination showed it to be a cylindrical-celled epithelioma. Sudden death is quite common in chronic diarrhœa, due to cancer, possibly caused by a sudden disturbance of the vasomotor centres, the cause acting through the abdominal sympathetic. The other organs were comparatively healthy, but gave evidence of wear and tear, due to the exposed life the man had led as a car-driver and a laborer.

Sarcoma Occupying the Anterior Mediastinum.

Dr. Edward T. Bruen reported a case, interesting from its rarity. A shoemaker by trade, who was in the habit of pressing instruments against his chest, was admited to Blockley Hospital in December, 1882, suffering with emaciation and pain in the chest, which gradually and rapidly increased; it was most severe over the upper segment of the sternum and radiated around the chest. There was dullness on percussion, bronchial respiration and cardiac sounds almost absent; all of which signs were confined to a space about four inches square at the upper part of the sternum. There was some interference with the circulation, evidenced by lividity of the face and enlargement of the veins of the neck.

The patient died in February, 1883, when the ante-mortem diagnosis was confirmed, by the discovery of a sausage-shaped sarcoma, seven inches long, overlying and compressing the aorta, pulmony artery and vessels of the neck. The case is rare in so far as there were no other parts of the body implicated.

Dr. Formad then exhibited the apparatus used by Koch in the cultivation of bacteria and described the methods used.

Drs. Ridge, of Camden (N. J.), and Dr. Shakespeare, Philadelphia, discussed the subject.

Corrosive Sublimate as an Antiseptic.

The corrosive chloride of mercury has long been known as an efficient antiseptic, and of late its use has been considerably extended in German hospitals, with results, it is claimed, superior to carbolic acid. A solution of the strength of one per cent. is employed in the gynæcological clinic at Breslau for washing the hands before examinations, etc., cleansing instruments, disinfecting basins, etc. Dr. Küstner, of Jena, uses a solution of one part to 5,000 for medical inspections in the cystitis of lying-in women, with excellent results.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

A Note on the Feces of Starch-fed Infants.

BY N. A. RANDOLPH, M. D.,

Assistant Demonstrator of Physiology in the University of Pennsylvania.

The series of experiments presented in the preceding paper by Dr. Keating seems to me to be in the highest degree suggestive, for it is only rational to suppose that the development of the amylolytic ferment of the pancreatic juice is coincident with the appearance of the analogous salivary ferment. Inasmuch, however, as the food even in spoon-fed infants is retained but a short time in the mouth, and further, as the continued action of the saliva after it enters the stomach is as yet problematical, the only absolute control for such observations is afforded by an examination of the feces.

Through the kindness of Dr. Keating, I have been enabled to examine the stools of twenty-four starch-fed infants, of ages varying from forty-five days to eighteen months. Twenty-three of these children were fed upon cracker-dust, water, and condensed milk. The twenty-fourth received corn starch boiled in milk.

The freshly-evacuated feces of each infant were carefully bottled and labeled, and a drop of a solution of iodine was added to a small portion of each specimen, which was then submitted to microscopical examination. Besides turning the starch blue, and indicating the presence of dextrine by a peculiar mahogany-red color, the iodine has the advantage of rendering any fats which may be present much more readily apparent. The reaction of each specimen was taken, but though this varied from acid to alkaline and neutral, no correlation between the reactions and the other properties of the specimens could be observed. A decoction of each was tested for glucose with freshly-prepared Fehling's solution, but except in one instance no appreciable amount could be found.

The presence of *starch* was exceptional, and apparently in no degree dependent upon the age of the child. The stools of eighteen out of the twenty-four children contained either no starch, or but a trace, *i. e.*, no more than is frequent in the evacuations of a healthy adult upon a mixed diet. Six of these specimens were from children of three months or less—the youngest being but forty-five days old. In many cases the broken and empty cellulose envelopes of the starch granules were clearly discernible.

The six infants in whose evacuations a noteworthy amount of starch was present were aged respectively three, four, ten, thirteen, fourteen, and seventeen months. The eldest two were in very bad health.

The following is a tabular statement of the age, diet, and appearances of the feces in the children forming the subjects of this study:

AN EXAMINATION OF THE FECES OF TWENTY-FOUR STARCH-FED INFANTS.

No.	Name.	Age.	Food.	Starch present.	Remarks.
1	Savin,	45 days,	Condensed milk and cracker-dust.	None.	
2	Jocker,	2 months,	"	Traces.	
3	McGettinger,	2+ "	"	"	
4	McGowan.	3 "	"	"	Twice examined: no fat before inunction, about 10 per cent. after.
5	Ross,	3 "	"	"	
6	Hays,	3 "	"	About $\frac{1}{4}$ starch.	
7	Soy,	3 "	"	Traces.	
8	Henwich,	4 "	Corn-starch and milk.	"	
9	Moore,	4 "	Condensed milk and cracker-dust.	None.	Many broken cellulose envelopes.
10	Conway,	4+ "	"	Traces.	Evidences of potato surreptitiously given.
11	Roach,	5 "	"	About $\frac{1}{2}$ starch.	
12	Anxier,	5+ "	"	None.	
13	Schmitz,	5+ "	"	"	Many bacteria.
14	McKinley,	6+ "	"	"	10 per cent. fat; had had inunctions.
15	Hall,	8+ "	Breast and cracker food.	Traces.	
16	Hensen,	10+ "	Condensed milk and cracker-dust.	More than normal.	Many bacteria; evidences of potato surreptitiously given.
17	Divine,	13— "	"	20 to 30 per cent.	Some glucose present and indications of dextrine; saliva was found to be inefficient.
18	Croncia,	14— "	"	Traces.	
19	Madden,	14 "	"	"	
20	Boyle,	14 "	"	10 per cent. starch.	Sick.
21	Glass,	14+ "	"	None.	Except a few large cells containing starch from potato.
22	Kinscher,	17— "	"	"	
23	Wood,	17— "	"	Over $\frac{3}{4}$ starch.	Syphilitic; saliva was found to be inefficient.
24	Dane,	18 "	"	Traces.	Indications of dextrine.

The facts presented appear to justify the following conclusions:

First, that *many* infants of under three months can digest starchy foods.

Second, that the individual variations in this regard are so numerous that no broad and general statement can be made as to the period at which infants *begin* to digest starches; and

Third, that the physician can be absolutely certain that a farinaceous ingredient in the diet of a young infant is beneficial, only by an examination of the dejecta under such diet.

[After the reading of the preceding paper:]

Dr. Keating spoke of one case in which fat was found in the feces—cod-liver oil had been administered in the form of inunctions, and the child fed alone on Borden's condensed milk.

Dr. Randolph replied that he had found 10 per cent. of fat in the feces of a child which was receiving two inunctions of cod-liver oil daily. He was now conducting some experiments upon the subject, and intended to report the results to the College in a communication to be read at a future day.

Precautions in Belgian Theatres.

The Communal Council of Brussels have issued some new regulations, which are specially directed against "sensational scenes of the kind which introduce fire and explosives." No such scenes are henceforth to be allowed without the permission of the authorities, and then only under prescribed conditions. The manufacture or storing of explosive substances in theatres is prohibited. Such substances, when permitted, are to be kept in a building apart, in the charge of the firemen of the establishment, and can only be introduced by them immediately before they are required for scenic effects.

Editorial Department.

Periscope.

The Detection of Micro-organisms.

The *London Med. Record*, October 15, 1883, says:

The older methods employed under the names of aëroscopy, etc., for the microscopical examination of solid particles floating in the air, and arrested by cotton, glycerine, etc., failed to distinguish living and dead organisms, even organic and inorganic matter. The liquid cultivations, with which the name of Pasteur is associated, do so much; but the fluid, turbid to the naked eye, exhibits under the microscope only a confused mass of organisms of all kinds, and is totally unfit for artificial cultivation, since it gives no means whereby the products of the implanted germs may be distinguished from those which have gained access by accident.

The principle of pure cultivation, viz., the employment of a solid medium, we owe to Koch; and in his hands it has recently been so improved as regards details, that it has become to some extent both a qualitative and a quantitative test. In his address to the Aertzetag at Berlin, read on May 23 last, Dr. Koch describes the methods he employs at present in the bacterioscopic examination of earth, air, and water. (The paper is published in the *Allgemeine Med. Central-Zeitung* for July 2.)

For the examination of air he takes a freshly boiled potato, slices it, and, after exposing a slice for a short time to the air in question, allows it to stand some days in a warm room under a bell-glass, covered with wet blotting-paper; the glass, like all other apparatus, having previously been sterilized by heat. After a few days, the potato will be seen to be covered with points of various colors, each point representing the progeny of a single germ or organism. Numerous species may be recognized even by the naked eye, but each patch, of course, consists of but one.

Another method consists in the employment of a thin size or solution of gelatin, 5 per cent., or 10 per cent., according to the temperature of the place or season. This may be used alone, or as the means of solidifying any desired fluid. A favorite cultivation fluid of Koch's, especially suited for bacteria, consists of veal broth or other infusion of meat with 5 per cent. of gelatin, 1 per cent. of dry pepton, 0.5 per cent. of table salt, and carbonate of soda to exact neutralization. These media are sterilized by boiling.

For the examination of air, a small glass cup, containing some of the gelatin previously sterilized, is let down by a strip of brass foil to the bottom of a glass cylinder closed by a large plug of wadding. The whole apparatus and contained air are then sterilized by long exposure to a temperature of 100° C. When the size has set, the vessel is taken to the place to be examined, and the plug removed for two, twelve, or twenty-four hours, so as to allow the germs to settle down on the surface of the size; the plug is replaced, and two or three days are allowed for their development into colonies, as described in the case of the potato. The size, or thin gelatin, has this advantage over the potato that, being transparent, it can be examined by transmitted as well as by reflected light.

For quantitative examinations, *i. e.*, to ascertain how many germs are present in a given volume of air, Dr. Koch employs a special apparatus designed by Dr. Hesse, in which the gelaiin is spread over the floor of a horizontal tube as a layer of uniform width; and, by means of an ingeniously contrived method of aspiration, a known volume, from two to twenty litres of air, is drawn through the tube so slowly that the germs, sinking to the bottom in virtue of their gravity, are all deposited in transit on the gelatin in the first half of the tube.

For the examination of water, Dr. Koch formerly shook up a certain number of drops of water in question with liquefied gelatin in a test-tube. But quite recently he has adopted a modification of this method; which permits a numerical estimation of the viable sperms in water, and, as a corollary, a comparison of several waters: this he has satisfactorily applied to the river waters, sewage, effluents, and potable waters of Berlin. (See *Sanitary Record* for February 15, 1883.)

A quantity of the water to be examined, varying according to the purity as gathered from an ordinary microscopic examination, from several drops down to .01 of a drop—*i. e.*, a drop of a corresponding dilution—is intimately mixed with the gelatin, and spread out as a thin film on a sterilized glass slide, covered with a bell, and examined with a lens of about thirty diameters after the lapse of thirty to sixty hours. The colonies appear as vacuoles in the gelatin; and to count them a thin glass cover, ruled in square centimètres, is laid on the slide: the number in each of several squares is taken, and from the mean of these the number first in a drop and then in a cubic centimètre is calculated. Good waters will yield fifty to one hundred colonies to the centimètre, unfiltered river waters as many thousands, whils in sewage they are to be reckoned by millions. At present, he has not been able to distinguish between pathogenic and other bacilli, but he entertains serious hopes of progress in this direction.

In examining earth, he merely sprinkles over the surface of the coagulated gelatin fine particles of the soil. In the moist atmosphere of the bell, the germs adhering to the particles of earth soon develop into colonies. A curious result of these experiments, and one that has a direct bearing on the action of the earth in purifying sewage, is that, while bacteria swarm near the surface, there are but few at a depth of two feet, and practically none at three.

We may here subjoin some estimates of the number of viable germs found by Koch in a cubic centimètre of each of the waters around Berlin, valuable for the light they throw on the effect exerted

on water by filtration through earth, and on the vexed question of the influence of sewage effluents on running streams.

In Berlin sewage	38,000,000
Effluent from the irrigation areas	87,000
Effluent, after mixing with the water of the Wuhle and before being discharged into the Spree	52,000
The Spree above the outfall of the Wuhle	115,000
The Spree below the outfall of the Wuhle	118,000
Rummelsburger See (a lake used for a water supply)	32,000
Waterworks at Stralau, before filtration	125,000
" " " after filtration	120
Good Spring waters	100 to 50
Distilled water	5

Notes on Ether Narcosis.

Dr. Leslie Phillips, who has had not inconsiderable experience in ether administration contributes a very practical article to the *Med. Times and Gaz.*, September 8, 1883, from which we take the following:

Mr Teale made a valuable suggestion when he said that ether should be given in a curve of harmonic progression, as may well be done by a Clover's inhaler, beginning with air, and gradually increasing the dose of ether till the patient breathes nothing but ether vapor. This is the best possible way to avoid struggling and to give courage to the timid. I would add this fact, that the longer a patient has been narcotized, the less ether he requires to keep up the narcosis. The drug has a kind of cumulative action, probably from the tissues becoming saturated with the vapor. At any rate, it is a fact that, in order to be kept under, a strong man, for example, will require to respire unmixed ether vapor till three or four ounces have been inhaled; then, and not till then, may the administration be a little relaxed, and an occasional breath of air be allowed: say on every fourth inspiration the inhaler may be removed. To state it as an aphorism: "The more ether taken, the less is required to prolong the narcosis."

The best way to observe the conjunctival reflex is by the associated action of the other orbicularis palpebrarum. Touch the right cornea, and watch the left eye; if the left orbicularis does not respond, suspend ether. It must be observed, however, that from natural causes the conjunctiva in some patients becomes under ether very dry, and then loses to a geat extent its sensibility, so that its reflex cannot be elicited. This fact must be borne in mind; for, if not, we may be apt to think that our patient is deeply narcotized, when such is not the case.

Ether acts as a respiratory stimulant, and, when the patient is once asleep, diminution in the force of the respiratory acts generally means that the patient is coming from under the influence of the anæsthetic. If the inhaler be removed, or if there be no ether in it, the breathing may become so feeble as to be almost imperceptible, more especially since it is contrasted with the previous vigorous breathing during inhalation. In this way, alarm at the patient's condition may be caused; but the pulse is good, and, more easily observed still, the eye-reflex will be found much more easily elicited than before. In a few moments, unless more ether is given, the patient will move and come round.

During ether narcosis, ankle-clonus may generally be easily obtained. The danger of administering ether in Bright's disease is admitted, and on one occasion the wisdom of the observation forced itself upon my notice.

The usual rule observed during the inhalation of ether is that the surface of the body, especially of the face, neck, and upper part of the trunk, gets hyperæmic, and feels hot to the touch. This is more noticed in hot weather. It is to be observed, therefore, that the patient should be covered as much as possible with blankets to prevent chill, which is likely to easily take place in such condition. After the inhalation has been continued for a time we frequently observe that the surface becomes very cold to the touch and bedewed with moisture. This is probably due to shock, and though likely to cause some alarm to the inexperienced, it is, in my observation, of not much significance.

For patients who are very anæmic, from long-continued disease or from hemorrhage, ether is the appropriate anæsthetic, but even it must be used with much skill and caution. Such patients easily become narcotized, and are easily kept under. At first the pulse and general condition seem to improve, but this will not last long, and signs of failure will very soon be observed, notably failure of wrist-pulse. No rallying power is manifested, the heart gradually fails, the lungs fill up, and the patient dies without recovering consciousness. The lessons which such circumstances should teach are: Firstly, the anæsthetist should use the minimum quantity of the drug, not attempting to produce complete coma. Secondly, the anæsthetist himself should see that the patient is surrounded with hot bottles and blankets *during* the operation. Thirdly, the surgeon should perform the operation as though the patient were not under the influence of an anæsthetic; he should think he was operating in 1843. Fourthly, when it is obvious that the patient has not rallying power, and it is plain that he is dying from anæmia, it is my opinion that the introduction of a saline fluid into a vein should on no account be omitted.

Mercuric Chloride as a Surgical Dressing.

Dr. William Robertson has been using it in the strength of one-sixteenth of a grain to eight ounces of water, and in the *Brit. Med. Jour.*, November 3, 1883, after detailing a case so treated, he says:

The noteworthy features in the use of this salt as a surgical dressing, if future experience bears out its value, as shown in this case, are these:

1. Its facility of application.
2. Its almost costless nature.
3. Its comparative innocuousness: for we are allowed, according to the results of Koch's experiments, if these be found applicable to germs in wounds as to pathogenous germs, a much further dilution of the salt; although, in this respect, it must be considered that a slight penetration of the salt is beneficial, as it thereby tends to kill

the germs that have extended more deeply into the tissues.

Since writing the above, I have had again an opportunity of trying the salt, and with equally satisfactory results.

In one case, a compound fracture of the humerus, scarcely one teaspoonful of pus has been secreted during a course of four weeks' treatment, and the fracture, in its process of repair, has closely resembled what takes place in simple fracture; there has been no odor, no pyrexia. In another instance, a case of excision of hip-joint, in the person of a boy who had suffered from morbus coxæ for four years, previously to excision sinuses existed all around the joint, discharging pus in great quantities, of bad odor. At the resection, extensive disease was found in the femur and acetabulum and removed. Now, after three weeks' treatment, the inflammatory exudation, so extensive in the tissues surrounding the necrosed bone, has very considerably diminished; the daily (twenty-four hours) discharge of pus is reduced to about six drachms, laudable, and free from any odor. The extensive surgical wound has closed so far up, that a drainage-tube cannot be introduced. The temperature is, for the most part, normal, and the hip is free from pain. The boy sleeps remarkably well, and eats with a fair appetite. The old sinuses in this case have practically ceased discharging. The lotion here was applied, as in the other cases, on lint, and any sinuses or crevices were forcibly syringed out with it. This patient had to remain for five hours on the operating-table previously to removal to bed, and had to be freely stimulated and kept warm, showing how far he had been reduced by the long course of the disease; nor does it seem that he will have to go through such a long period of recovery as it is usual in such cases, should he go on improving as the last three weeks have shown.

Puerperal Fevers.

From an interesting letter on this subject from Dr. F. H. Lombard in the *Boston Med. and Surg. Jour.*, May 31, 1883, we extract the following:

For the ten years (1812–1822) previous to the introduction of anatomico-pathological studies in Vienna, the rate of deaths from puerperal fever in the lying-in hospital was 1.8 per cent. During the year 1823, when students, for the first time, were obliged to dissect and to make post-mortems, the mortality rose with a leap to 7.5 per cent., and from that time until 1847, when Semmelweis introduced his rules for disinfecting hands, instruments, etc., with calcium hypochloricum, the death-rate never fell below 2.2 per cent.; it averaged for these forty-five years 6.2 per cent., and in 1842 reached the formidable height of 15 per cent., every sixth or seventh woman confined dying from puerperal fever.

The introduction of disinfectants brought the death-rate for 1848 again down to 1.3 per cent., and since that time it has never risen above two per cent., except during the interval from 1852 to 1857, when disinfection was for the time abandoned (its efficacy being questioned), and, significantly enough, the death-rate rose again as high as nine per cent.

In 1865 carbolic acid was introduced, and from that time to the present antiseptic precautions have been observed with constantly-increasing vigilance, and with correspondingly gratifying results. With an average of more than 10,000 births a year the mortality from puerperal fever for the last five years in Vienna Lying-in Hospital has been under 0.75 per cent.

At Prague the results are not less striking. For the ten years (1865–1875) previous to the building of the new hospital the death-rate from puerperal fever averaged 6.67 per cent. per annum; maximum 11.6 per cent.; minimum 3.08 per cent.

Since the completion of the new hospital, which is a masterpiece in its hygienic arrangements, and since the introduction of antiseptic precautions rigidly observed, the number of deaths has decreased in the following remarkable ratio:

Date.	Delivered.	Died.	Died, 1 in	Per cent. Deaths.
1876	2627	30	87.6	1.14
1877	2704	34	79.5	1.26
1878	2776	45	61.7	1.68
1879	3010	11	273.7	0.36
1880	2813	13	216.4	0.46
1881	2927	7	418.1	0.24
1882	2963	7	423.3	0.24

Structure of Hemorrhoids.

At a recent meeting of the Pathological Society of London (*Med. Times and Gaz.*, November 10, 1883), Mr. W. J. Roeckel, after referring to the old belief that a hemorrhoid was an angioma, and mentioning that Ledrun had described the structure of a pile 150 years ago, gave an account of the microscopical appearances, derived from the examination of between thirty and forty cases. A hemorrhoid consisted of a mucous membrane, a muscular layer, and a submucous layer containing blood-vessels. Over the outer part the epithelium was squamous, but there were no sweat-glands; above this it was columnar. The muscularis mucosa was hypertrophied. The veins were much more prevalent than the arteries, and their walls were thickened.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An important article, reprinted from the *Transactions* of the Pennsylvania Medical Society, is by Dr. William S. Little, on "The Possibility of Abnormal Ocular Conditions Through the Sympathetic System, Impairing the Function of the Uterus." A noteworthy case in point is reported.

——Dr. R. S. Sutton, of Pittsburgh, in a reprint before us, discusses briefly the various methods of managing the pedicle in ovariotomy, especially among European operators. It is a paper that every ovariotomist ought to read.

——Of the series of thoughtful papers on population, heredity, change of constitution, and social influences in New England, written by Dr. Nathan Allen, of Lowell, the most recent is one in the *Popular Science Monthly* on "Changes in New England Population." We are glad to learn that the author proposes to collect these essays and publish them in a volume. They well merit it. We have had few observers so well-instructed and so philosophical, and we have no hesitation in saying that the general perusal of this volume would be a signal public benefit.

——To those who have formed an unfavorable opinion of the late Dr. George M. Beard, a short sketch of him by Dr. A. D. Rockwell, published by E. B. Treat, 757 Broadway, New York, will prove good reading. It presents the character of this fluent and versatile man in its true light and is a grateful monument to his memory.

——A new quarterly journal to be called "The International Review of Medical and Surgical Technics," will be started in Boston, January 1, by Drs. Joseph H. and Charles Everett Warren and Willard Everett Smith. It will be devoted chiefly to the description, illustration and discussion of instruments, appliances and methods of operation that have been recently devised or published.

——"Laceration of the Cervix Uteri" is a subject about which the general practitioner should know a great deal, for he will save his patients a great deal of after-trouble if he is prepared to recognize and correct it at once. Dr. Joseph H. Warren, of Boston, has made a valuable contribution to the literature of the subject, which we receive as a reprint from the *Boston Med. and Surg. Jour.*, August 30, and September 6, 1883.

BOOK NOTICES.

A Practical Treatise on Materia Medica and Therapeutics. By Roberts Bartholow, M. A., M. D., LL. D., etc. Fifth edition, New York. D. Appleton & Co. Cloth, 8 vo. pp. 739.

The author has found it necessary to submit this treatise to a thorough revision in view of the appearance of the last edition of the U. S. Pharmacopœia, and has taken advantage of the occasion to incorporate in the text what was required to bring the work up to the recent advances in therapeutics. Many parts have been rewritten, and new material added. The volume is already so favorably known to the profession that it is needless to enter at length into its plan and the position which the author occupies with regard to the science of therapeutics. The wide range of his observation, and his accuracy in the study of remedial agents, have enabled him to produce a work which will long remain as a standard with the American profession.

Insanity, Considered in its Medico-legal Relations. By T. R. Buchham, A. M., M. D. J. B. Lippincott & Co. 8vo. cloth, pp. 263.

There is scarcely a subject on which there is greater need of enlightenment, both in and out of the profession, than that with which this book is occupied. It is addressed to lawyers as well as physicians, and quite as much to legislators and thinking men generally. We have been well pleased with the author's opinions and arguments. He shows with great clearness that any given test for insanity is practically worthless; that the mental state can often only be definitely ascertained by an exhaustive study of the patient's general condition, personal history, and family antecedents; and that no one is or can be qualified to undertake this examination except those who have devoted long and special study to this branch of mental disease. Even then, they are practically incapacitated from forming a correct opinion if they approach the subject with a bias, that is, if they are retained by one side or the other of a contested case; hence they should be employed by the state, and act with entire absence of partisanship.

The Pathology and Treatment of Venereal Diseases. By Freeman J. Bumstead, M. D., LL. D., etc., and Robert W. Taylor, A. M., M. D., etc. Fifth edition, 8vo. pp. 906. H. C. Lea's Son & Co.

By the regretted death of Dr. Bumstead, the revision and continuation of this work devolved upon Dr. Taylor. He has rewritten a large part of the text and made the numerous additions which are requisite to keep abreast of the constant labors of syphilographers in America and in Europe. Such new topics are the bacillus origin of disease, and the inoculation of animals with the virus of chancres. An interesting addition to the therapeutics of syphilis is the fluid extract of erythroxylon coca, which the author has come to regard as one of the most valuable agents at our command. It acts, not as a specific against the poison, but by virtue of its general tonic power on the heart, nervous system and capillaries.

The volume is handsomely published, and contains 139 wood-cuts and 13 chromo lithographic figures, very useful for the differential diagnosis of the various ulcerations, specific and non-specific, of the penis. We may justly name this as one of the very best works in this specialty in any language.

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SEWER-GAS VS. TYPHOID FEVER.

It must seem strange to those outside of the profession to note how frequently and how radically we change our views in reference to what seem to be well-established and well-attested facts.

To us, it is all right; we perfectly understand that medicine is not an exact science, and we do not pretend that it is; when we first are told that some generally accepted idea is erroneous, we have the patience and courage to attentively listen while some progressive iconoclast mercilessly demolishes our cherished opinions; and if he gives good arguments for his new doctrine, we boldly accept his views and cheerfully consign our former sentiments to the shades of oblivion among the many other exposed fallacies of our patiently investigating and often disappointed science.

A few years ago, sewer-gas and typhoid fever were almost interconvertible terms, so firmly did we all believe in their close relationship of cause and effect.

But, like the at-one-time universally accepted and cherished theories of Buffon and Bonnet—theories so beautiful and apparently so plausible that for years the intellectual world recognized them as facts, this theory of sewer-gas causation of typhoid fever seems about to be abandoned, for the want of sufficient evidence to maintain its position as a *fact*.

In the East, Dr. George Hamilton, in a paper read last winter before the College of Physicians of Philadelphia, and in the West, Dr. W. Ayer, in the Transactions of the California State Medical Society for 1883, both combat the old view, and make strong appeals, supported by good arguments for its relegation to the realm of by-gone superstition. Between these two extremes of our country there are many who hold similar views, while without the pale of the profession, Colonel Waring, the noted sanitary engineer, falls into line in the march of the new departure and gives old sewer-gas a hearty push from its elevated position as the cause of typhoid.

The new view, which seems to be a very rational one, is, that while sewer gas, *per se*, that is to say

the gas or gases produced by the decomposition of simple organic matter, in sewers or out of them, cannot produce the specific form of continued fever, that is called typhoid, yet it can and does so depress the vital powers that it renders the individual more susceptible to, because he lacks the vitality to fight against the specific poison of typhoid or of any other disease.

But these men claim that there is some specific and particular poison (not yet discovered) concerned in the production of typhoid fever, and that while this principle may exist in the gaseous emanations from sewers, privies and dung-heaps, that it does not necessarily exist there, but may be found in other places.

Sewer gas then is an adjuvant only to the cause of typhoid fever.

Good bye, old friend; we congratulate you on being shorn of some of your horrors, but we still cannot regard you as desirable company in our living-rooms, and so long as possible we would prefer to have you as thoroughly oxidized as is compatible with your well known aversion to cleanliness, before admitting you into the innermost recesses of our poor body.

METHODS OF INVESTIGATION.

It is a very natural and proper desire on the part of those who introduce new therapeutic agents, or invent novel surgical instruments, to have them fully and fairly tried by the profession as early as possible, and to obtain an accurate opinion as to their value.

How best to accomplish this has occupied the attention of several of our contemporaries of late. One plan is to send specimens or samples to a large number of practitioners scattered over the land, together with a printed list of inquiries, which they are expected to answer from their observations after having used the drug or instrument. This has been called a "collective investigation." The replies obtained are counted, dissected, and the result declared by the numerical majority.

The objection to this plan is that it presupposes an equality of investigating faculty among all respondents; but the whole history of natural science shows how erroneous is any such assumption; and we have but to turn to the recent history of homeopathy, or spiritualism, to note how vastly more important is the observation of one logical mind than the collective unanimity of hundreds of nearly equal general education, but of defective mental training.

Another plan lately suggested by Dr. F. E. Stewart, of this city, is a revival of the government medical laboratory, such as we had during the war, but especially directed to the study of new drugs and implements. There is much to be said in favor of this plan, but it would have to be carried out with great caution to prevent it falling into the grip of the politicians on the one hand, or, on the other, from being manipulated for the merely commercial interests of one or two firms. Either would be utterly destructive to its value; and the dangers of both are so great, that we frankly feel disinclined to advocate the risk of the enterprise.

A third suggestion is the endowment of special laboratories in connection with leading medical colleges, for the express purpose of studying the physiological and therapeutic effects of new remedies, and for reporting upon them from time to time. This is substantially the plan carried out in Germany, and we believe it to be the best of all. In a measure, it has been introduced into this country, and we can name several such physiological and therapeutic centres of observation. Being connected with extensive clinics and hospitals, the best opportunities are offered for both forms of observations; free from political pressure, wholly in professional hands, controlled by thoroughly trained and honest-minded men, checked in their verdicts by the studies of similar institutions, they present all the elements required for a thorough study of drugs, and an unbiased expression of the results.

In our opinion, therefore, the attention and efforts of the profession should be directed to enlarging the scope of these laboratories, and not to the organization of those under the influence of government.

PREMATURE GENERAL PARALYSIS.

From the age of forty to forty-five years is the usual period for the development of general paralysis, and M. Luys has shown that the progressive development and increasing density of the fibroid tissues (nevrolglie) of the nervous centres constitute a sort of preparatory state for the development of the anatomical alterations which are peculiar to this form of paralysis.

Cases have, however, been observed much earlier, in patients of thirty and even of twenty-five years of age. In a case cited by Turnbull, the patient, only eighteen years old at the time he saw him, had presented the first symptoms of the disease at twelve years of age. It must be remembered, however, that general paralysis occurring so early in life, is in some cases brought on by alcoholism. M. Regis, in a recent memoir in the *Journal de Medicine de Bordeaux*, states that he has met but with two precocious cases among 317 patients; one was twenty-four, and syphilitic, and the other twenty-five, with an hereditary predisposition to brain disease. The only real case of precocious development of the disease, without concomitant constitutional disease, and presenting all the classic symptoms, he observed at the asylum of Buscat-Bordeaux. The patient was twenty-four years of age, and had presented the first symptoms of the disease two years previously. All the usual symptoms were present: profound mental weakness, morbid optimism (without actual delirium of ambition), generalized and progressive muscular weakness, very marked embarrassment of speech, inequality of pupils, involuntary evacuations, etc.—so that there was nothing wanting to constitute the disease.

PROGRESSIVE MUSCULAR ATROPHY.

At the recent Congress of German physicians and naturalists, held at Fribourg, M. Lichtheim, in an important memoir on the subject, held that there existed clinically three forms of progressive muscular atrophy.

1. A form, undoubtedly of spinal origin, including those cases where the disease is combined with bulbar paralysis. The lesion in such cases includes not only the anterior horns, but also the pyramidal facial.

2. The typical form, characterized anatomically by alteration of the anterior cornua alone. This alteration is similar to that met with in the preceding form, and the spinal nature of the disease appears evident. The third form, which appears to originate in the muscles themselves, corresponds to the juvenile form described by Erb. In discussing this communication, M. Erb insisted on the fact that the symptomatology of progressive muscular atrophy was as yet incomplete. A number of diverse affections are yet confounded with it, even by the most experienced clinicians. He maintains the existence of a juvenile form of the disease, of very slow evolution. It is characterized by progressive feebleness and atrophy of certain muscles of the shoulder, arms, and pelvis; it is not accompanied by fibrillary tremor, and the portions of the muscles remaining intact are hard and not soft. The mechanical excitability of the atrophic muscles is abolished. The progress of the malady is very slow (thirty years in some cases), and the prognosis by no means so grave as in ordinary forms of progressive muscular atrophy.

OUGHT IT NOT TO HAVE BEEN MANSLAUGHTER?

The daily papers record the finding of the dead body of a brakeman on one of our railroads, horribly mutilated; and before the coroner's inquest, the conductor of the train to which this man belonged testified that he was in the habit of sitting on the track when his train was waiting on a siding, and that at these times he occasionally fell asleep.

It was asserted that the brakeman had been on *continuous duty for twenty-eight hours*. A verdict of accidental death was returned.

Without further comment, we ask our readers whether, if they had been on this coroner's jury, they would have returned a verdict whereby a rich and powerful corporation, that had so little conscience as to make one of its employees work for *twenty-eight consecutive hours*, is freed from responsibility.

This question of overworked corporation employees calls loudly for reform.

THE TRANSPORTATION OF NITRATE OF SODA.

That this is a dangerous article to handle is evidenced by an accident that recently occurred on a train en route from San Francisco to Santa Cruz.

Several cars were loaded with this drug, which was uncovered. After being exposed to a fog, the sun came out, and in a short time the nitrate of soda was ignited. The blazing salt poured down the hillside, destroying everything in its course.

Suppose this had happened on a steamer in mid-ocean. Of course, such a supposition is not a likely one, for in such a case (on a vessel) it is very likely that the salt would be protected from the sun's rays; but such a thing might happen, and in view of the great combustibility of this article, stringent care should be exercised in its transportation.

NOTES AND COMMENTS.

The Reporter for 1884—Increase in Size.

We have the pleasure of announcing that from January 1st next we shall add *four* more pages of reading matter to the REPORTER, making *thirty-two* in all. This increase will be permanent, except, perhaps, during the midsummer months, when clinics and lectures are not in active operation. The large amount of valuable material which has pressed upon our columns this last year or two has made this step necessary, and our readers will have all the benefit of it, as they will receive for the same price as heretofore a much larger amount of reading matter.

It is gratifying to see that the efforts we have made to render the REPORTER, *par excellence*, the *practical* weekly visitor to the physician, have been so fully appreciated by the profession that we can make this addition of about four hundred pages a year to our columns without asking any other aid from our readers than a continuance of their patronage.

We may take this opportunity to request our readers to remember us with a prompt remittance of their subscription for 1884. Early attention on their part to this annual request will enable us to do better by them all through the year, and will spare us the always unpleasant task of sending "reminders."

Resection of the Ankle by an Artificial Pott's Fracture.

In order to avoid dividing tendon or ligaments, or injuring artery or nerve, and removing only such structures as are diseased, Dr. H. C. March recommends the following operation in the *Brit. Med. Jour.*, November 10, 1883. A transverse incision was made over the fibula, about 1½ inches above the external malleolus, exposing the bone, beneath which a chain-saw was passed, and the fibula was cut almost through. A long, crescentic, cutaneous incision was then made across the inner aspect of the joint, below the tip of the internal malleolus. The skin-flap was dissected upwards, and, with a Hey's saw, the malleolus was cut through, from without inwards, on a level with the base of the tibia. The foot was then forcibly everted, fracturing the partially divided fibula and the interior of the joint was fully exposed. Finally, a quantity of diseased bone was removed from the astragalus, and the base of the tibia, the joint well syringed with carbolic lotion, a drainage-tube inserted, the skin drawn together with wire sutures and the limb placed in a box splint with antiseptic dressings. The result was entirely satisfactory.

Comminuted Fracture of the Tibia from Indirect Violence: the Fibula not Being Broken.

Dr. C. H. Watts Parkinson reports this case in the *Brit. Med. Jour.*, September 22, 1883:

The following case may be considered interesting: I was sent for on July 5th to see a man named A. C., aged 50. He stated that he was getting a sail-cloth off a rick, and was pulling at a rope, when the rope broke, and he fell backwards, and his right leg, on which the weight of his body was, doubled up under him. I found a comminuted fracture of the right tibia at the lower third. The fracture was an oblique one, and the sharp upper fragments of the tibia were pressing against the soft parts. There was, apparently, a loose fragment of bone, and great swelling over the tibia above the seat of fracture. There was no fracture of the fibula, and the leg maintained the proper position. The ankle was not dislocated.

This case appears to me interesting for two reasons:

1. The serious nature of the injury to the tibia, considering the cause of the accident.

2. The fact that the fibula was not broken at the same time.

Constant Crying in an Infant from Hunger.

It is not sufficiently recognized by physicians that though a mother may have an abundance of milk, it may not be suited in quality to the nourishment of her child. Such a case recently presented itself to Dr. Parvin (*Coll. and Clin. Record*, Nov. 15, 1883), where the child was constantly crying. When a drop of the mother's milk was placed on the finger nail, held obliquely, and allowed to run off, it scarcely left a trace; when dropped into a tumbler of water, each drop, as it fell, caused the faintest cloudiness, and a microscopical examination showed the number of milk globules to be very small. The child was fed on cow's milk diluted with barley water, to which a little sugar was added. The crying ceased, and it grew plump and strong. To properly make barley water: Take an ounce of pearl barley, and wash it in cold water, then put it in a vessel containing half a pint of water, and let it be gently heated over the fire, so that the water just simmers a few minutes; now pour off this water, replace it by a pint and a half of water, and boil down to a pint.

Macroglossa Treated by Paquelin's Cautery.

The *Med. Times and Gaz.*, September 22, 1883, quoting from *Centralb. f. Chirurgie*, says:

Helferich, in 1879, employed ignipuncture with successful results in the treatment of macroglossa, and now Dr. Weizsäcker relates an equally successful case which occurred in Brun's clinic at Tübingen. The greatly enlarged tongue of a girl, five years of age, projected constantly out of the mouth, and greatly embarrassed respiration. Fourteen punctures were made with a Paquelin, from above downwards, at about a centimetre from each other, and five in a transverse direction, without a drop of blood being lost. On the third day, secondary hemorrhage occurred from the intercommunication of three of the punctures, but this was arrested by chloride of iron. The tongue gradually diminished in size, was withdrawn within the mouth, and all embarrassment of respiration ceased.

A Vehicle for Salicylic Acid.

As we have recently been asked for a good vehicle for this drug we note the following from *The Druggist*, November, 1883:

Take of Oswego corn-starch one tablespoonful, to be thoroughly rubbed up in several ounces of cold water. Add a quart of milk, set on the fire, and stir until the mixture has boiled sufficiently to become homogeneous. The addition of sugar and essence of vanilla or lemon will give a delicious blanc-mange. Twenty grains of the salicylic acid can be rubbed up in a mortar with a cupful of the blanc-mange, which may be eaten warm or cold. The acid taste is entirely disguised, and a medicine irritating to a healthy stomach can be safely administered in combination with a nutritious but light food to such patients as are in need thereof.

Removal of the Kidney.

This operation is still so comparatively rarely performed that it deservedly attracts attention, especially so if the case recovers. An additional point of interest in the case reported to the New York Pathological Society (*N. Y. Med. Record*, Nov. 24, 1883), is found in the fact that the removed kidney was tuberculated, and the tubercle bacilli was found therein. When the patient sat up and twisted her body, a tumor was felt just below the liver, which seemed to be the kidney, with its long axis at right angles to the long axis of the body. Pus and albumen were found in the urine, and since the kidney seemed to be dislocated, it was removed through an incision in the abdominal walls, just to the right of the umbilicus. Simple, uncomplicated floating kidney does not call for operation.

Treatment of Burns.

The main point to be secured in the local treatment of burns is the exclusion of the air, and this is usually accomplished by a mixture of oils, but Daniel Bruce writes to *New Remedies*, October, 1883, that the free use of soft soap is exceedingly satisfactory in relieving the pain, after which linseed oil may be used with wheat flour dusted upon it. When this is dried hard, repeat the oil and flour until a complete covering is obtained. Let this dry until it falls off, and a new skin will be formed without a scar. He writes from personal experience, but if he recovered *without a scar*, we imagine the burns must have been very superficial.

Exsection of Superior Maxillary Nerve for Tic-douloureux.

This form of neuralgia is oftentimes exceedingly rebellious to all ordinary treatment, and will yield only to the operation above indicated. To the Clinical Society of Maryland (*Maryland Med. Jour.*, Nov. 24, 1883), Dr. Tiffany related a case upon which he had performed Carnochan's operation—a man, æt. 35, who had a most violent tic, for two or three years—practically continuous for several months. He trephined the superior maxillary

bone, entered the spheno-maxillary fossa, and removed 2—2½ inches of the nerve. The patient had been free from pain, but it was too soon yet to announce the result.

A New Decapitating Instrument.

Whenever it becomes necessary to decapitate a child in utero, the idea of such an operation is sufficiently repulsive, and it becomes doubly so when we are compelled as we have hitherto been, to actually drag the head off with a blunt hook. Hence we note as a humane improvement, anyhow, the instrument devised by Dr. Robert B. Dixon, and described in the *Boston M. and S. Jour.*, September 27, 1883. It combines a blunt and sharp hook. When the blunt hook is inserted over the neck and the neck is broken by it, the turning of a thumb-screw in the handle, draws out a sharp knife on the inner surface of the blunt hook, and by simple traction and an up-and-down movement of the handle, the head is separated from the body.

Kairin in Typhoid Fever.

Before a late meeting of the Suffolk District (Mass.) Medical Society, Dr. F. W. Draper read an account of two cases of typhoid fever treated by kairin, and expressed the opinion that thus far the employment of this new substance has not been followed by better results than have attended the use of the more common agencies for the treatment of fever, which latter, if less energetic in lowering the temperature, are followed by no alarming symptoms, while in certainly one case in which kairin was administered the immediate effects of the drug were dangerous to the life of the patient.

Nothing Like a Good Constitution.

In the *Nashville Jour. of Med. and Surg.*, September, 1883, Dr. C. S. Briggs reports a case that bears strong testimony to the disease-resisting power of a strong constitution. Excision of the elbow joint for compound comminuted fracture was performed in a man who was in perfect health. While his room was next a foul smelling water-closet and overlooked a badly-kept alley, yet he did not once give evidence of any bad effect from the foul air, and made a most rapid and complete recovery.

The Action of Quebracho.

A number of experiments, chiefly by Italian and Spanish physicians, which we find recorded in our foreign exchanges, satisfactorily show that quebracho, and its alkaloids aspidospermin and quebrachin, act with positive effect in reducing the action of the heart and relieving many cases of dyspnœa. Mariani considers it the only agent known which exerts a specifically anti-dyspnœic action, by itself. He finds its exhibition very beneficial both in asthmatic and nervous dyspnœa, and that which accompanies inflammatory pulmonic affections. Its action on the heart is decided enough to reduce its pulsations twenty in the minute.

An Ever-ready Splint.

Much pain is oftentimes caused to the unfortunate possessor of a broken leg, by the handling necessary in removing him from the place of accident to a hospital or his home, and particularly is this so, if we do not happen to have handy a splint, with which to steady the fragments. In the *Polyclinic*, Dr. R. J. Levis suggests a very sensible and efficient procedure, when he says "the uninjured limb can be made to temporarily act as a splint, and take care of the injured one, by simply bandaging the limbs together.

Germs of Cholera Infantum.

A number of examinations have been made by Dr. Baginsky to ascertain the presence of characteristic micro-organisms in the dejections of infants suffering from cholera infantum, or in the contents of their bowels after death. He has discovered very large numbers of a bacillus-like formation, and also other germs or low forms of life rolled up in balls and little masses. His experiments in cultivation, however, have not as yet yielded positive results.

Antiseptic Dilatation of the Uterus.

It is urged by Prof. Schulze, of Jena, that the present antiseptic methods have reduced dilatation of the uterus to an operation entirely without danger, and that in consequence a wide field is opened for the diagnosis and successful direct treatment of diseases of the uterine cavity, as catarrh, endometritis, etc. It is rarely necessary to make any incisions, except where there is cicatricial narrowing. Carbolic acid is his favorite antiseptic, in a two or three per cent. solution. Dilatation is made with a laminaria tent.

Internal Administration of Magnesia for Warts.

While we can hardly conceive that putting magnesia into the stomach can have any possible influence on warty growths, yet M. Fonssagrives says (in the *Jour. de Med. et Chir. Prat.*), that it

has. In one case, he recommended a pinch of calcined magnesia daily. In two months and a half the warts dried up and disappeared. This sounds like empiricism, but it can do no harm to try it.

Pigmentary Degeneration of the Retina in Deaf Mutes.

Dr. W. Tobin calls attention to this condition which he has observed in deaf mutes, the result of intermarriage of near blood relations (*Canada Med and Surg. Jour.*, November, 1883), and in which he considers treatment hopeless. Generous diet, attention to general health, and the use of occasional hypodermic injections of strychnine, is all that can be recommended. Any error of refraction should be corrected with suitable glasses and if there should be (as there rarely is) an over-sensitiveness of the retina, colored glasses or a shade may be ordered.

Unfortunately these cases, in spite of all treatment, tend slowly towards hopeless blindness.

Is Resection of the Carcinomatous Pylorus a Justifiable Operation?

In its issue of November 24, the *Med. News* editoriallly asks this question, and its statistics answer the question negatively—for of the thirty-six operations that have so far been performed, seventy-five per cent. have died, and only twenty-five per cent. recovered; and the chances are that in this small percentage of recoveries, the disease will recur, so that on comparing the results, it hardly seems justifiable to incur so great a risk, where so little ultimate good can possibly be looked for. It has been said that Prof. D. Hayes Agnew positively refuses to perform the operation.

Milk Cure in Hysteria.

The editor of the *Medicinal Zeitung* describes a case of obstinate hysteria in a woman of fifty, which had defied the treatment of numerous physicians, and which he completely cured in five months by an absolute milk diet. The case remained cured, and the patient recovered sufficiently to undertake field labor. The intimation he conveys is that the milk diet is the main feature in several methods of treating neurasthenia and confirmed hysteria which have been recently brought before the profession. But to have this good effect, the diet must be absolute.

Removal of the Placenta.

Prof. Dohrn, of Königsberg, in one of our German exchanges compares the results of 1,000 cases of labor in which the expulsion of the placenta was left entirely to nature, with 1,000 cases in which it was removed by Credé's method. The results were altogether in favor of the former, or the expectant method. There was much less hemorrhage, and fewer cases of puerperal fever and other complications of child-bed. Hence, he decides in favor of awaiting the natural expulsive action of the parts.

Shall We Excise an Indurated Chancre?

This question often is asked and has been answered both ways. Bumm (*Centralbl. f. Klin. Med.*, October 20, 1883,) does not recommend it, because the majority of persons do not present themselves until it is too late, that is, until after the system has become contaminated. If seen soon after connection, we infer that Bumm would advise, and we most certainly would, that the sore be excised.

Epidemic of Trichinosis.

We read in the last issue of *La Gazette Med. de Paris*, that an epidemic of trichinosis is at present raging in Ermsleben, a village in Saxony. Out of 134 houses all but fifty contain individuals affected with the disease. Up to the present time over 200 persons have been attacked and 18 succumbed.

Several of the Parisian savants are about to visit the scene of the epidemic for the purpose of studying the malady.

Treatment of Epilepsy.

The lectures on epilepsy, recently written by Prof. Magnan, of Paris, are interesting from the careful picture of the disease which they present, but are disappointing in the part on the therapeutics of the disease. His conclusion is that the only agents which, up to the present, appear to act specifically on the disease, are the bromides; and in many cases, most in fact, we can expect from these little besides temporary alleviation.

The Rheumatic Origin of Chorea.

It has been asserted, as is well known, that rheumatism holds a causative relation to chorea. Dr. Octavius Sturges publishes some results in the *Lancet*, Nov. 10, which tend to show that if this relation does exist, it is a very feeble one.

Pruritus Vulvæ.

This condition is oftentimes exceedingly annoying, and its cause very obscure. Hence, the case reported to the Practitioners' Society of New York

by Dr. C. S. Ward is interesting, in that it demonstrates one of the obscure causes, which was found to be an ulcer of the rectum just above the sphincter. Applications of nitric acid cured the trouble.

Malarial Night-blindness.

In the *Arch. of Ophthal.*, Zimmerman reports the case of a previously healthy family, who moved into a house in a low situation, close to a sewer. The children were attacked with intermittent fever and night-blindness. The fever yielded to quinine, but the visual defect persisted until removal to a healthy locality, when it vanished, never to return.

CORRESPONDENCE.

Idiosyncrasies.

EDS. MED. AND SURG. REPORTER :—

The correspondents of the REPORTER have brought before its readers some very interesting idiosyncrasies with reference to the tomato and parsnip, and have, no doubt, thereby opened up a train of thoughts in many minds of certain other peculiarities regarding drugs, food, etc. I am reminded of several such peculiarities which have occurred in my practice.

Some two years ago, a gentleman, who had applied to me for treatment, remarked, after describing his trouble, that he did not wish any nux vomica, as he could not take it in any dose without experiencing bad results. For two visits no nux vomica was administered. Desiring, however, to test the effect of the nux vomica, very minute doses of the tincture, amounting to a small fraction of a drop per dose, was introduced into his treatment. The use of this remedy was by a method not known to the patient, and precluding any possibility on his part of detecting the medicine by the taste. To my surprise, on his next visit, I received an account of a train of symptoms having been developed after each dose, corresponding to those he had stated occurred whenever nux vomica was given to him. My patient was a highly intelligent gentleman, known amongst a large circle for his common sense and probity. He declared that he had no other intimation of the presence of nux vomica as a part of his medicine, except by its manifestations after administration. The experiment was repeated on a few subsequent occasions, and the results were always the same.

A member of my own family is likewise susceptible to nux vomica, particularly to its alkaloid, though when given in very minute doses, this susceptibility, amounting to discomfort, gives way to a salutary effect. In the doses as ordinarily prescribed, very annoying, and at times very painful symptoms occur. Indeed, this is true with respect to very many remedies.

A few days ago, when I suggested to a physician that he take potassium iodide, he remarked that in the smallest doses, this medicine acted upon his kidneys, giving him much distress. This is an instance of an intelligent person's refusing the potassium salt, with no whim or other reason than a true idiosyncrasy.

During the summer of last year, I was hastily called to attend a young woman suffering greatly from cholera morbus. Reaching the house of the patient, I proceeded to prepare in a tumbler a mixture which I occasionally use in such cases, containing, among other things, peppermint. I had poured from out the vials of my satchel a small quantity of each of the ingredients, and had just added the peppermint, when, to my great surprise, the mother of my patient, who was in the room, gave a sudden gasp for breath, followed by a quick exclamation; and, rushing from her seat to the window she raised the sash, and leaning far into the outer air, remained in that position for two or three minutes. I could not, at first, understand this strange action on the part of a person whom I had known for some time. But, when her attention could be secured, she informed me that it was the odor of the mint which had given rise to her rapid flight to the window, causing a fullness in the head, a faintness, an inability to breathe without a great effort, and other peculiar symptoms. Inquiry developed the fact that this peculiarity has existed in this lady since childhood, and that it is present in nearly every member of her family.

These instance are added to the list already on record, for the purpose of stimulating an attention to the subject of idiosyncrasies, not because of anything distinctive or original in them. There is nothing new in these facts. They are repetitions of what has frequently occurred before, and are suggestive of needful care on the part of physicians to study the idiosyncrasies of their patients. Whilst it is true that some individuals imagine an intolerance for certain drugs, such a feeling is well and really founded in others. There are persons who cannot take opium in any form or dose; and I have treated those to whom chloral could not be administered free from undesirable results. The physician will be called upon to distinguish between what is a real and what is a feigned susceptibility or idiosyncrasy. This is not readily accomplished at all times. I have found it wise, however, to listen to my patients in all their complaints relative to the effects of certain medicines. The physician who does not do so is negligent. He is not to take everything a patient says for granted, and it is here that his skill will be called into play. Conclusions, in medicine, are not to be hastily reached. Nor is it right or politic to allow patients to fill the ears of the physician with unreasonable complaints, nor to dictate to nor to govern him in his treatment. But it is the duty of every physician to listen to the complaints of his patients, with respect to the effect of remedies. At times it is right to overcome, if possible, what appears to be a mere prejudice; yet, this is not always fraught with good results. The feelings of the patient, and his knowledge of his own peculiarities, should not be overawed by the physician, who should always recognize that people are not constituted alike. The same malady in two separate persons often requires different medication. What in the one is curative, in the other

may augment the affection. In this fact will sometimes be found the reason for the want of success often met with in the use of medicines. The fault lies not so much in the want of value in the medicine in the treatment of a particular disease, as, perhaps, that the individual to whom it has been administered has some peculiarity of constitution or temperament which prevents the action of the medicine as usually observed in other persons. Some people have no peculiarities or idiosyncrasies which demand observance in the treatment of any of their ailments; but there is a large class of individuals who do possess them, and when discovered these peculiarities must be respected.

Our text-books usually contain very little advice upon this subject, as it is disposed of with a few general remarks, and the rest left to the experience of the physician.

No set rule can be laid down to govern the practitioner in all cases, but what he may use to good effect is tact, a quality which every physician ought to cultivate.

The following good suggestion has been offered by Wood in his Practice: "So frequent are these peculiarities, and sometimes so important, especially in relation to the operation of medicines, that the physician should make himself acquainted with the constitution of every new patient, as far as practicable, before prescribing for him in any serious case."

G. Maxwell Christine, M. D.
1105 *Diamond street, Philadelphia.*

Severe Wounds—Quinine Dressings—Recovery.

Eds. Med. and Surg. Reporter:—

On the 3d day of October last, about 12 o'clock, M. Willie Calhoun, æt. 13, of lymphatic temperament, while playing around a saw mill, was caught in the running-gear, violently carried around a pulley twice, then thrown forward against the sharp end of a saw-log—the result being that, beside several severe bruises and cuts made upon his feet and legs, and a horribly severe semicircular cut of about seven inches across the top of the head, which penetrated to the skull, severing entirely the skin and occipito-frontalis, leaving the scalp bare and dry, it had literally torn his left fore-arm off at the elbow-joint, leaving the articular surface of the humerus bare and glistening. The muscles of the humerus were torn about half, and the skin all off—just exactly as if the shirt sleeve was skin, and had been torn off at the seam on the shoulder. His arm was covered with saw dust and quilt-lining, which effectually stopped hemorrhage. He was brought here in a row-boat (a distance of thirty miles), when I was called on to operate, which I did immediately, having no assistance but a drug clerk to give chloroform. The operation was chosen already, and I had nothing to do but cut down upon the axillary artery, ligate, then amputate at joint. I checked hemorrhage from small arteries by pressure of sponge wet in tincture chloride iron; waited a few minutes, and closed wound with silver wire.

In a few days the sutures all pulled out on account of the death of the flaps—the skin having been so injured by friction of belt not then discoverable. I then took the sutures out, excised dead skin and tissue with curved scissors, leaving an open sore 8x6 inches, which I treated with tar-water and dusting quinine over the whole surface, dressing twice a day, giving quinine internally, externally, and eternally. On the 22d day from accident, I gave permission for boy to be carried home. Did not use more than one or two grains of morphine during whole treatment, and my patient suffered little or no pain. It has now been one month since operation, and he is doing well. The only thing new to me was experimenting with dusting the quinine, which was remarkable for its influence in checking suppuration and preventing any smell. I have never seen it recommended—maybe because I haven't read enough—nevertheless, it is *my* treatment anyhow. The other wounds were treated in the usual manner.

J. H. Etheridge, M. D.
Apalachicola, Fla., November 1, 1883.

Crotaline as a Remedy in Tetanus.

Eds. Med. and Surg. Reporter:—

On the 29th of last September, an article of mine was published in another journal of your city, entitled "Serpent Venom as a Remedial Agent in Tetanus." It was a brief recital of a severe case of traumatic tetanus that occurred in my practice a few years ago, in which I inserted beneath the skin in the upper dorsal region, near the spine, a minute quantity of the venom of the rattlesnake, of the species known as *crotalus durissus*, I believe. The case ended in complete recovery, and the circumstances were such that I attributed the results wholly to the use of the venom. The idea was not new to me. Years before I had been taught, erroneously perhaps, that the active principle of woorari was believed to be the venom of serpents. The question then arose whether the venom of the common rattlesnake could not be used in the same way, and for the same purpose. I therefore gave the subject of snake-bites some little attention, and hazarded the experiment when the opportunity offered, but not until other remedies seemed unavailing.

Since the publication of the article referred to, I have received letters of inquiry from various parties sufficient to show that, to some extent at least, the profession is interested in the subject. These letters have contained questions relating to the physical properties of venom, the best mode of introducing it into the system, whether in its concentrated form or diluted in some way, the method of obtaining it, where it can be procured and the cost, etc. To these inquiries I have replied the best I could, and have referred to Dr. Wier-Mitchell's "Researches on the Venom of the Rattlesnake," etc.—about all the authority I have on the subject. As to the cost, I think I shall be able to procure a quantity by the middle of next May; if I am not disappointed, I shall be pleased to furnish, to the extent of my supply, free of cost, to members of the profession who desire to make experiments.

I do not now know what will be the best method for preserving the venom for use, whether in hermetically-sealed tubes, or dried on quill slips, or ivory points. But I am confident that it will prove valuable in the treatment of diseases of

which tetanus is a type. However, I may be too sanguine in my expectations of success.

A. O. Ameden, M. D.

Glen's Falls, N. Y., November 21, 1883.

A Tick on the Eye.

Eds. Med. and Surg. Reporter:—

The reading of Dr. Scott's case of a tick on a boy's eye in November 10th number, reminds me of a similar circumstance in my own person. When a boy of six or seven years, on awaking from a nap one summer day, my father noticed something on my eye, which on investigation proved to be "a live tick;" he pulled it off with the thumb and index finger-nail, the tick bringing away its mouth full of cornea.

I do not remember that it was painful, or that inflammation followed. It was what is commonly called "seed-tick." S. W. Caldwell, M. D.

Trenton, Tenn., November 15, 1883.

News and Miscellany.

Water Cisterns: An Economical Improvement.

The *Building and Engineering Times* states:

"We suppose that in some future day, when sanitary appliances and precautions shall be in universal use, the modern practice of having one cistern from which are drawn the supply of drinking-water and the supply for flushing a closet will be looked upon as a relic of barbaric uncleanliness. But there are thousands of houses inhabited by respectable people where the single cistern is thus employed. It is really worth while knowing that at a comparatively small expense this may be avoided. A partition may be placed in the cistern reaching to half an inch higher than the top of the waste-pipe, and separating the closet valve from the domestic supply-pipe. As these are usually at different ends of the cistern, this is easy. When the water is 'turned on' the domestic half is first filled, and the water overflows to fill the other half. Two cisterns are thus practically provided in the room of one, and the drinking-water is thus effectually separated from that required for the closet. We have actually tried this plan, and can speak favorably of it. The water company's inspector, it is true, was puzzled by it, and thought it rather irregular, but he was unable to charge anything extra for it, so that we obtained all the advantage of a second cistern, without paying 4s. a year to a rapacious company. The cost of the contrivance is under half a sovereign, and no doubt it was repaid over and over again by the greater purity of our drinking-water."

What to Do with Our Sons.

A very wise M. R. C. S. thus writes to the *Med. Times and Gaz.*:

"I am a professional man with a good income, but I have a large family of daughters and two sons. Knowing how precarious are the chances of success in any of the learned professions, I have just apprenticed my youngest son, aged sixteen years, to a builder. Of course, he has to work at the bench, and go out with the workmen 'on jobs,' but he is happy, and his time well employed. When he is twenty-one, he will have become master of his trade, and, being a well educated lad, and sharp to boot, a very few pounds would start him in one of the colonies on the high road to competency. This is what I do with 'our boys'—that is, for those who are handy with their tool-chest, and most English lads are. The silly pride of parents is the chief drawback to their sons' success in life."

Trees in Towns.

The question of the utility of trees in towns and cities was debated at the International Hygienic Congress held at Geneva last autumn, and has since been discussed with considerable spirit in the press of the city on the Rhone. The negative side has been supported with ability by Professor Piachaud, who favors the conclusions of the congress; Professor Goret champions the affirmative side, and has, we think, much the best of the argument. Trees are useful in centres of population, not only in affording shade from the fierce heat of the sun, but in distributing moisture in dry weather through evaporation from their foliage, and in facilitating the drainage of the soil by means of their roots. The part played by trees in maintaining the equilibrium of the atmospheric gases is also of immense importance in crowded localities.

Admission to the Hospitals of Paris.

Heretofore patients have not been received into the hospitals of Paris, unless conveyed thither by the police, or unless admitted by order of the medical officers, who make the regular morning visit. Consequently, patients who presented themselves in the afternoon were sent to the central office, whence they were obliged to make their way on foot to the particular hospital to which they might be assigned. A regulation has, however, been recently made which provides for the provisional reception of all applicants into any hospital at which they may present themselves, and in case of their subsequent assignment to another, they will be conveyed to the latter in a vehicle. It has also been decided that the remnants of each day's meals are to be served to applicants the next morning, instead of being disposed of to a contractor, as in the past.

A New Cause of Lead Poisoning.

The Sanitary Board of Paris has caused a serious inquiry as to the matters which enter into the composition of the coverings of perambulators, and it has been shown that preparations of lead are largely employed in their manufacture, so much so that the Board has thought fit to address a report to the Prefect of Police requesting him to forbid the employment of toxic salts in the manufacture of the oil-cloth used so largely for these little carriages. Extending their researches, the Board caused the oil-cloth to be examined which so often covers the dining-tables in Paris. The result of the analysis has been that in one of these table-cloths of good description ten ounces of metallic lead was found in each square yard.

The Irresistible Fascination of Alcohol.

Since moderate indulgence in alcoholic liquors so often leads to uncontrollable excess, the following quotation may serve as a salutary warning to some of your patients just commencing the habit:

Macnish, in his Anatomy of Drunkenness, relates the case of one who thus replied to the remonstrances of his friend: "Your remarks are just; they are, indeed, too true; but I can no longer resist temptation. If a bottle of brandy stood at one hand, and the pit of hell yawned at the other, and I were convinced that I would be pushed in as sure as I took one glass, I could not refrain. You are very kind. I ought to be very grateful for so many good, kind friends, but you may spare yourselves the trouble of trying to reform me; the thing is out of the question."

Slow, Conservative, but Sure They are Right.

The attention of our County Society is called to the following extract from the *Pacific Medical and Surgical Journal*, November, 1883:

The Philadelphia County Medical Society had 168 members present at a late meeting, when the admission of three female candidates was in question. They were rejected. There is a strong mixture of old fogyism and progressive medicine in that latitude.

OBITUARY NOTICES.

DR. G. S. PFEIFFER.

Dr. G. S. Pfeiffer, a distinguished physician of Camden, N. J., died November 29, 1883. He was born in Germany in 1806, and at an early age entered the Holland Navy. While cruising off Algiers in 1825, he was taken prisoner and kept in close confinement until 1830, when he was liberated and pressed into the French service owing to his knowledge of surgery. Several years afterward he returned to his native land and completed his studies under Baron Liebig and Von Ritger. He then married and shortly afterward came to this country, and lived in Philadelphia until the year 1854. During the civil war he entered the service as a surgeon, where he contracted the disease which was the immediate cause of his death. He was a member of the Historical Society of Pennsylvania, No. 51 Lodge of Free Masons, and Surgeon of Post 5 G. A. R., of Camden. President Tyler, under the advice of John C. Calhoun, asked Dr. Pfeiffer to represent this country in Africa, but he declined on account of his health. He was a scientific man, and spoke seven different languages fluently. He also published several books on the various productions and manufactures of this country, which were printed in Germany, purposely for the benefit of the people of that country. Dr. Pfeiffer leaves three sons and three daughters.

Items.

—In praising the skill of her family physician recently, a German lady said that "he was professor of obstructions in his college."

—M. Cornil has presented to the Académie des Sciences a memoir on jequirity, a substance now much used for diseases of the eye; it provokes suppuration on the surface of the eyeball. According to M. Cornil, this action is due to the bacilli present in the new drug.

—According to the *Siglio Medico*, the proportion of medical practitioners in different countries is as follows: France, 2.91 per 10,000; Germany, 3.21 per 10,000; Austria, 3.41 per 10,000; England, 6 per 10,000; Hungary, 6.10 per 10,000; Italy, 6.10 per 10,000; Switzerland, 7.06 per 10,000; United States, 16.24 per 10,000.

—M. Bechamp, when recently enunciating his doctrine concerning micrococci and their evolution, terminated his discourse by saying that if the thousandth part of the sum expended for warlike purposes were devoted to rendering towns and cities healthy, legions of lives would be saved, and riches and strength thus multiplied beyond calculation.

—According to the recently published official volume of judicial statistics, 447 of the inquests held in England and Wales in 1880 resulted in a verdict of "died from excessive drinking." This was 29 more than in the previous year; but, on the other hand, was below the average of the five years, which was 460.

—The total amount of wine of various sorts adjudged for the supply of the hospitals of Paris for the next six months is 1,245,000 litres. For three months the spirits ordered for consumption in the hospitals are 33,000 litres, of which 3000 are of brandy, 10,000 of rum, and the remainder of "alcoöl du Nord."

—In a recent number of *La Loire Médicale*, Dr. Duchamp describes a successful operation in a girl of eight and a half years of age, for the removal of the left ovary with the greater portion of the Fallopian tube. The child was anæsthetized while asleep; the operation lasted three hours, and perfect relief was the result.

MARRIAGES.

SETTOON—RICHARDSON.—At Jeannereth, La., November 11, 1883, by the Rev. T. S. Randle, Charles Settoon and Rosa, daughter of Dr. W. M. Richardson.

LAPP—NEFF.—At the Presbyterian church, Newcastle, Ohio, on Saturday evening, November 17, 1883, by the Rev. S. H. Wallace, D. D., Dr. J. G. Lapp and Miss Lucinda Neff, both of Newcastle, O.

COLLINS—WENTZ.—In Blackwood, N. J., November 22, 1883, by the Rev. F. R. Brace, Thomas S. Collins, M. D., and Kate E., daughter of Mr. T. J. Wentz.

NORTON—FARQUHAR.—In the Brainerd Presbyterian church, Easton, Pa., November 22, 1883, by the Rev. A. Russell Stevenson, assisted by the Rev. Jacob Weidman, Dr. I. C. Norton, of Baltimore, Md., and Hal M., daughter of the late Rev. John Farquhar.

SEAMANS—WOODBURY.—At the residence of the bride's parents, on Tuesday, November 27, 1883, by the Rev. Dr. Wm. M. Taylor, Dr. William Shepard Seamans and Miss Helen Perkins Woodbury, daughter of Mr. Freeman P. Woodbury, of New York.

DEATHS.

PEIRCE.—In this city, November 26, 1883, James L. Peirce, M. D., in the seventy-eighth year of his age.

SAYLOR.—In this city, November 26, 1883, Dr. George W. Saylor, in the forty-second year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

LECTURE.

TUBERCULOSIS IN SURGERY.

BY M. BOUILLY,

Prof. Agregé of Surgery in the Paris Faculty.

GENTLEMEN: The very considerable progress latterly made in the study of the localized manifestations of tuberculosis, renders very interesting a consideration of the various steps pursued before arriving at the ideas at present held on the subject. The thesis of Bauchet (*Des Tubercules au point de vue Chirurgical, Th. Agreg., 1857*), was one of the first efforts toward a solution of the question, which received little further attention until within the last fifteen years, when the experiments of Villemin in the Pathological Anatomy of Tuberculosis attracted the attention of the scientific world to the question, which has assumed still greater interest since the discovery of the parasite or germ of tuberculosis. The excellent thesis on the subject by my friend, M. Ch. Nelaton, contains a complete resumé of the question, and will serve for a basis for the brief study of the subject I am about to undertake.

A great step in advance was made at the period when Villemin demonstrated, by undeniable proofs, after repeated inoculations, the contagiousness of tuberculosis and the unity of phthisis. Later on, the researches of Grancher and Charcot enabled us to follow histologically the evolution of the tuberculous processes up to the period of formation of the characteristic nodule. This product of new formation, before arriving at the stage of grey granulation, passes through several transitory stages more difficult of appreciation. Histologists are generally of accord to-day in recognizing, as characteristic of tubercle, a central giant cell with a zone of epithelioid cells, surrounded themselves by a collection of round, embryonic cells.

But this follicle, first described by Koster, does not acquire its veritable signification as a tuberculous follicle, unless it presents the usual or normal evolution of tuberculous neo-formations, whether it has a tendency to fibroid organization, or towards cheesy degeneration. A preparation showing a single follicle at its period of development is not sufficient to form any idea regarding the nature of the lesion. But a pathological section, showing the follicular alterations in their different stages of development, often leaves no doubt regarding the nature of the lesion.

A much more important characteristic of tuberculous products has been furnished by the discovery of the parasitic germ of the disease. The bacillus described by Koch, and found at first in the expectoration and pulmonary lesions of phthisical patients, has already been found a number of times in external tuberculous lesions; and it may be said that its presence shows forth in a striking manner the importance of Villemin's experiments, while its discovery throws new light on the history of tuberculosis.

It has thus become common latterly to seek for the histologic elements in localized tuberculous lesions, and also to discover, if possible, the specific micro-organism. This study, although of recent date, is already fecund in results. It may already be said, that there are few organs or tissues which are entirely exempt from the ravages of the tubercular disease.

Scrofulous, or what might be better termed tuberculous gummata, invade the subcutaneous cellular tissues and the skin. In the superficial or deep cellular tissue of the different regions, a collection of tubercular elements is deposited, which softens in the centre while progressing at the periphery, invading the neighboring tissues and constituting that form of cold abscess so well described by Lannelongue (abscès froids et tuberculose osseuse, 1881).

To our former acquaintance with the contents of a purulent collection, we now add some knowledge of the nature of the walls of the abscess; and this is of such importance that it may be said that in chronic abscess the pus is of minor importance as compared with the condition of the tissues enclosing the abscess; for it is from this parietal zone that the tuberculous infiltration gradually extends, and its progress cannot be arrested except by the destruction of the sac, or its transformation into fibrous, sclerotic, or cicatricial tissue.

By an analogous morbid process, the glandular parenchymata are invaded; in the epididymis, the testicle and the mamma, the isolated or agglomerated tuberculous follicles form masses having always the same evolution; more or less hard, they form characteristic nodules or augment the volume of the organ affected; later, when they become softened, they form abscesses containing pus of bad nature, having thin red edges, and leaving after them persistent fistulous openings.

In the lymphatic glands, the study of the histological elements seems to demonstrate the tuberculous nature of old scrofulous lesions; perhaps the only difference between tuberculous and scrofulous deposits exists in the slowness of development of these last, with a more abundant proliferation of connective tissue at the periphery of the deposit (Cornil).

Tuberculosis, as affecting the bones, received an excellent description at the hands of Nelaton, who described the different forms observed by him; modern histologists have, however, added new developments to the subject. Nothing has been added to the variety described by Nelaton as encysted tubercle.

But tuberculous infiltration of bone tissue has been well described by Kiener and Poulet (*Archiv. de Physiologie*, February 15, 1883).

These authors admit several varieties of infiltration:

1. Circumscribed puriform infiltration, presenting itself as a spot more or less regularly limited, of an opaque, yellowish coloration, characterized histologically by the slow and uniform progress of the morbid process, which finally ends in the formation of a sequestrum surrounded by a zone of tissue serving in its elimination.

2. A diffuse infiltration or acute tuberculous osteitis, in which the epiphysal extremity is entirely impregnated with tuberculous matter constituted by numerous follicles, which soften almost as soon as they appear, leaving the affected bone substance denuded and mortified.

The synovial membranes lining the joints and tendons are often invaded either primitively, or consecutively to tuberculous invasion of a neighboring bone or joint.

In such cases we meet with the three recognized froms of tuberculous invasion; the acute attack or granuler, characterized by an abundant deposit of miliary granulations; secondly, a complete tuberculous infiltration, in which layers of cheesy substance line the interior of the joint; finally, a follicular deposit, provoking the development of fungous growths in the serous cavity.

Finally, the choroid and the iris, the nasal mucous membrane, that of the tongue and pharynx, the genital organs of the female, the bladder, urethra, and anus, are all subject to the deposit of tuberculous granulations, and their subsequent characteristic forms of ulceration.

What relation can exist, then, between these diverse and widely differing lesions?—between a cold abscess of the subcutaneous cellular tissue and a pulmonary cavern?—between granulations of the synovial membrane and a cerebral tubercle?

How can we account for the dissemination of these multiple lesions in the same individual?

How can we explain the sudden invasion and the rapid course of the disease in one individual, and in another the slow development and tardy progress of the same morbid process?

How are we to explain the frequency of its occurrence and its special gravity in certain families? Why is one individual attacked while another always escapes? Why is the disease localized in one point rather than in another? How can we account for its favorable termination and complete cure in one case, and its constant aggravation and fatal issue in another? These are but a few of the many questions on this subject which we are unable, in the present condition of science, to answer.

Two conditions seem necessary for the occurrence and development of tuberculosis; on the one hand, the presence of a special germ or parasite, found in almost all crowded localities; on the other hand, a soil favorable to its culture, represented by an organism or tissue in an unhealthy condition.

The presence or existence of this parasite is no longer a subject of doubt; its presence was demonstrated by MM. Schuchardt and Krauss in forty cases of surgical or localized tuberculosis, affecting diverse regions and different organs.

In France M. Cornil has been equally successful in demonstrating the presence of this parasite; and we have ourselves, in conjunction with M. Debove, recognized this micro-organism in lesions acknowledged tuberculous, from a clinical point of view.

In fact we may to-day aver, with the German authors above cited, "that in all cases of surgical tuberculosis it is as easy to recognize the tubercle bacillus as in the expectoration of phthisical patients or in the granulations of acute miliary tuberculosis."

Much more obscure are the conditions affecting the receptivity and development of the specific micro-organism. According to Max Schuller, a traumatic lesion may sometimes act as causation in the development of tuberculosis. In an animal, experimentally inoculated with pulmonary tuberculosis, any violent injury of a joint is apt to be followed by the development of tubercle, which would never happen in the healthy animal. Do these tuberculous germs find an entrance into the system through superficial ulcerations of the integument or mucous membranes, on which points of weak resistance (*points de moindre resistance*), the parasitic germs fall and multiply?

And, when these parasites have become fixed in some point of the organism, by what means are new collections formed at a distance from the original deposit? In what manner do they pass from a bone lesion of the extremities, first to the neighboring soft parts, and then to those more distant, until at last the lung itself is invaded?

These facts we are unable to explain.

The only fact on which opinions are fixed, is relative to the soil or organism favorable to the evolution of these lesions.

In many cases it is impossible to say what may be the utility of local intervention, but the good results obtained by strict attention to hygiene cannot be contested.

The immunity obtained or regained by life in the open air, at the seashore in particular; the benefits resulting from properly-directed alimentation, and the suppression of bodily fatigues and mental pre-occupations; in a word, all the conditions which serve to increase the vital resistance of the individual, will assist him to struggle with success against the invasion of these infinitely minute organisms.

COMMUNICATIONS.

DIAPHRAGMATIC HERNIA.

BY G. A. WEED, M. D.,

Of Seattle, W. T.,

Read before the Medical Society of Washington Territory at its eleventh annual meeting, held in Seattle in June, 1883.

History.—On the 28th of July, 1876, a Russian Finn, forty years of age, by the name of H. C. Anderson, was admitted to the Seattle Hospital suffering from obstruction of the bowels. Had had frequent similar attacks since receiving a severe fall some five years before. Had been working as a ship carpenter up to within a day or two of his admission to the hospital; complained of the following symptoms: Severe spasmodic pains in the bowels—frequent desire to go to stool, but without ability to pass anything—constant dull pain and some tenderness in the left iliac region, the pain occasionally extending upwards to the chest and head on the left side. A constant feeling of fullness and distention about the cardiac end of the stomach. Had vomited some before entering the hospital, and had occasional nausea and slight vomiting afterwards. Very dirty white coat on the tongue, which was moist all the time. No thirst. Pulse 100, full and hard. Very restless; countenance anxious; respiration short, and at times hurried; extremities cold, with tendency to sweat profusely about the head.

Treatment.—On entering the hospital he was given a copious injection per rectum of warm water and one drop of croton oil, to be repeated in two hours if bowels did not move. The injection passed in a short time, but no fæcal matter. Full doses of opium were given to relieve the spasmodic pain as often as required. Counter-irritants were applied to the abdomen; also fomentations, and the croton oil was repeated in larger doses at intervals during the next five days without effect. I then introduced a flexible tube some eighteen inches in length, and threw into the bowels all the liquid in the form of a stimulating injection that I could force in with a syringe. In a short time this passed off, and was repeated several times without any satisfactory results.

On visiting the hospital on the morning of the seventh day after his admission, the steward informed me that he had had a passage and felt much better, and he contined to have frequent semi-liquid stools of a yellowish-brown color and without unusual fetor for the next three days.

The tympanites, which prior to this time was very marked, subsided, and the bowels became quite flaccid and soft, and the tongue cleaned off partially. Pulse and respiration remained the same. Countenance anxious, and patient very restless. Respiration hurried, with labored action of the heart. Believing from all the symptoms that there existed some fatal derangement, I made a careful stethoscopic examination of the chest and of the region about the cardiac end of the stomach, where the principal pain and distress seemed to be located. I was quite astonished to find no respiratory murmur in the left lung, as there had been no cough and no indication of disease of the lungs, except the hurried respiration, which was referred to the extreme tympanites, the distention of the bowels, with gas pressing against the diaphragm, and causing embarrassment of respiration. Careful examination by the stethoscope over the base of the left lung discovered a gurgling sound similar to that of water and air passing together through a narrow opening under pressure. This sound was synchronous with the respiration. After repeated examinations, I diagnosed diaphragmatic hernia, and that the sounds discovered were caused by the contents of the loop of intestine within the cavity being forced out to some extent by every inspiration, and forced back again as the lung collapsed, by the pressure from below. This, also, to my mind, would account for the want of action in the pressure from the loop of intestine within the cavity having caused the lung to collapse. I expressed a positive opinion that the case was one of diaphragmatic hernia, and that nothing but a post-mortem examination would convince me to the contrary. Notwithstanding the free action of the bowels the patient continued to sink, and died on the eleventh day. He took nourishment every day in the form of milk and oatmeal gruel, and retained it without uneasiness or discomfort.

A post-mortem, twelve hours after death, was made, Drs. Sporting, Baker, and Calhoun being present.

On opening the back nearly all of the chest-cavity on the left side was found to be occupied by an abscess, evidently of long standing, and partially filled with pus, gas escaping from it when opened, having a distinct stercoraceous fetor. A loop of the transverse and descending colon about twelve inches long, was found protruding through the diaphragm and adherent to it, together with a small portion of the cardiac end of the stomach. The abscess was found to communicate with the loop of intestine, and had evidently discharged its contents through it into the bowels. Fæcal matter was also found within the abscess, and by pressure on the abdomen gas from the bowels was forced upward through the intestine into the abscess. The heart was found displaced from its normal position on the left side, having been forced to the right by the distension of the abscess and the protrusion of the intestine within the cavity. The left lung was collapsed, and forced back against the posterior wall of the chest. The loop of intestine, lung, and pleura were all firmly adherent, glued together by the consolidation of effused lymph, resulting from inflammatory action, long preceding the death of the patient.

SOME CLINICAL REMARKS UPON DEFLECTIONS OF THE NASAL SEPTUM, WITH A PRESENTATION OF TWO CASES MADE BEFORE THE ALLEGHENY COUNTY (PA.) MEDICAL SOCIETY.

BY W. H. DALY, M. D.,
Of Pittsburgh, Pa.

Fellow of the American Laryngological Association; Ex-President of the Allegheny County Medical Society, etc., etc.

MR. PRESIDENT—GENTLEMEN: The cases which I here have the pleasure of presenting to your attention, are of a class common enough as regards their existence, but rare in so far as they are the subject of any surgical procedure for their permanent restoration and cure.

They are cases of extreme deflection of the nasal septum. In both of these the deflection was so marked as to cause complete stenosis of the left naris; the deflection being in both upon the left side. On the apices of the convex surface of the deflected columna in both cases, there was, as the result probably of perichondritis, a chondroid mass which pressed the alæ nasi outward, thus making the nasal occlusion complete.

The origin of the young lady's deformity was from an accident occurring in some rather rude childish play, twelve years ago, wherein some of her companions attempted to throw her over a stone wall. She unhappily lit upon her nose, causing a fracture of the organ, resulting in the bending of the septum or columna to the left side, while the dorsum was depressed, and its mesial line considerably turned to the right, making an unsightly deformity.

The complications in this case were intractable auro-naso-pharyngeal catarrh, with diminished hearing power, and anosmia, or loss of sense of smell, and a deadness of articulate voice, not to

speak of the facial deformity, which is so naturally a matter of personal solicitude to young ladies.

My advice was sought by the patient in the hope that I could enable her to breathe through the left nostril, very justly believing that such relief would bring with it a better articulate voice, and possibly a return of a sense of smell.

You will observe that the external appearance of the organ is excellent. You will notice, also, that the volume of air ejected from the left naris is now quite ample, the patient being, as you see, able to blow out the flame of a blazing match, through either nostril alike. The sense of smell is returning, and the natural facial expression is restored.

Now, as to the mode of treatment in this case, I might premise by saying this patient had, in common with many others of a similar kind, undergone much treatment for catarrh and deafness. Yet, in order to not only put the mucous membrane in a healthier condition, but to have her become accustomed to the tolerance of instrumental contact with the parts involved, I also gave her further treatment, and made a preparatory operation by removing the chondroid mass, and reducing the septum to a proper thickness.

Three weeks later, with the assistance of Dr. V. Kersey and Dr. K. C. Scott, of Cleveland, the patient was placed under the influence of an anæsthetic, in a sitting posture, before a proper light, and the final operation done by introducing the cutting blade of this instrument into the right naris, and the flat blade into the narrowed left one. This was accomplished by using moderate force.

The blades were then locked, and a number of stellate incisions made until I was enabled to force the septum over to its place, by introducing my little finger into the occluded nasal fossa.

After hemorrhage was controlled by hot water douches, one of these ivory plugs was introduced in order to keep the columna in as direct an antero-posterior line as possible.

Considerable constitutional disturbance followed the operation, and on the third day there was a slight erysipelatous blush upon the nose, which was subdued by the administration of iron and quinine.

The plug was carefully removed once a day, and the parts cleansed of mucus and blood.

The favorable results in this case were otherwise seriously threatened by the pressure of the ivory plug, causing ulceration of the mucous membrane of the septum.

The healing ulcer can here be plainly seen upon the left side of the septum.

The instrument which, you observe, I have applied externally, to aid us in reducing the external deformity, consists of a strong spectacle frame, fastened securely behind the head, and which, in front, rests firmly yet comfortably upon the root of the nose, in the inter-ocular space.

From this point, a free arm projects downward and forward, on the left side of the nose; from the end of this arm extends a cross-bar, to another similar arm on the opposite side, which lies, as you see, close to the nose, and through which works a thumb-screw, ending in a swivelled pad, which makes the needed pressure in the direction desired.

The counter force is obtained by this larger pad upon the left side, which is well up to the base of the nose, and the free arm standing out from the organ on the left side. This is essentially the instrument devised by Spencer Watson, of London, somewhat modified to suit the exigencies of this particular case.

The second case is this lad, who, I regret to say, has been quite ill these past ten days; partly as a result of the operation, and partly from catching cold, which resulted in a severe attack of quinsy. The operation was done on the deflected septum, in the same manner as detailed in the first case; however, the mucous membrane in this boy's nares is soft, and severe ulceration necessitated the early substitution of soft rubber tubing for the hard ivory plugs.

You observe he has now an ample passage for respiration, and his obstinate naso-pharyngeal catarrh will now get well, and his constitution, which has always been delicate, will now develop rapidly. At least, this prophecy is in accordance with my experience in similar cases.

I have brought these patients before you, gentlemen, for the reason that they are highly successful in the objects aimed at, and they are of a character in rhinal surgery that have not received, until more recently, the attention, even at the hands of specialists, that they merit.

In point of fact, this department of Rhinal surgery has really been to a large extent a much neglected one.

I need not say to you that the largest measure of success is obtained by judicious care of the parts, before, and especially *after*, the operation. And this can only be fully attained in private practice by entire co-operation on the part of the patient and the friends or nurse.

Hospital care and attention would, in my opinion, ensure the best results in all operative measures involving the intra-nasal structures, and should be resorted to whenever practicable.

PARALYSIS FOLLOWING SIMPLE CATARRHAL SORE THROAT.

BY THOMAS M. JORDAN, M. D.,
Of Hookertown, N. C.

On July 24, I was called to see Barney T., male child, æt. 6. Patient was up and around, apparently well. Examination of fauces revealed a membranous exudation over the right tonsil, which to all appearance was that of diphtheria. Temperature 102; bowels confined.

There was no diphtheria in this section, nor had this child been exposed to the disease at any time. Nevertheless, to be on the safe side, I prescribed what I consider the most rational treatment of diphtheria, and insisted on separating the child from the rest of the family. The latter, time proved to be unnecessary, though it was not complied with. The treatment was as follows: Mild aperient, iron, chlorate of potassium, and quinine, internally, with brandy and milk as food. Also a pretended local application, to satisfy the entreaties of an anxious mother.

On the morning of the 25th, the condition was the same, except the left tonsil and other side of the throat had become involved, and were covered with the same membranous exudation. Treatment continued without alteration, except to increase the quantity of quinine.

The morning of the 26th of July, I found my patient without fever, and with a part of the membrane thrown off, leaving a fresh surface with a tendency to hemorrhage. The treatment was continued, only a less quantity of quinine. In a week he was to all appearances well.

On the 13th of September, I was again called to this patient. The muscles of deglutition and phonation were paralyzed to such an extent that it was with the greatest difficulty he swallowed anything, and his speech was broken and inarticulate. The extensor muscles of the lower extremities were also involved, but not so much as to entirely prevent locomotion. He improved rapidly under a tonic course of treatment. Now I was almost forced to call this diphtheria, but my diagnosis would encounter the following objections: The patient recovered; none of the family —though all the children fondled this boy, and slept with him constantly—were attacked; and, in addition, there was no diphtheria prevailing in this section.

I know the books say sporadic cases occur, and they as emphatically declare it contagious also; and by the thousands may we count the specifics that cure this disease: but experience with this disease, especially in the more elevated sections of this State, proves that it is both fatal and contagious, with the most approved modes of treatment and hygienic precautions. Hence we must conclude that our case, and all so-called mild cases of diphtheria followed by paralysis, should be pronounced simple catarrhal sore throat followed by paralysis. Whether the paralysis be the result of a direct and specific action of the virus upon which the angina depends, or due to weakness following acute disease, we do not pretend to determine.

HOSPITAL REPORTS.

CLINICAL LECTURE.

BY LOUIS A. DUHRING, M. D.,
Professor of Diseases of the Skin in the University of Pennsylvania.
(Reported by HENRY WILE, M. D.)

Lichen Ruber Planus.

The patient is a man, thirty-five years of age, robust and stout, who never, according to his statement, has had a disease of the skin before. He was attacked seven weeks ago by an eruption which now occupies the greater part of the general surface. The eruption came out, he persistently states, in a single night, and this sudden manifestation is an interesting point in connection with this case. The lesions consist of pin-point to pin-head sized papules of a bright violaceous-red color, here and there running together, forming small patches. They are scattered over the trunk and extremities, but are most numerous upon the chest and forearms, the palms, fingers, and face being free. Over the left shoulder the lesions are in the form of lines or rows running parallel with one another, and presenting a striking appearance. On the flexor surfaces they have coalesced, forming large patches, which are covered with dry, whitish scales, looking as though they had been sprinkled with salt. The lesions elsewhere have a distinctly glistening appearance when looked at in oblique light, and in some places closely resemble vesicles. This appearance is unusual, and may be accounted for by the very rapid course of the process. They are irregular in outline, polygonal in shape, slightly elevated, flattened, and somewhat umbilicated.

We have here a case of lichen ruber of the plane, or flat, variety. There are two varieties, lichen ruber planus and lichen ruber acuminatus; the former is seen much more frequently in this country and in England than the latter, while in Germany and Austria the latter is more common. It belongs, however, to the group of rare diseases. As a rule, it makes its appearance in the course of several weeks or months, and looks not unlike papular eczema, for which it may be mistaken. The occurrence of the lesions in rows is explained on the ground that the disease follows the line of the cutaneous nerves, and it is, therefore, re-

garded by authorities as essentially a neurotic manifestation. Lichen ruber usually occurs in weak and debilitated subjects, and rarely in the robust as in this case. This fact may, in some way, account for the peculiarity of this case, namely, the suddenness of the onset. The itching is sometimes intense, and may continue throughout the entire course of the disease. The lesions are eminently characteristic, and when once thoroughly seen could not be confounded with those of any other disease. It lasts, usually, for months, and calls for active treatment, which is much the same as that of chronic papular eczema. Internally for the first few weeks saline laxatives every two or three days may be administered, also an alkali, as liquor potassæ, ten minims three times daily. Locally, lotions are indicated, and among the most valuable are: Thymol one to three grains to an ounce of water, with a small quantity of glycerine; carbolic acid three drachms to the pint of water; and "liquor picis alkalinus," one drachm to two or three ounces of water. If the disease gets well in two months, the patient should feel satisfied with the result, for if left to itself it generally runs a chronic course, lasting four or six months, or it may be a year. When the lesions disappear, they leave brownish pigmented spots, which are persistent, lasting months, and in encountering a case in the later stages a diagnosis many sometimes be made from the pigmentation, which is peculiar, especially in dark-haired subjects.

Tinea Versicolor.

A young man, twenty-four years old, claims that he has had an eruption on the skin for the last six years, being better and worse from time to time; and as it has never given him any annoyance, he has never applied for treatment. It is a disease of the chest and back, and we may suspect seborrhœa or tinea versicolor. Inspecting the skin, we note that it is an average example of the latter disease, the lesions consisting of variously-sized hyperæmic, reddish and yellowish patches, covered with furfuraceous scales. The patches are not raised above the surface of the skin, and cannot be felt by passing the hand over them. Where they are not scratched the surface has a glazed appearance in oblique light. The affection is confined to the chest and back, and is caused by the growth of the fungus known as *microsporon furfur*, which develops in the horny layer of the epidermis, producing pigmentation and desquamation. The fungus may readily be seen by treating some of the scales with a drop of liquor potassæ on a slide, and submitting them to microscopic examination. The disease is more common on debilitated subjects, although it is also met with on the strong and robust. A characteristic of the disease is its tendency to relapse even in spite of the best treatment, and this is often seen in private practice where the patient will take the best care of himself.

The treatment is not at all difficult. The sulphur preparations are all useful, such as hyposulphite of soda, one drachm to the ounce of water, or "Vleminckx' solution," which is prepared as follows:

℞. Calcis, ℥ss.
Sulphuris sub., ʒj.
Aquæ, ℥x.
Coque ad. f. ℥vi, deinde filtra.
N. B.—Perfume with oil of anise.

This solution may be used in the strength of one part to four or eight of water, to be dabbed on the parts after a bath with soap and water. At the end of a week scarcely a sign of the disease will remain, and at the end of two weeks a cure may be effected. The result depends largely on the manner of making the applications.

Erythema Multiformea. (*Three Cases.*)

A woman aged forty years, and her two little girls aged respectively ten and eight years, have an eruption on the hands, forearm and face. Five weeks ago the patients landed in America, and soon after their arrival the disease made its appearance, first attacking the mother about the hands, the lesions being in the form of pin-head to split-pea-sized red spots, accompanied by much itching. These spots developed into papules and vesico-papules, running an acute course, and appearing again in successive crops. At present the lesions, while marked, are not in an acute stage, the disease being evidently on the decline. About the hands, forearms, and face, especially of the children, are urticarial wheals and erythematous spots, characterized by slight vesiculation, and occasionally vesico-pustules.

Cases of this kind, mostly foreigners recently arrived, come to the clinic from time to time, presenting these mixed lesions, rendering the diagnosis somewhat puzzling. The first question asked of these patients is whether they have been troubled by mosquitoes. The sting of these insects may at times produce much inflammation which may lead to a variety of lesions. This has not been the case here. The lesions are multiform, and are difficult to define; they are generally, however, of a vesico-papular type.

In making the differential diagnosis, the first disease to be excluded is scabies, which never attacks the face, as here, to the exclusion of the rest of the body. Thus the localization of the lesions is sufficient in these cases to distinguish it from scabies. The next disease with which it may be confounded is urticaria. Judging from a few scattered hive-like lesions, such a diagnosis might be made. But the character of the other lesions is entirely at variance with such a diagnosis. Then, again, it may be mistaken for impetigo contagiosa, which is a vesico-papular disease, lasting usually one or two weeks.

The diagnosis is erythema multiformea, and the fact that it here occurs in three members of the same family is a matter of coincidence. The disease is not contagious. It is so called from the multiform variety of lesions existing in the form of erythema, papules, and vesico-papules. The present cases show an anomalous form, with a tendency to vesiculation, and cases such as these are difficult to diagnose.

The treatment is simple. The disease, if left to itself, will get well spontaneously. We may here order a carbolic wash, consisting of two drachms of carbolic acid to a pint of water, to be applied several times a day. The patients will recover in one or two weeks, and they will probably not have a relapse.

Syphiloderma Tuberculosum of the Lip.

A young man twenty-five years old presents a

dime-sized lesion on the right upper lip, which, according to his statements, first made its appearance four months ago in the form of a pimple. At present the lesion is of a pale red color, showing distinct ulceration, with infiltrated edges. The patient is under treatment, and no doubt the affection is thereby modified. On account of its situation it may be mistaken for tinea sycosis, but in the latter disease the ulceration occurs at the periphery, while in this disease it is in the centre. It could not be confounded with epithelioma, as the latter could never have made such rapid progress in the period of four months.

The patient denies ever having had the initial lesion or any other form of skin disease. It is surprising to know how many cases there are where the history of the initial lesion is lost, and the first cutaneous manifestation is the tubercular syphiloderm. We see perhaps ten or fifteen such cases at the clinic every year. The history is of no value whatever. The diagnosis must be made from the lesion. The patient takes three times daily $\frac{1}{4}$ grain of the biniodide of mercury, together with five grains of the iodide of potash.

Syphiloderma Herpetiformis.

A man thirty years old, with an herpetiform eruption involving the alæ of the nose, presents himself for advice. According to the history, the eruption has lasted six months, and a similar one existed on the forehead about ten years ago, the discrete scars of which still remain. The forehead is a favorite seat for syphilitic eruptions, and the present disease is a repetition of the same process, only in a milder form. The lesions consist of small vesico-pustules, some of which have broken down, forming ulcerations with infiltrated edges. The infiltration is most marked on the lower border of the alæ. This form of cutaneous syphilis is to be distinguished from acne, in that there is no sebaceous involvement. The prognosis is favorable, and the same general treatment will be ordered here as was directed in the preceding case.

Eczema Vesiculosum of the Hands and Forearms.

A girl eighteen years old shows a vesicular eruption about the hands and forearms, which is now in a sub-acute form, and some parts have already passed into the condition of eczema rubrum. The vesicles are well marked, especially at the periphery of the patches; in the centre they have ruptured, and the surface is covered with the serous discharge. The process is accompanied by violent itching, and relief must be given at once. In the flexors of the elbows there is to be seen acute inflamation, with a tendency to become moist. The case calls for active treatment. We will therefore order a soothing application, consisting of a saturated solution of boracic acid, to be applied several times a day, five minutes at a time, each application to be followed by the use of an ointment of boracic acid, thirty grains to the ounce of lard. Another mode of treatment, and perhaps as efficient, is by means of black wash followed by oxide of zinc ointment. This latter may be employed where the boracic acid does not agree with the skin. Subsequently more stimulating agents, as a weak white precipitate ointment, may be employed. Internal treatment is also necessary; where there is constipation, saline laxatives are indicated; where debility, tonics. Here the following will be ordered:

℞. Liq. potassæ, f. ʒ ii.
Tinct. cinchon. comp., f. ʒ iv.

Sig.—One dessert-spoonful three times a day, after meals. To be taken in a large wine-glassful of water.

Tinea Circinata of the Face and Neck.

A young man, twenty-five years of age, has around the neck and face variously sized, ill-defined, rounded, in some places marginate, slightly scaly patches. The scales and hairs were submitted to microscopic examination, and found to contain the trichophyton fungus in abundance. The patient states that he first noticed a scaliness on the neck about six weeks ago. He has been under treatment here about a week, and the disease is now on the decline. The lesions are therefore not as well marked as when he first presented himself. They then consisted of smaller and larger red, scaly circinate spots, accompanied with some itching. The treatment thus far has consisted in the use of a lotion of sulphite of sodium, one drachm to the ounce of water. The improvement is decided, and the lotion will be continued. Should all treatment be discontinued at present, the disease would bud forth again and spread. The case is interesting in that we have the fungus, attacking the bearded part of the face, producing tinea circinata, and not tinea sycosis. Both diseases are due to the same fungus, but here the superficial layers of the epidermis of the general surface, instead of the hair follicles, have been attacked.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Rheumatism.

Patient is eighteen years of age, born in the United States, single, and a laborer. Was admitted January 14. His mental calibre is somewhat low, and he gives conflicting answers to questions. He gives no family history. Four years ago he says he had yellow skin or jaundice. Has never suffered from malaria, and has never had gonorrhœa or syphilis. He was employed in galvanizing until four months ago, and since then he has been a grocer. He handled lead a good deal in his former business, but has never had lead colic. One year ago he had pain and swelling in the calves of his legs. He supposed them to be growing pains, and they were not very severe. He has not had any præcordial pain or dyspnœa. One week ago he exchanged his flannel shirt for a cotton one, and he thinks he then caught cold. Soon after, he complained of pain and tenderness and a swelling of both knees. His bowels and micturition are normal. His urine is not albuminous. Upon admission his pulse was 116, respiration 28, and temperature 102.6°.

This young man says at one time that his attack of rheumatism in the legs, one year ago, lasted two months, and at another time he says it lasted only two weeks, and at another he says it was six weeks. Now, it is a most discouraging thing to attempt to get a proper history out of a

very considerable proportion of the patients who come to this hospital. A great deal of patience and skill in cross-examination are requisite to get at the actual facts. I think that every doctor should cultivate a systematic method of examination, and should learn to carefully weigh evidence, for the statements of patients are often very conflicting. It would be a good thing if all doctors before entering the profession could go through a preliminary training for the bar, so that they could be good judges of evidence. The great weakness of medical men is that they are too ready to believe all the statements of patients. You can get a different history from most of the patients here if you examine them every day of the week, and probably many of them would not give the same history if examined twice on the same day. Now, out of all this diversity of statements, it becomes necessary to judge of the probabilities; and here experience and an extensive knowledge of diseases helps much. There are certain things in the history of many diseases which are so constant in all cases, that you may almost predicate them of many cases; and any statement of a patient which conflicts with the accepted rule in such a case, is to be taken with a great deal of caution. You should allow, also, for the exaggerated statements of patients, and you should carefully weigh all the evidence. And not only are these facts true of the patients who come into the hospital, but also of many intelligent people whom you will meet with in private practice. The habit of clear statement is one of the rarest accomplishments in the world. Few people have it at all, and those who have it in the highest degree are extremely rare. And further, a man suffering from disease may have a natural faculty of clear statement impaired by the malady.

Now, here is a boy whose subjective history appears to be of little value, for he does not give the same story at different examinations. It is very important to get at the facts in this case, because he has a cardiac complication, and it is important to know whether it originated during the first attack of rheumatism or in this present attack. If he walked about and was not laid up with his rheumatism of one year ago, it is improbable that he then had an endocarditis. But if he was confined to his bed from two to six weeks, it is probable that he had. He now has a very distinct mitral regurgitant murmur, and the question is whether it is the result of an acute or of an old endocarditis. This can probably be determined by asking him if he has noticed any shortness of breath upon exertion during the past year, and by examining the heart for any evidences of hypertrophy. He says that once in a while he got out of breath while carrying heavy weights of lead, or a bushel of coal upon his back, but not in going up stairs. I think there is some cardiac hypertrophy, for the lateral boundary of præcordial dullness is outside of the nipple, and the inferior boundary is in the fifth intercostal space. The apex beat is inside the nipple line in the fifth space. There seems to be a little hypertrophy of the left ventricle. The jugulars are a little full, and the veins of the chest are rather well marked. There is no hepatic or splenic enlargement. It is probable, therefore, that this cardiac lesion first occurred in the rheumatic attack of one year ago.

He is now under the salicylic acid treatment, and his temperature is reduced and he is much improved. The urine contains no albumen, but it presents the ordinary characteristics of the urine in inflammatory rheumatism; that is, a diminution in quantity, high colored, acidity, and a deposit of urates.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Dr. B. F. Baer related the following cases, the clinical histories of which present some points which he thinks are instructive and worthy of discussion. They are somewhat unusual in character, and it is remarkable that they all occurred within a period of thirteen days.

Forceps Labor, Fifth Position.

On October 17, I was requested by Dr. —— to visit his patient, Mrs. H., who had been in labor thirty-six hours, prepared to perform craniotomy. She was a primipara, 43 years of age, in whom I diagnosticated a left occipito-posterior, or fifth position of Baudelocque.

I placed a vectis, and endeavored to assist rotation forwards, but failed to make any impression. I next adjusted, with some difficulty, Simpson's forceps, and by traction during uterine action, with gentle efforts at rotation, allowing the forceps to turn as the occiput rotated anteriorly, that process was finally accomplished in about two hours of hard work. I now removed the blades, and after finding that the head could not be delivered without it, I readjusted the instrument and assisted in extension of the head, delivering a living child said to have weighed twelve pounds. There was no laceration of the perineum. Both mother and child have done well. The case is interesting because of the age of the primiparous patient, and in the position of the occiput, which is rare.

Arm Presentation; Podalic Version.

On October 23, Dr. —— requested me to see a patient with him—a girl sixteen years of age—a primipara at full term—in labor about twenty-four hours, and trunk presenting.

I detected what I thought to be a limb, and from what I had learned previously by inspection, palpation, and auscultation of the abdomen, I believed it to be an arm. I then dilated the orifice of the vagina preparatory to passing my hand, should that be found necessary, after rupture of the membranes, which I now did, and found a shoulder presenting and an arm on the verge of passing the os. This I arrested, and made version by the feet. The child was alive, but feeble. The body passed through the narrow vagina very slowly, and only after pressure on the fundus of the uterus, until the head reached the floor of the pelvis. Here, by assistance, the occiput rotated forwards and the head was arrested. Flexion of the head could not be made to occur by supra-pubic pressure, and by pressure upon the nape of the neck, whilst a finger or two acted upon the anterior surface of the head through the rectum. I then quickly adjusted

the forceps, and carrying the handles forward with the body of the fœtus, made flexion, and delivered a living child. There was not the slightest laceration of the perineum.

The uterus did not contract well; and although ergot was administered, and time given for the organ to recover its tonicity (thorough kneading being used in the meanwhile), when the placenta was expelled a smart post-partum hemorrhage followed. This was easily controlled by the application of pure vinegar to the cavity of the uterus, injected by means of the long-nozzled uterine syringe, which holds about half an ounce.

Arm Presentation; Podalic Version.

A large, fat right arm occupied the vagina, and the shoulder was jammed into and projecting through the os, which was firmly contracted around it. It was a dorso-posterior position, and the head was in the right iliac fossa. All the liquor amnii had been drained away, and the uterus was closed tightly around the child, which was apparently dead.

We administered ether, and I at once began an effort to bring down a foot. But to get through the narrow vagina and rigid os, which were filled already by the arm and shoulder, was one problem, and another, apparently greater one, was the turning of the large child in a contracted uterus. I gradually inserted my hand and carried it into the uterine cavity, and with it I tried again to replace the arm, but failed. However, I finally reached the feet, selected the uppermost or left one, and began my efforts at version, assisting all my internal manipulations, of course, by placing the external hand on the abdomen, and acting with it on the opposite pole of the child. When I made traction on the leg, the arm advanced further into the vagina, and it now seemed that I should certainly be compelled to give it up, the difficulties appeared so great. But patience and perseverance are cardinal virtues here; and by exercising them to my utmost capacity, I succeeded in getting the foot and leg into the vagina, where I secured them with a fillet. I now gave this to Dr. ——, and whilst he made traction upon it, I pushed upon the shoulder, and succeeded finally in revolving the child on its long axis, causing the arm to ascend and the leg to occupy its place in the vagina. The remainder of the delivery was that of a difficult breech case, where traction on the child and pressure upon the fundus of the uterus are imperative.

Breech Presentation.

The membranes had ruptured twelve hours before my visit, the os was rigid, and only slightly dilated, and the breech was impacted in the superior strait, which seemed to be narrow. The patient was short of stature, fat, and had a small vagina. It was thought that the child was dead, but of this we were not sure.

An attempt at traction was made by acting on the thigh, but it was futile. I passed my hand with great difficulty into the cavity of the uterus, which closely surrounded the child, and endeavored to reach a foot, but found that the legs were extended; and it was only after I had advanced my hand absolutely to the fundus of the uterus that I secured the desired member. The uterine cavity was now so rigid and full that it appeared impossible to flex the leg, and extend the thigh. But here perseverance again succeeded, and the leg was brought into the vagina. Delivery was finally consummated by the greatest effort. The child was dead, and from appearances had been so for some hours, as Dr. Taylor had suspected.

Puerperal Convulsions.

October 21, there entered my service at the Maternity Hospital a girl, eighteen years of age, illegitimately pregnant, and near term. She presented a depressed appearance, and was pale and puffy from œdema. Her urine was examined at once, and found to contain a large quantity of albumen and some casts. Her labia minoræ were so œdematous that she walked with difficulty.

She was placed upon a treatment consisting of Basham's mixture, digitalis, laxatives, and warm baths, with good food. On the 20th, the nymphæ were so greatly distended that I feared obstruction to delivery, which was about to take place; I therefore made about a dozen small punctures over their surfaces. This was followed by a very free discharge of serum, so that in the evening the labia were reduced more than one-half. During the night, labor occurred, and she was delivered naturally at seven A. M. on the 21st, having been attended by my assistant, Dr. J. P. Pyle. There were no symptoms during the labor nor immediately after it to attract attention, but before leaving her, he administered thirty grains of the bromide of potassium as a safeguard.

At 9 o'clock he was hurriedly called, and found her just recovering from a convulsion. He at once sent for me, and began the administration of chloroform. But before I reached her, at 10 o'clock, she had had two more seizures, and just as I entered the room she went into another, which was one of the most terrific convulsions I have ever witnessed. I immediately opened a vein, and allowed about sixteen ounces of blood to flow. The bleeding did not seem to have the slightest effect, for very soon after it she had another convulsion fully as severe as the one preceding. Since the first attack there had been given, per rectum, twenty grains of the hydrate of chloral and forty grains of the bromide of patassium, and, per os, one-fourth of a grain of elaterium. But the convulsions continued to recur, unless the patient was kept constantly under chloroform, and coma was deepening with each attack. I now injected, hypodermatically, three-fourths of a grain of the sulphate of morphia. This was at 11.30 a. m. She did not have another convulsion, although no more chloroform was administered until 2 p. m. At this time she had a slight one, and at 2.30 another much more severe, when I repeated the dose of three-fourths of a grain of morphia. After this she had no more convulsions. The dose of elaterium was now repeated, and the kidneys stimulated by large doses of saline diuretics, administered by the rectum. The bowels moved freely and repeatedly soon after the last dose of elaterium was given, and the kidneys responded promptly; but the urine became nearly solid, when the test for albumen was applied, and casts were so numerous, and of such a character, that an unfavorable prognosis was pronounced by the competent microscopist who made the examination. The patient, how-

ever, came gradually out of the profound coma, but did not recover consciousness until nearly three days had elapsed, becoming at times wildly delirious and maniacal. As soon as she could swallow, I resumed the administration of Basham's mixture and digitalis, and on the next day added quinine and ergot, the latter especially to restore tone to the capillaries, and thus assist in improving the condition of the brain. Milk and beef tea were given largely. The patient will leave the hospital to-morrow (Nov. 2), although her urine still contains albumen in considerable quantity.

Case 2. The patient was eighteen years of age—a primipara, and unmarried. The occiput was posterior and in the hollow of the sacrum. The first convulsion occurred after the head had passed the superior strait, and it was a very severe one. Dr. Deaver immediately bled, and very freely. Another convulsion occurred soon after the bleeding, although chloroform was administered and chloral given by the mouth. When I reached her, she had had three attacks and was profoundly under the influence of the anæsthetic, and, of course, could not convulse in that state. I adjusted the forceps and delivered, with the occiput posterior, being unable to rotate it anteriorly. The anæsthetic was now removed, and not long after another violent convulsion occurred. I now injected two-thirds of a grain of morphia under the skin. She did not have another seizure, and made an uninterrupted recovery. There was not the slightest evidence of disease of the kidneys, either before or after labor. The cause here was reflex—the patient being predisposed by a depressed mental condition, etc.

The first indication to be met in the treatment of puerperal eclampsia should be to control the convulsions. I do not think it will be gainsaid that the prognosis becomes less favorable with each recurrence. I believe that morphia, administered hypodermatically in a large dose, and repeated, if necessary, is one of the most efficient, if not the most efficient, means which we possess for that purpose. In the next case which I am called to treat I shall give one grain. I will bleed, if I think that it is indicated, and shall use chloroform; but I will certainly give the morphia. I will then attend to elimination through the bowels, kidneys, and skin. Dr. Clark, of Oswego, New York, first brought the morphia treatment before the profession, in a fearless and excellent paper, published in the *American Journal of Obstetrics* for January, 1880, which is worthy of study.

Dr. Elliott Richardson thinks the extent of dilatation of the cervix a very important point in considering the advisability of version in shoulder presentations. When the fœtus is in a transverse position it cannot descend, and as the cervix dilates it slips upward on the neck and chest of the child, and thus puts the vagina in a condition of longitudinal tension, and consequently of narrowing. Any sudden or extreme attempt at dilatation of the vagina, when in this condition, involves a great risk of laceration. In Dr. Baer's case the narrowness of the os uteri was a favorable circumstance for podalic version.

There is a wide difference in the treatment of puerperal convulsions, between this country and Germany. Carl Braun strongly discountenances bleeding, and recommends chloroform with the administration of benzoic and citric acids to assist the action of the kidneys. He considers that the prime object is to put the body at rest.

Dr. W. T. Taylor thought that in case 2, if the method of Dr. Wright, of Cincinnati, for the correction of the shoulder presentation by converting it into a vertex, had been tried, the difficulties and dangers of a version by the feet might have been avoided.

He does not think bleeding should ever be omitted in the treatment of puerperal convulsions in plethoric patients. Bleed freely, and give chloral in large doses by the rectum. He thinks the use of opium should be preceded by bleeding.

Dr. Alfred Whelen has tried $\frac{1}{4}$ grain nitrate of pilocarpine hypodermatically after bleeding, the result being successful. The use of the pilocarpine did not seem to be followed by serous effusion. In one case in which no treatment of any kind had been used, an autopsy showed all the serous cavities filled with effusion. He thought the arterial tension, consequent on the convulsion, was the cause of the exudation.

Dr. R. A. Cleemann had tried all plans, and none of them were certainly successful; every method would fail at times, and any method will be followed by recovery. He thinks bleeding should be tried in every case to remove the vascular tension, which is the great source of danger.

Dr. B. Trautmann had under his care a primipara, plethoric, who was suffering from puerperal convulsions. She was bled, a large dose of calomel was given, chloral was administered, and pilocarpine was injected, but all without effect; the patient died. In another case, the urine contained fifty per cent. of albumen, with casts, and no convulsion occurred. What is the relation between albuminuria and convulsions? Is the origin of the convulsion in the nervous system, and the albuminuria a result?

Dr. B. F. Beates: The presence of urea in the blood being generally considered a prime factor, most of the forms of treatment have reference to its elimination. Bleeding should be very free to act in that manner, and if it is prompt and free it will be followed by improvement; pilocarpine acts as an eliminator of urea by the skin, thus relieving the kidneys and the system. He had treated two cases by this method, and both had recovered.

Dr. Philip M. Schiedt had recently under his care a primipara, aged twenty-five years; she had convulsions for four hours. Chloral and bromide of potassium had been given freely, but with no effect; a hypodermatic injection of $\frac{3}{4}$ grain of morphia sulphate was followed by quick relief; she was very plethoric, but there was no need for bleeding after the use of the morphia.

Dr. Baer, in case 2, had considered version by the vertex, but thought that he could deliver more quickly, and with less danger to both child and mother, by means of podalic version. He considered elimination a false principle, in the treatment of puerperal convulsions. First stop the convulsions, eliminate afterwards if there be any necessity for it. How much elimination can be effected by drawing twenty, or even forty, ounces of blood? The majority of these patients need all of the blood they have; they have none to spare. There is a neurasthenia at the bottom

of these attacks. The patients are generally nervous and depressed, from circumstances connected with their physical and social condition. Dr. Penrose, in his lectures at the University, taught bleed—bleed—every case that was bled sufficiently got well, every case that was not bled died. Dr. Carson's lecture followed immediately after that of Dr. Penrose, and he was as bitterly opposed to bleeding as Dr. P. was enthusiastic in its advocacy. He has been afraid of pilocarpine, because its action, once established, can not be controlled; he thinks, however, the effusions observed have been caused by the convulsions and not by the remedy. Morphia, used hypodermatically, is the remedy upon which he puts dependence; it will control the convulsion. Any medicine administered by the mouth or rectum must be of slow and uncertain action, because of the slowness of absorption from the alimentary tract.

Dr. Beates reported a case of

Diphtheritic Paralysis

in a child of eight months. The muscles of the neck were affected, and resulted in extreme flexibility of the neck, the head rolling all about. Death resulted apparently from paralysis of the phrenic nerve. W. H. H. Githens, *Secretary.*

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Meeting of October 24, 1883.

On the Use of Cactus Grandiflorus in Cardiac Affections.

Dr. M. O'Hara told about a case of dilatation and failing heart, in which digitalis, iron, and nux vomica had been unavailingly used, and the patient was going down hill. He ordered five minim doses every four hours of the fluid extract of cactus grandiflorus, with most excellent results. He believes that it is a pure cardiac tonic, whether for functional or organic disturbances, especially in cases of mitral regurgitant disease.

The Relation of Physicians to Life Insurance.

Dr. James Farrar Stone read a paper on this subject, in which he traced the history of life insurance, and said that at the end of 1882 the number of policies in existence in the United States was 660,000, insuring more than $1,600,000,000. The first life company was only started after Dr. Halley, of London, had made that series of observations regarding the duration of human life, out of which grew the "Breslau table of mortality." Every important step in life insurance has been preceded by a pioneer corps of physicians, who have carefully marked out the way, and in no single instance has future experience proved the falsity or unreliability of their conclusions.

The medical profession may well be proud of their share in originating and preserving so beneficent an institution. Whatever mistakes or frauds have impaired its usefulness or brought discredit on its name, none are chargeable to their fault or faithlessness.

Important contributions to vital statistics may be confidently anticipated from the rapidly accumulating mortuary experience of the companies. These records are kept with a care and accuracy unattainable elsewhere, and the deductions drawn therefrom will be correspondingly valuable.

The speaker then discussed the relations of the examining physician to the insurance company employing his services, and said what in substance is that he should be guided in all his actions by a sense of right, and should fulfill his duty to the company and to the applicant for insurance to the best of his ability.

It is no flowery bed of ease, this post of insurance examiner, where one may betake himself to peaceful slumber after receiving his fee. Ghosts of his old mistakes are likely to visit his couch at most unseasonable hours, and at any moment he may be rudely disturbed by the untimely demise of some recent risk he had rated as extra good.

There is left for the conscientious examiner, at least the approval of his own conscience for work faithfully attempted, and the assurance that his labors, with those of his compeers, have thus far successfully accomplished the purpose intended.

Editorial Department.

Periscope.

Strictures of the Œsophagus.

Dr. Henry F. Campbell, of Augusta, Ga., thus concludes a paper in the *Jour. of the Am. Med. Association*, October 27, 1883:

The following results may be summarized from the foregoing discussion of œsophageal strictures from chemical injury:

1. That in the definition and classification of stricture of the œsophagus, all obstructions to deglutition resulting from morbid growths or sarcoma, carcinoma, or from abscess or aneurism, bearing upon the walls of the tube, and diminishing or obliterating its cavity by extraneous pressure, should be eliminated, and that the term should be confined to narrowing from histological or functional changes occurring in the structures of the wall itself.

2. Of stricture proper, as in other canals, the forms of organic and spasmodic exist; but in the œsophagus, on account of its muscularity, abundant supply of sensori-motor nerves, and its functional intent of reflex activity—spasmodic strictures are almost invariably found to attend and

to complicate the cicatricial or organic form, and often to occlude the tube under abrasion and injury when organic strictures do not exist, in a degree of themselves to disable deglutition.

3. That in cases of prolonged œsophageal disability resulting in extreme emaciation and impending death, the fatal obstruction is the result more frequently of the spasmodic element, than of the nodular deposit imbedded in the walls of the tube, which narrows it, but seldom alone prevents fluid ingesta. It is the frequent and long enduring attacks of *spasmus tonicus*, lasting often from three to ten days, obstructing the passage of instruments and preventing nutrition, that are apt to mislead the practitioner, and by repetition compass the death of the patient.

4. That a careful consideration of the anatomy and normal functional activities, as well as the habitudes and intent of the œsophagus, will corroborate the above views: for in its last analysis the normal act of deglutition is but an alternation of contractions and dilatations, by reflex excitation of muscular fibers.

5. That the assumed analogy between urethral and œsophageal stricture, upon which the pathology and treatment of the latter have been based (Maisonneuve), fails in so many important particulars as to render the one a misleading and dangerous guide in the management of the other. In the one, spasmodic strictures are almost entirely confined to a particular and restricted region; while in the other, on account of its universal muscularity, its abundant nervous supply and functional reflex activity, spasm in the circular fiber, of the most enduring and tetanic character, and indistinguishable from organic stricture, is apt to be excited in all portions of the canal, by irritation of the mucous lining.

6. That these spasmodic ring-contractions are liable to be mistaken for, and incised as organic strictures, detrimentally wounding the sensory filaments, thus increasing the number of points for the excitation of future tetanic constrictions.

7. That the assumption of a guiding analogy between internal œsophagotomy and internal urethrotomy,* will at once be recognized as still more disastrous and dangerous, when the important anatomical differences, and consequent risk, are to be considered. On the one hand, incisions in every part of the urethra, to any reasonable or even unreasonable extent, are not necessarily fatal, as both hemorrhage and extravasation can be controlled, or guided to a harmless result; while with the case of the gullet, surrounded by and in close contact with vital parts, inaccessible to styptics, and the only dependence for arrest of hemorrahge being spontaneous cessation, the fatality resulting from a penetration of its thin walls, and lastly, the section or wounding of the par vagum, almost unavoidable—all combine to demonstrate that in the plausible analogy there is no parity whatever, either in conditions or results.

8. That in cases so desperate as to require a cutting operation, on account of failure in every possible method of nutrition, gastrostomy would be less dangerous, and more permanently beneficial, than internal œsophagotomy.

*It cannot be denied that this was the starting of internal œsophagotomy with its originator, M. Maisonneuve.

9. That in view of the spasmodic nature of the affection, early progressive and long-continued dilatation is, par excellence, *the treatment* for œsophageal stricture resulting from chemical injury; that the dilators used should be smooth and flexible, attenuated at the gastric extremity, and scaled as to size from filiform to that of the full diameter of the normal gullet.

10. That dilatation may be begun as soon after the injury as inflammatory conditions will permit. The existence, or supposed existence, of abrasions or ulcerations in the mucous membrane, should not delay the beginning of the dilatation. The contact of the dilator, instead of increasing, actually lessens the liability to tetanic spasm, by exhausting the reflex excitability of the morbidly sensitive membrane. Hypodermic sedatives will often assist, by relaxing the tonic rigidity of the circular fibres.

11. That the practice of dilatation should in each case be instituted and continued by the surgeon until fully established, after which it may in many cases be intrusted to the patient himself, or, if a child, to the intelligent parent or nurse, under the surgeon's supervision.

12. The length of time during which dilatation should be practiced cannot be limited to any particular period. After the deglutition of solids has become practicable, dilatation may be less frequent, as the passing of the alimentary bolus will adequately replace the action and intent of the bougie, in overcoming morbid sensibility and in restoring the natural reflexes of the tube.

13. That during the treatment of dilatation rectal alimentation will be found a valuable means of supporting the patient; and since the recognition of retrostalsis as the rationale of intestinal ingestion, not only of fluid, but of semi-solid and solid aliments, and since it is known that life and health have been maintained during five years by milk, eggs and meat-pulps placed in the rectum, no case, even of complete and permanent closure of the gullet, could be justifiably subjected to the dangers of any cutting operation for the object of nutrition until after the failure of systematic rectal feeding as an adequate and permanent means of supporting life, certainly no more unnatural, and less objectionable, than the dangerous expedient of making a mouth through the abdominal wall—gastrostomy. As a large majority of the cases of chemical injury to the gullet have been found to result from the careless sale and ignorant use of alkalies applied to domestic purposes, and as such sale and use is more liable to increase than to diminish in the future, the legislature of each of the States and the national Congress should be petitioned, through their several sanitary organizations, to enact stringent laws requiring that all packages of such dangerous articles thus distributed among the people shall be plainly marked with the word "Poison," and for the warning of the unlettered that the death-head shall also be prominently emblazoned upon the can, box, wrapper, or other containing enclosure.

A New Method of Reduction in Dislocations at the Elbow-Joint.

Dr. J. E. Kelly thus writes in the *Dublin Jour. Med. Science*, July, 1883:

Dislocations at the elbow-joint are generally reduced without much difficulty, but the operator occasionally encounters an amount of resistance which demands the application of the pulleys or the aid of assistants. In other instances, in which a complicating fracture is suspected or recognized, considerable force may be essential to the diagnosis or the treatment, and it is expedient that, while perfectly under control, this power should be applied with great steadiness. Again, in long-standing dislocations, accompanied by extreme rigidity and consequent loss of function, authority, with the object of permitting efficacious treatment by passive motion, sometimes sanctions the fracture of the olecranon process. In any of those contingencies the following procedure permits of the necessary treatment in the most satisfactory manner:

The operator sits on the corner of a table, at the end of which the patient is placed upon a chair. The injured limb is drawn under the surgeon's proximal thigh, which rests, close to the joint, on the anterior surface of the humerus, while the olecranon is accurately placed on the anterior surface of the lower third of the distal femur, and the proximal foot is "hitched" behind the other leg, which is flexed firmly against the frame of the table. In order to obtain the most favorable fulcrum, the surgeon fixes his proximal elbow against the antero-internal aspect of his corresponding thigh, and, grasping the wrist of the patient with both his hands, reduction is effected by the simultaneous and co-operative action of the muscles of the arms, back and thighs. Fixation and counter-extension are supplied by the powerful thighs of the operator, and coaptation is effected, with great nicety, by the backward pressure of the proximal femur against the anterior surface of the humerus, while the distal femur forces the olecranon forwards. Owing to the accuracy with which it can be applied, this power, which is incalculably greater than that afforded by the pressure of the fingers and thumbs (Boyer), is sufficient, when the forearm is steadied, to reduce an ordinary dislocation without the aid of extension. Additional adjusting influence is exercised by the inner side of the proximal thigh, which, by pressing against the anterior surface of the forearm, liberates the coronoid process from its position behind the lower extremity of the humerus, and allows the greater sigmoid cavity to resume its normal relation to the trochlea. Extension is supplied by the muscles of the upper extremities acting round the fixed point provided by the elbow of the surgeon, and, when his body is thrown backwards, additional force is derived from the muscles of the back, the glutæi, and the other extensors of the thighs. This power may be applied at various angles in rapid and easy succession, an advantage which the surgeon experienced in the treatment of dislocations cannot fail to appreciate.

In the lateral modifications of the posterior luxations the reduction is generally effected by the same manœuvre which is employed for the simple form of dislocation; but should special coaptation be necessary, it is at the disposal of the operator, as, when aided by the powerful constraining pressure of the thighs, the proximal hand can supply sufficient traction and stability, while the other is unoccupied, and in the most advantageous position to apply any additional manipulation which may, if desirable, be afforded by an assistant. If the condition be such that the full extending force of both arms be required, the isolated rural surgeon can, with a little ingenuity, render himself independent of professional aid by fixing the bone of the arm or forearm, which is displaced inwards, by a bandage passing round his own loins, and by making lateral traction on the bone or bones displaced outwards, by another bandage attached to his foot, and passing over his knee, as over a pulley. By this simple apparatus the instinctive movements, which are essential to the reduction of the simpler luxations, are utilized for the treatment of the more complicated forms.

For the anterior dislocation, of which the writer has had no experience, the following modification of the foregoing method is proposed, as being rational and obviously advantageous. The operator and patient being placed in the same relative positions, the arm of the latter is passed *over* the proximal thigh of the surgeon, while his distal thigh is placed in the anticubital fossa; the distal foot is "hitched" behind the other leg, and the proximal elbow placed upon the shoulder of the patient. The arm being fixed, and the forearm pressed against the distal thigh, the operator, grasping the wrist as in the former manœuvre, makes traction upon it in the most desirable direction, and, flexing the forearm over the thigh, he liberates the olecranon from the anticubital fossa, when the reduction is completed by the spasmodic action of the patient's triceps, aided, if necessary, by the operator, who forces the forearm backwards.

Syphilis in the Family.

We take the following from the *Jour. Cut. and Ven. Diseases*, July, 1883:

The propagation of syphilitic disease by means of the family relations may take place either directly or indirectly, the husband being usually the responsible party. In the former case, the infection is generally communicated, not through the primary lesions, but, after they have healed, through the mucous patches so commonly met with in the mouth and throat, or the eruptions which spring up around a cicatrized sore, before the appearance of secondary symptoms.

When a married man has contracted syphilis, his wife, unless proper precautions are taken, is inevitably condemned to share his misfortune. Marital relations should be absolutely interdicted during a month or two months, the husband observing the most scrupulous cleanliness in order to obviate any possibility of danger. Mercurial treatment should be energetically employed, and the cicatrization of the sore should be promoted by cauterizing with nitrate of silver, and even with the acid nitrate of mercury.

Marital intercourse, when the husband has had syphilis, and has temporarily recovered from the complaint, may be safely indulged in so long as it does not result in pregnancy. If this condition should supervene, and syphilitic symptoms should declare themselves in the wife within eighty days from the date of conception, she will have con-

tracted the disease, not directly from her husband, but through the medium of the child, which he has infected at the moment of procreation. No general rule can be laid down respecting the hereditary transmission of syphilis. The greatest danger in this direction is incurred when the father is affected with a fully-developed eruption of syphilitic roseola. Mercury exerts a favorable influence on this condition, and should always be resorted to during its existence, with the view of weakening the effect of the specific virus upon the offspring, in case conception should unfortunately take place.

The average length of time during which marriage should be forbidden to a syphilitic patient is three years from the appearance of the primary sore, that is, provided he is careful in his habits and receives rational treatment.

Syphilis is a frequent cause of abortion.

As specific lesions in the case of infants do not manifest themselves until twenty-five days to two months after birth, any suspicions which may be entertained of ante-natal infection cannot be verified until these periods have elapsed. If the disease develops mucous patches—scaly, coppered spots, changing from dry to moist—will appear about the mouth and anus. A specific coryza, remarkable in so young a child, will also set in, together with symptoms referable to the tongue, the bowels, the liver, the lungs, the brain, and the thymus gland, which run an irregular course and always terminate fatally.

The mother of a syphilitic child may nurse it with impunity. When two or three months old, it may be transferred to a wet-nurse, or goat's milk may be substituted for its natural aliment.

The treatment of infantile syphilis is an exceedingly delicate affair. Van Swieten's liquor (twenty drops in a cup of milk) should be administered daily, unless found to irritate the bowels. External treatment must then be resorted to, consisting of baths, and frictions over the groins and axillæ with Neapolitan ointment. A similar use of corrosive sublimate is sometimes advisable. Iodide of potassium is seldom indicated.

A woman should never be subjected to anti-syphilitic treatment during pregnancy, unless she herself exhibits symptoms of specific disease—Mauriac, *L'Abeille Médicale*, August 21, 1882.

Croupous Pneumonia Treated by Cold Sponging.

Dr. O. Bowen thus writes in the *Brit. Med. Jour.*, November 17, 1883:

In the *Journal* for October 13, there is reported fully, by Dr. Day, a case of croupous pneumonia in a child treated successfully by the cold bath. From its obscure nature, it was at first considered to be a case of typhoid fever, and that was partly the reason why cold water constituted part of the treatment, because it was immediately withheld when the physical signs of pneumonia could be detected.

In connection with Dr. Day's case, the following may be of interest. On October 22d, I was called to a man, aged 21, who was perfectly well up to the previous afternoon, when he had a rigor, and almost immediately afterwards a pain in his right side. He was delirious, and had a dry brown tongue, and sordes on his teeth; the skin was hot and dry, and a slight pleuritic rub existed where he had complained of pain. I diagnosed "probably pneumonia," and ordered a diaphoretic mixture, a mustard poultice on his side, and a Dover's powder. In the evening his skin still felt hot and dry, and he remained delirious. His temperature was between 102° and 103°. I now told his wife to sponge his body and limbs with cold water, and to apply linseed poultices to the side, which had the effect of lessening the delirium, and making his skin act freely.

October 23.—He had rather a restless night, wandered a good deal, was feverish, and, on auscultation over the base of the right lung, the breath-sounds were weak, but there was no crepitus.

October 24.—There was fine crepitation, with scanty rusty expectoration. Temperature 103°. He was sponged well two or three times.

October 25, 11.30 a. m.—Temperature 104°. The usual signs of consolidation were present, and there was delirium. Cold sponging was again recommended every hour, which had the effect of reducing the temperature in a few hours to 101.8°. He now expressed himself as feeling much better, and the delirium had ceased.

October 26.—Redux crepitation was heard. Temperature 101.6°. It was improving.

October 29.—He had been steadily getting better. The temperature was normal. The breath-sounds were nearly normal.

The brief account of this case helps to prove that the external application of cold water in pneumonia, pure and simple, may be apparently fearlessly and beneficially resorted to. The good result from its use on the 25th was, to my mind, very marked.

On the Use of the Cauterizing Ecraseur Forceps in Hemorrhoids.

The *Jour. Am. Med. Ass.*, October 6, 1883, says:

The use of this instrument, which is the invention of Prof. Richet, is very fully described by Dr. Bazy in *La France Medicalé* for August 23. The instrument itself resembles in shape the curling-tongs of the hair-dresser, except that its branches are thicker, and their opposing surfaces are channeled at their free extremity for about three or four centimetres. In its use, a portion of the hemorrhoidal mass is drawn out by a tenaculum passed in deeply, and copper-wire carried through the base of the part so exposed, thus forming a solid and resisting handle with which to control portions of the tumor. This is continued by two or three more of the copper wires, according to the volume of the tumor, the circumference of the anus being protected by moist compresses. This done, the surgeon draws upon one of the wires, producing a sort of pedicle, which he squeezes between the branches of his heated forceps until they meet. The copper-wire remains in his hand, and the hemorrhoidal mass is but a blackened band as thin as paper. This mode of destroying hemorrhoids has sometimes been given the name of *volatilization*. The same proccess is gone through with each of the other wires. When finished, the anus shows alternate radii of cauterized bands between the untouched tissue. Hemorrhage is always slight, more before than after the operation, and due to the use of the tenacu-

lum and needle. It is readily arrested by the cauterization, which follows on the use of the forceps. The next day the parts present an inflamed, swollen appearance, from the tumefaction of the uncauterized portions, which are slightly painful, but may be larger than the original mass. But there is no general reaction, and the inflammation is moderate; in exceptional cases it may be controlled by moist, sedative applications. Dr. Bazy has never seen an abscess follow the use of the instrument. In from four to eight days the inflammation subsides completely. The eschar falls off, leaving healthy-looking bases, and in three weeks the cure is about complete.

This cauterization destroys the vascular circle of the inferior extremity of the rectum, interrupts its continuity, separates the vascular trunks from the rest of the circulation, and favors obliteration. But the most important result obtained is through the secondary inflammation. This, which is nearly always plastic, produces an adhesive phlebitis, which obliterates the veins, and at the same time causes a peri-phlebitis, which converts the parts not reached by the cautery into a fibrous tissue, in which a relapse is impossible. This tissue, however, is sufficiently extensible to allow of a proper dilatation of the anus during defecation, with sufficient tonicity to close the anal orifice completely. This occlusion has been produced in cases where, before the operation, the habitual protrusion of the hemorrhoids has relaxed the sphincter so far as to permit of the easy introduction of two or three fingers.

Excision of the Shoulder-joint.

Dr. William Stokes publishes a paper on this subject in the *Brit. Med. Jour.*, November 10, 1883, which he thus summarizes:

From the foregoing remarks, we may, I think, state the following conclusions:

1. The operation should be performed by the Ollier-Langenbeck method, avoiding, however, in pathological resections periosteo-capsular preservation.

2. The excision of bone should be as limited in amount as is compatible with the removal of disease.

3. Preservation of the periosteum is only indicated in traumatic resections, where there is much involvement of the shaft of the humerus.

4. The use of splints is not indicatd in the after-treatment of resection of the shoulder-joint.

5. Rapidity of union is strongly indicated after this operation, and can best be obtained by a rigid adherence to Listerian antiseptic practice.

6. Passive movements, gymnastic exercises, and massage, should be commenced as soon as possible after the operation.

7. The statistics of the operation, whether done for traumatic or pathological, suppurative or non-suppurative lesions, are eminently satisfactory and encouraging.

Suppuration Without Bacteria.

The *Boston Med. and Surg. Jour.*, November 22, 1883, says:

In order to answer the question whether pus could ever be formed independent of the presence of the micro-organisms, Councilman* instituted a series of experiments under Conheim's direction. A number of capillary glass tubes were sterilized by fire and then filled with a mixture of one part croton oil and five parts olive oil. These were introduced beneath the skin of the back of a rabbit. After the slight wound of entrance had entirely healed (the time for which varied from three days to two weeks,) the tubes were broken subcutaneously. At the end of a few days an indistinctly fluctuating tumor could be felt, which upon extirpation proved to be full of pus. In this there was not the slightest trace of bacteria to be found. Other experiments, for the purpose of control, were made in an exactly similar way, only substituting a weak solution of common salt for the croton oil. The swelling which followed was firm, and upon examination bits of glass were found to be encapsulated by solid connective tissue. This of course does not prove that the infectious processes do not cause suppuration, but merely that other irritants than those furnished by bacteria can give rise to the same phenomena.

Lithotrity at a Single Sitting, when Long-Standing Organic Urethral Stricture is Present.

Mr. G. B. Browne thus concludes a paper on this subject in the *Lancet*, November 10, 1883:

The practical points to be attended to in attempting the removal of vesical calculus by lithotrity in the presence of organic stricture appear to me to be:

1. Not to attempt such an operation if there is any false passage, or if the surgeon has not perfect confidence in his power to readily pass instruments in the particular case before him.

2. To use a lithotrite, the blades of which cannot become so separated by débris, as not to be approximated before withdrawal.

3. To thoroughly break the stone into small pieces, leaving no large ones, before commencing evacuation.

4. To evacuate only with tubes provided with stylets, so that if a fragment becomes engaged in the eye of the instrument it can quickly be dislodged.

Reviews and Book Notices.

BOOK NOTICES.

Physicians' Visiting List for 1884. Published by P. Blakiston, Son & Co., Philadelphia.

This well-known and popular visiting list has made its annual appearance, and will be found in all respects equal to preceding years.

Manual of General Medicinal Technology, Including prescription writing. By Edward Curtis, M. D., New York. Wm. Wood & Co., 1883, 32 mo., pp. 233.

It is unfortunate when elementary instruction

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*Virchow's Arch., Bd. xcii., S. 217.

in Latin is needed by a medical student; and it is more unfortunate when carelessly-prepared books on the subject are put in his hands. Such is this work. It is full of errors, and needlessly prolix. A misleading system of accentuation is adapted throughout, and unauthorized forms, such as *quinina* for *quinia*, are introduced. All of value in it could have been put in one-fourth the space.

Principles of Theoretical Chemistry. By Ira Remsen. Second edition. Philadelphia. H. C. Lea's Son & Co., 1883.

Clinical Chemistry. By Charles Henry Ralfe. Illustrated. H. C. Lea's Son & Co. 12 mo.

The latter work is one of the series of manuals for medical students published by a London house, all of which, as we have had occasion to remark before, impress us as unusually well prepared. They are not so jejune as most of the trash of that kind that is put in the market. They really do give something more than the merest skimmed milk of the subject.

Professor Remsen's book is of a much higher aim. He endeavors to present in clear, brief terms the main hypotheses which now prevail in the domain of chemistry. Those who would familiarize themselves with the "new notation" and the "modern formulas," would do well to turn to this little volume of 240 pages, in which they will find condensed a fair and lucid presentation of these intricate topics.

A Complete Obstetric Record, combining with the usual record all desirable medical statistics, together with a Medical History of Pregnancy. Published by Joel A. Miner, Ann Arbor, Mich.

We have here a quarto volume of 59 leaves, every other page blank, the intervening one containing a printed form which the physician can fill up. It is entitled "Birth Record, with Medical Statistics," and offers blanks in which to enter the various particulars of the physical condition of father, mother, and child. As there are four of these to the page, about 250 births may be noted in one book. It is fairly well printed, and the paper is of pretty good quality. The binding of the copy we have received, if a fair specimen of the lot, is not praiseworthy.

A Manual of Pathology. By Joseph Coats, M. D., etc. Philadelphia: H. C. Lea's Son & Co. 1883. I vol., 8vo., illustrated, pp. 818.

Teachers of pathology in this country will, we doubt not, heartily welcome this volume, composed by a physician and instructor on the subject, of extended experience, and who writes of it in that clear style and with that turn for practical application which is a characteristic of American scientists. Recognizing the main aim of pathology to be the elucidation of the vital processes of disease, the author brings into relation to his special topics whatever considerations in etiology and anatomy are pertinent, and thus broadens the horizon of the single fact by showing its connection with related phenomena.

The general plan of the book begins with affections of the circulation and the blood, and proceeds to the investigation of inflammation, retrograde metamorphoses, hypertrophy, repair, and regeneration, tumors of different varieties, and parasites, vegetable and animal. In a second part, the diseases of the special organs and systems are considered, the circulatory, lymphatic, nervous, osseous, etc., systems, and the lungs, brain, kidneys, etc. Thus a systematic and complete review of the pathology of the whole organism is obtained. Numerous illustrations, many of them original, are inserted, and the mechanical production of the volume is all that can be desired.

Tabulæ Anatomicæ Osteologicæ, Editæ a Carolo. H. von Klein, A. M., M. D. Cincinnati, 1883. 4to., Tab. xxxii.

The aim of this work is to furnish a hand-atlas for anatomical students at a moderate price, the cuts to be accurate and carefully printed, and the descriptions to be brief and in the Latin tongue, choosing this language as one which should be familiar to all medical students in all parts of the world. The author has given a great deal of labor to the perspicuous arrangement of his material, and to the accurate designation and representation of the portions shown. The artistic work does not come up to what we have a right to expect, but this we are informed will be amended in future editions. There are some typographical errors that should not have escaped notice. But on the whole, the atlas is plainly the product of conscientious labor, and will be found a valuable aid to the student in his anatomical studies.

Fear of Being Buried Alive.

A curious instance of fear of being "buried alive" has just been brought to notice by the proving of the will of Major Andrew Gammell, of England. This gentleman deposed that a sum of one hundred guineas, free of legacy duty, should be paid to Mr. Barnard Holt, F. R. C. S., or failing him, some equally eminent surgeon, as a fee for surgical examination of his body after death.

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The price of the COMPENDIUM is 75 cents a number, or $2.50 a year; and it will be found well worth it. But when taken with the REPORTER, we offer the two journals at the very low price of SIX DOLLARS, when paid for *strictly in advance* and directly to this office.

THE HYGIENIC TREATMENT OF EPILEPSY.

It is refreshing to hear Professor William Pepper's views on this subject. They savor so much of *common* sense, that they look to us like an oasis in the desert of drugs recommended for the cure of epilepsy.

Dr. Pepper seems to have an exalted opinion of the power of reflex nervous action, about which we have already had something to say recently (see REPORTER, Dec. 1, p. 607), and gives some wise hints in reference to its causative agency in this terrible disease.

Look for a remote cause, he tells us; do not drug your patient senselessly, but endeavor to see if there is not some peripheral irritation and remove it: and he points his remarks forcibly by a very instructive case. A bright boy down in Delaware, one who studied hard and was always at the head of his class, commenced to complain, some four or five years ago, of "*Feelings*," as he called them; commencing with an "*Aura*," behind the sternum, the boy might momentarily lose consciousness, or the thread of his speech or thought would become tangled. These little "feelings" would recur several times daily, otherwise the boy was well. Drs. Weir-Mitchell and Pepper treated him for more than four years unavailingly. Finally, Dr. Pepper *looked for the cause*, which he thought to be depressed vitality from too close application to study. The boy was taken from school, ordered to lie in bed until 10 or 11 o'clock, eating his breakfast in bed, then get up and go for a walk, and coming back, spend the rest of the day in bed. In connection with this he was ordered cod-liver oil and the lacto-phosphate of lime. To use the boy's expression, the "*feelings*" are "*breaking* in half," they do not seem to reach maturity as they did before. If this improvement does not continue, he will adopt the *absolute* rest cure, and keep him in bed all the time.

Had these "feelings" been neglected, Dr. Pepper thinks this case might, and most likely would, have developed into a full-fledged case of epilepsy, with all the horrors that that dread disease implies. He lays great stress upon noticing

"spells" in children, whether they be of nocturnal nervous manifestation or of sudden cessation of intelligent functional activity, since they may develop, if not relieved, into the mature disease.

In a word, it would seem that Dr. Pepper regards, and rightly so, epilepsy as a symptomatic disease, so to speak. We have never been able to determine the pathology of epilepsy, and it does not seem too much presumption to doubt if it really has any.

Of the army of remedies credited with cures of this disease, they all have some action on some other portions of the body besides the brain, and it is but fair to presume that they have cured, by removing the remote cause. In a final word, then, always look for a cause in your cases of epilepsy; it may be general nervous, or muscular exhaustion, or it may be some peripheral irritation; but whatever it is, find it out and remove it, else you cannot hope to cure your cases.

THE STUDY OF MEDICAL HISTORY.

At various times in this journal we have urged the importance of the study of the History of Medicine, and it is a subject which we have no intention of letting drop, until our words shall have had some effect. It is a serious omission in the course of studies laid out for medical students in our colleges, and it is one that ought not to continue. We believe that there is not a lectureship in any of the numerous colleges of our land which occupies itself exclusively with this branch.

The advantages which a retrospective knowledge of the profession gives, are manifold. It would correct the tendency of modern life to depreciate the efforts of past generations; it would point out the follies and mistakes of earlier enthusiasts, and thus prevent their repetition; it would place before the mind our science as the result of correct thinking and accurate observation victorious in the conflict with charlatanry and blind dogmatism; it would enable the mind to understand that medicine, as we now have it, is an evolutionary science which has steadily though slowly gained its place; it would throw much light on the changes in the constitution of man, and on the varying aspects of disease, at varying epochs of history; and in many other ways this study of the past would prepare the young man better to understand the present, and more wisely and efficiently to direct the course of his own endeavors.

We may be met by the common objection that the curriculum of the student is already too much crowded. Perhaps it is, for the time that is given him. But he should at least be taught what is indispensable to him; and what is more indispensable than correct habits of thought? To give him this—to teach him the right point of view of his science and proper direction for his future original studies in it, its history, from its earliest days down to its present enormous extension, is beyond all else instructive.

No one who surveys the vast amount of literature daily poured forth by the medical press can fail to note how much of it is repetition, sometimes unconscious, at other times probably deliberate, the author relying on the ignorance of the past so general among medical men. Within the last two months we have noticed two long discussions carried on in the journals concerning matters which could not have offered room for debate had the parties been acquainted with the history of their own profession.

Properly presented, there is nothing dry or dull in the study of history. As treating of real persons and actual occurrences it has a closer and a deeper interest than fiction. As the story of the labors and successes of those antecedent to us in the very same line of toils and trials in which we are engaged, the history of our own profession has almost the personal attraction of a family genealogy. What we need is to have the story told with amplitude, truth, and vividness.

DOES UREA PRODUCE URÆMIA?

Some years ago it was the generally accepted belief that the toxic symptoms occurring in the course of degenerative kidney diseases were due to non-elimination from and the consequent retention in the system of urea. It was a plausible

idea, and was readily acquiesced in. But along came our *iconoclasts*, and doubt was thrown upon the question; for, among other arguments, they said, we cannot find urea in the blood of persons suffering from so-called uræmia.

The question at present seems to stand about as follows: urea does not produce these symptoms, yet we do not know what the agent is that does cause them.

It is a well-known fact that the majority of nature's phenomena are produced at the expense of a change of composition of the agents that have caused them. Heat and smoke and flame are the results of combustion, yet in the heat and flame and smoke we are utterly unable to detect any of the wood or paper or coal, without which the phenomenon of combustion would have been an impossibility; still we do not doubt the identity of the cause that has produced the effect.

So, then, may it not be that in the very act of producing uræmic symptoms, urea becomes so altered in its composition that it cannot be recognized as such, while it may yet remain as the causative agency.

It would seem to be only common sense, and no one denies that urea is excrementitious, that it ought not to remain in the body, and that its retention therein *ought* to prove injurious; and yet it does not seem to be common sense to expect to find it in the body as *urea* after it has performed its toxic work, if we bear in mind the natural law of change of composition already referred to.

An interesting series of experiments that would tend to throw some light on this subject would be to introduce urea into the systems of animals, and carefully note the effects.

Of course, this would not be conclusive, because in all experiments upon the lower animals, we must ever bear in mind the important point that we are not dealing with the body of man, and that until we know much more about comparative physiology than we are likely ever to know, we cannot reason conclusively from the lower to the higher plane of life.

Still, we might find out whether urea will produce uræmic symptoms in the lower animals, and if so, what agent will neutralize its poisonous powers; and if we can get thus far, we are then prepared to safely *try* to combat uræmia in man.

Notes and Comments.

Our Annual Publications.

We would remind our readers of the advantages of the "combination" we offer of the Reporter, the *Quarterly Compendium*, and the *Physicians' Pocket Record*.

The *Quarterly Compendium* makes a handsome annual volume of nearly 600 pages, appearing in quarterly parts. It is well indexed, and each number has a table of contents. Every subscriber to the Reporter ought to take also the *Compendium*. He can receive all four numbers for only *one dollar* additional to his subscription to the Reporter —six dollars for both. The *Compendium* is properly a *supplement* to the Reporter, and contains entirely different matter, collected from other sources and by a different method.

The *Physician's Pocket Record*, as a visiting list, has always pleased those who have tried it. In arrangement and in its superior steel-spring binding, it is more convenient—so many have reported —to any other published.

These three, when taken together and paid for in advance directly to our office, are sent for seven dollars, the most advantageous offer, we believe, made to physicians by any firm. Shall we not hear at once, from all, for 1884?

Midwifery Forceps Lever.

No doubt some fat and short-winded men find the exertion that is necessary in some cases of forceps delivery very exhausting; and for the benefit of such Dr. Wm. Henry Taylor has devised a lever, which he describes in the *Brit. Med. Jour.*

It consists of a square block of wood, scalloped out on its under surface to make it fit well into the bed or mattress. In the centre of the block is a perpendicular lever, working in a ball-and-socket joint. To this lever is attached a leather strap with a ring, which works up and down the lever in circular grooves about one inch apart, according to the height required. To the other end of the leather strap is fixed a hook for attachment to the forceps. On one side of the block, that placed towards the foot of the bedstead, is attached another leather strap, with holes at intervals, and a hook at the end. This strap is passed round the rail of the bedstead, and the hook inserted into one of the holes ac-

cording to the length required, and keeping the block in the desired position.

Each handle of the forceps terminates in a flat ring, the two, when placed together, forming one ring, in which is inserted the hook on the strap attached to the lever; the forceps are also fitted with an improved catch, which easily and securely fastens them when locked.

In using this machine, the woman having been placed in the proper position, and the lever-block placed on the bed and fastened according to the distance required, and which can be readily shortened or lengthened, the forceps are introduced, locked and fastened by the improved catch; then the hook of the strap attached to the lever being inserted within the ring on the handles of the forceps, the instrument is ready for use.

The accoucheur, sitting by the side of the bed, places one hand on the lever, and manipulates with the other to feel the gradual descent of the head, and so regulates the force of the lever, that the traction can be increased or lessened with the greatest nicety and precision, while the leather strap allows the head and forceps to rotate at will. The lever being fixed with a ball-and-socket joint, the extension can be made in any direction. As soon as the head has been brought sufficiently low down, the lever can be unhooked from the forceps, and the head brought through the vulva in the ordinary manner.

The advantages claimed for the midwifery forceps lever are:

1. Increase of power with less exertion.
2. It allows the proper rotatory movements of the head.
3. It works on a level plane.
4. There is an easy graduation of the force employed.
5. It enables the accoucheur to work in a sitting comfortable position.
6. It can also be used for reducing dislocations.

Impaction in Larynx of a Fragment of a Breakfast Cup.

Dr. Henry W. Freeman reports this case in the *Lancet*, Oct. 20, 1883:

A little boy, aged seven, broke with his spoon a triangular piece of china out of the rim of the breakfast cup, which was inadvertently swallowed with the soaked morsels of bread. Choking followed, and, sending for me immediately, I found the child suffering from frightful laryngeal spasm, stridor, spasmodic cough, and threatened asphyxia. I had no doubt the piece of china corresponding to the gap in the cup was lodged in the larynx. No time was lost in inverting the body and striking the back sharply, but the foreign body could not be moved. It could not be felt with the finger or by the aid of curved forceps. Tracheotomy was decided on, and sending for the nearest medical man, the late Mr. Biggs, we proceeded to give chloroform. Half a drachm was first given, and for three or four minutes the anæsthetic was well taken. On administering a second half-drachm respiration suddenly ceased, and the radial pulse disappeared. The trachea was opened immediately below the cricoid cartilage, and a double tube introduced. There was no intra-tracheal hæmorrhage. Silvester's mode of artificial respiration was then resorted to, alternating with Nélaton's mode of inversion, and after twenty minutes' steady perseverance, respiration was pretty well re-established, and the radial pulse had returned. The child was then wrapped in blankets, put to bed, and the steam-spray kept going continuously. It was not deemed advisable to attempt for the moment any further mechanical interference. The foreign body, however, still remained in the larynx. Early on the following morning, having procured a piece of stiff copper wire, we bent half an inch of the end to a right angle, and withdrawing the tracheotomy tube, taking care to keep the section open with dressing forceps, the wire was introduced into the tracheal opening, and pushed steadily upwards until the chink of the china was heard, and, getting the bent portion at right angles to the foreign body, it was soon dislodged into the mouth and removed. The fragment removed measured seven-eighths of an inch in its longest diameter, was triangular in shape, corresponding to, and fitting, the gap in the cup. The boy made a good recovery.

Jamaica Dogwood as a Hypnotic.

The *Med. Times and Gaz.*, September 29, 1883, says:

Dr. Otto Seifert writes in the *Berliner Klin. Woch.* (No. 29) on *Piscidia erythina*, or Jamacia dogwood, which belongs to the order Leguminosæ. The dogwood is a native of the West Indies and of the dry mountainous districts of the Antilles, but occurs principally in Jamaica. Towards the end of the last century the rind of the root was used (in the form of a decoction) for its narcotic effects by the natives of America, and also employed as a poison for fish. Professor Ott, of Philadelphia, has recently made some physiological experiments, chiefly on rabbits, with this drug. He finds that the extract of piscidia is a narcotic, not only for the higher but also for the

lower animals; that it is a mydriatic; it increases the respiration, produces salivation and perspiration, reduces the action of the heart, and in large doses may cause general paralysis and death from asphyxia. The liquid extract of the rind of the root is recommended for cases of "spinal irritation," and for the treatment of chronic severe cough where opium cannot be prescribed. Von Firth has found the extract of value in patients suffering from delirium tremens, even where other narcotics, such as chloral, bromide of potassium, and opium, have failed. Seifert gave some to healthy individuals, and found that it was followed by marked soporific effects, and some dilatation of pupil; but no change was observed in the pulse or temperature, nor was there any salivation or increase of perspiration. Severe coughing at night in cases of phthisis was greatly relieved by the administration of .25 of a gramme of the solid extract.

The Etiology of Puerperal Inversion of the Uterus.

The *Med. Times and Gaz.*, October 20, 1883, says:

In a paper by Fürst, published in a recent number of the *Archiv, für Gynäkologie*, the author describes the following as the conditions which predispose to the occurrence of inversion of the uterus in the puerperal state:

1. Feebleness of uterine action as a result of prolonged labor, cases in which delivery is often completed by the forceps. Out of 148 cases collected by Lee, in 20 the labor was exceptionally slow, and in 25 very quick.

2. Attachment of the placenta to the fundus uteri. Considering the large part which want of tone in the uterine muscular fibre plays in producing, or rather in permitting, inversion of the organ, and having regard to the exceptional presence of this atony in primiparæ, Dr. Fürst is of opinion that the accident occurs more frequently in first labors than would be expected—a fact which he attributes to the greater frequency of fundal implantation of the placenta in these cases, as shown by the comparative rarity of placenta prævia in primiparæ.

3. Comparative rigidity of the vagina, opposing descent of the uterus in response to downward pressure on it, and thus favoring the production of inversion by a force acting on the fundus, this being a condition also met with chiefly in primiparæ. According to Schatz, the opposite state, laxity of the vagina, is one of the conditions which bring about inversion.

4. Narrowness of the vulva, preventing the easy exit of blood, so leading to distension of the uterus, in the sudden emptying of which inversion is likely to occur. Adhesion of the placenta is known to be frequently associated with inversion. Thus, out of Lee's 148 cases, in 67 the placenta was attached to the inverted organ, its manual removal being required in 53 of them.

Simple Transfusion of Blood.

The great benefits to be derived in certain cases from the transfusion of blood, have hitherto been very limited, owing to the complicated nature of this operation. Dr. Paladine (*Gaz. Med. Ital. Prov. Venete*, August 25,) recommends a procedure that will bring this valuable therapeutic resource into the use of every physician. A woman, aged forty-eight, was reduced by menorrhagia to a profound degree of anæmia. On August 4, the the loss was so great that the patient's state became most alarming. Transfusion of blood was urgently indicated; no apparatus for this being at hand, it was determined to inject the blood by means of an exploratory trocar and an ordinary syringe into the subcutaneous cellular tissue of the abdomen. The blood, taken from the husband's arm, was heated, to prevent coagulation. The trocar was inserted about four fingers' breadth to the left of the umbilicus, and pushed well in so as to somewhat break up the meshes of the cellular tissue, and thus secure room for the blood to be injected. The stylet being withdrawn, an elastic tube was fastened to the end of the cannula; the blood was taken up by an ordinary metal syringe (about 90 cubic centimètres capacity), its nozzle being made fast to the elastic tube, and injected into the subcutaneous cellular tissue, where it appeared as a lump about the size of an egg. Two syringefuls were thus injected. The patient felt no pain; and, after two hours, the swelling had entirely disappeared. No abscess or other ill effect followed, a slight ecchymosis only for a few days marking the site of the injection. On the next day, the patient was much better, and began to take and retain nourishment and sleep well; for some days before, there had been constant vomiting, and no sleep.

Removal of Foreign Bodies from the Stomach.

The *Brit. Med. Jour.*, October 20, 1883, says:

To the case of the *homme à la fourchette* and the extraction of a spoon from the stomach of another patient, described in the *Semaine Médicale*, October 5, 1882, Dr. Hagens, of Dantzic, adds a third, re-

cently described by him in several German medical journals. The operation, however, is not recent, for this third case was performed by Daniel Schwaben, "lithotomist and surgeon," at Dantzic, in the early part of the seventeenth century. A countryman, in endeavoring to produce vomiting for the relief of colic, was tickling his palate with a penknife, when he suddenly let go of the handle of that instrument, which was accidentally swallowed forthwith. Six weeks later, Schwaben made a very free incision through the abdominal walls and the anterior part of the stomach, and extracted the knife. The patient recovered, and was able, for several years afterwards, to work hard in the fields, never suffering from any local symptoms. The original manuscript description of this remarkable case is in the hands of Dr. Hagens. The surgeons of Dantzic and Königsberg appear to be the most dauntless pioneers of the desperate departments of operative surgery; last December we had occasion to refer to an unsuccessful case of excision of a phthisical lung by a surgeon practising in the former city.

Hour-Glass Contraction of the Uterus.

At a recent meeting of the Obstetrical Society of Boston (*Boston M. and S. Jour.*, Oct. 18, 1883:)

Dr. J. Stedman said that he had seen two or three examples of this condition, one of which was that of a woman to whom he had been called in consultation, the placenta not having come away. Two fingers were passed through the internal os, and after some time there was encountered a central uterine constriction, which, after a dilatation for about an hour and a half, allowed the hand to pass and seize the placenta, when the hand, placenta and all, were expelled by the uterine contractions. The constricting ring instead of being circular was transversely elliptical, and the uterus itself was very movable and hard to fix. Some, but not alarming, hæmorrhage occurred. It was not deemed wise to put the patient under ether, but she bore the operation remarkably, and has since done well.

A Tumor of Hair Removed from the Stomach of a Young Girl by Laparotomy.

The *Lancet*, September 22, 1883, says:

The following case is reported in the *Pester Med. Chir. Presse*: A somewhat anæmic and nervous girl, fifteen years of age, had since her tenth year suffered considerably from chlorotic troubles, which for the last three years were associated with acute indigestion. For the last year and a half an extremely movable tumor was noticed in the abdominal cavity, which was by some taken for a movable kidney, notwithstanding the fact that some of the symptoms were not in accord with this diagnosis. The pains finally became so severe that laparotomy was performed, when the tumor in the stomach was found to be made up of short hairs, mixed with vegetable cells, starch grains, etc. It weighed 283 grm., and was 13½ ctm. long, 10½ ctm. broad, and 5½ ctm. thick. It was compact, and superficially very black. The result of the operation was complete relief. The patient acknowldged that for the past four years she had been in the habit of biting off the ends of her hair and swallowing them. The majority of her schoolmates did the same, believing it would give them clear voices. Seven similar cases occur in the literature of the subject, and one case is recorded where a malignant tumor of the stomach and intestines proceeded from this cause.

Sulphate of Atropia in Coryza.

From the *Union Med.*, Sept. 4, we note that Dr. Gentilhommo determined to try it in coryza, because it has the property of diminishing the nasal secretion. In several very bad cases, with abundant secretion, fever, and embarrassment of respiration, engendering in some true attacks of asthma, a pill containing half a milligramme of the sulphate, given at the commencement of the inflammatory period, has arrested the coryza. In cases of confirmed coryza the sulphate also gives relief, but its effect is less decided than when given at the commencement of the affection.

The Therapy of Spasmus Nictitans.

The *Med. Record*, October 13, 1883, says:

Under this head, Dr. Friedr. Betz relates the history of a boy, fourteen years of age, who had suffered for several years with a bilateral nictitating spasm of the lids. Several physicians had attempted to relieve him, but in vain. The boy was healthy, and his eyesight good. He had, however, quite long eyelashes, and the edges of the lids were reddened. Betz performed epilation of numerous lashes above and below on both eyes. The result was immediately successful.

A Case of Congenital Hydrocephalus, with Immense Cranial Development.

Dr. C. I. Conover, of Charleston Four Corners, N. Y., relates (*Med. Record*, October 20, 1883,) the history of a patient, Mrs. D——, whom he had been called to attend in confinement. He found a breech presentation. After a time, no

progress being made, and the child being found to be dead, the mother was anæsthetized, and the base of the infant's skull punctured. About three pints of hydrocephalic fluid flowed away. The child was finally expelled. All parts of the child were normal except the head, which measured, we are told, twenty-three inches, the normal measurement being thirteen. Dr. Conover has preserved the head in a bottle to convince the incredulous.

Pityriasis of the Scalp.

M. Unna employs the following ointment against this obstinate affection:

℞. Sulphur. precip., grs. l.
Ung. simplicis, ℥ j.
M.

The head should be carefully anointed with this ointment every evening at first, and then at longer intervals, when the desquamation of the epidermis becomes less marked.

Every fourth or fifth day the head should be completely cleansed.

The continued use of this ointment arrests, according to Unna, the fall of hair brought on by pityriasis of the scalp.

The Use of the Gum Lancet.

The profession is very much divided on the question of its use; some deprecate it altogether, for the very good reason that the tissue of the gum heals so rapidly, and that the tooth then has to force its way through cicatricial tissue. The solution of this question, as of many others, seems to lie in selecting the happy medium. As Dr. J. Morgan Howe says in the *Independent Practitioner*, November, 1883, when a tooth, just ready to pop through, is obstructed by the gum, we may lance it, but the indiscriminate resort to this procedure is to be deprecated.

Gangrene of Lower Extremities from Obliteration of Abdominal Aorta.

In the *Arch. Med. Belges*, August, 1883, Dr. Gyselynck reports the case of a man, aged 23, in whom after a debauch, the pulse was found beating 200 per minute, there was oppressed breathing and slight cyanosis. After five days, the pulse suddenly dropped to 64 (the treatment had consisted of digitalis and venesection), the feet and legs became cold, and gangrene of the lower extremities ensued. At the autopsy, the abdominal aorta was found completely occluded by a large clot situated a little above the bifurcation.

Dry Seborrhœa of the Scalp.

This affection, which is almost always accompanied by some degree of irritation of the scalp, is best treated by the following preparation:

℞. Zinci oxid.,
Sulphur. præcip., āā grs. l.
Ung. simpl., ℥ j.
M.

This ointment should be applied to the head each evening, and carefully washed off in the morning.

A Pleasant Disinfectant for Rooms.

From an Italian journal we note that a few drops of the following mixture on a plate will pleasantly disinfect a bed-room: Camphor, 20; hypochlorite of lime, alcohol, and water, of each, 50; eucalyptus and oil of cloves, of each 1 part. The ingredients must be mixed slowly in a cool, spacious vessel.

Nerve-Stretching for Traumatic Tetanus.

The curative influence of nerve-stretching in various neuroses has been sufficiently indicated to make us believe that it is destined to become a very important therapeutic resource. It has been tried recently by Dr. Buchan (*Chicago Med. Jour. and Ex.*, September 1883), in a case of traumatic tetanus; and while temporary relief followed, the patient finally died. The sciatic was the nerve operated upon.

The Diagnostic Value of the Bacillus Tuberculosis.

So high an authority as Dr. Austin Flint tells us that so far as his experience goes, it confirms the value of the presence of bacilli in the sputa as positive proof of phthisis, their absence being of more or less value in the exclusion of phthisis, and the value of their abundance or scarcity as bearing on the question of whether the disease was or was not actively progressing.

Syphilis in the Lower Animals.

Dr. Martineau has communicated to the Société des Hospiteaux, at Paris, that he has succeeded in conveying syphilis by inoculation to an ape. An indurated chancre was produced, which was followed by papules and erosions, and later by well-marked syphilitic ulceration of the throat.

The Improvement of Human Milk.

A valuable suggestion is that found in the *Edinburgh Med. Jour.*, that nursing women, especially those living in large cities, should use wine of

the lacto-phosphate of lime, and cases are cited where its use during pregnancy has made good nurses of women who were previously bad ones.

Laryngeal Chorea.

Mr. Blachez recently reported to the Académie de Médicine two cases that he was pleased to term laryngeal chorea. The morbid condition manifested itself as a nervous cough, very like the hoarse barking sometimes observed in hysteria, of which condition, however, there were no other signs in the cases in question.

Chloroform Pomade.

Union Med., September 11, 1883, says:

The following is the formula of Lasègue and Regnauld's pomade: Chloroform 20 to 30 parts, and vaseline 60 to 80 parts. It is employed for rheumatic and neuralgic pains, and in the vague thoracic pains of tuberculous patients.

CORRESPONDENCE.

The Museum of Hygiene and Naval Medical Society, at Washington City, D. C.

EDS. MED. AND SURG. REPORTER:—

The first-named institution, the existence of which is comparatively unknown to the medical profession of this country, and may be regarded as auxiliary to the Army Medical Museum, was started in the latter part of 1881, through the enterprise of Dr. John M. Browne, United States Navy, in charge, and of the present Chief of the Bureau of Medicine and Surgery of the Navy Department, and the distinguished author of a valuable treatise on surgery, Surgeon James M. Flint, secretary. For the present, the museum is located in the large double house, corner of Eighteenth and G. streets. According to a late report of Dr. Browne, "This museum presents an exhibition of the present state and future progress of the nation in all departments of hygiene; our models are in motion; we have a chemical laboratory for analysis, which is always active; a microscopical bureau, which is the scene of daily experiments, and a photographic establishment, which is kept busy."

At the time of our visit, Surgeon General Wales courteously pointed out the various objects of special interest in the several departments, embracing recent and improved models of the sections of a vessel, the hold, sick bay, and the surgeon's quarters, various water-closet apparatus, sewer pipes, heating, lighting, and ventilating appliances, a miniature crematory and a casket which has furnished the model for those to be used to receive the sacred remains of the heroic Captain De Long and his brave companions.

Surgeon General Wales has reported, "It is the province of the museum to consider the prevention of disease. As a means to do this, we solicit and have contributions of articles, appliances, models, drawings, etc., illustrating improvements in food, water supply, bedding, clothing, marine architecture, house and hospital construction and furniture, apparatus for heating, illuminating, ventilation, and removal of excreta and refuse, culinary, laundry and bath facilities, and appliances for physical culture and exercise. The visitor to the museum will see also in it samples of clothing worn by the different armies and navies, specimens of foods of all nations, water and gas systems, expedients for the care of the sick on board ship and in hospitals, speedy means of escape from danger, and the safe protection therefrom, methods to secure comfort in travel, practical arguments in favor of the disposal of the dead either by burial or cremation, how to embalm bodies, how to guard against infection and contagion, and all that concerns the ease or health of mankind, and practical illustrations of the effect of soil and water on various kinds of drainage pipes. Physicians and sanitarians in various sections of the United States have made valuable contributions to the collection, and its educative effects promise to keep pace with the growth of the country, and is destined to prove a most valuable source of information upon the practical art of preserving the public health.

Already the nucleus of a valuable library of sanitary science has been begun, numbering 5,000 bound volumes, with a reading room attached, where may be seen one hundred or more periodicals, devoted to medical, hygienic, and sanitary topics, contributed by publishers, with a collection of pamphlets and monographs to be bound in scrap-book form, which will furnish at a glance to the student or author everything which is known or has been written on the special subject of each particular grouping.

Not the least important feature of this naval enterprise is the recent organization of a Naval Medical Society, which assembles the first Thursday evening, of each month, at 8 o'clock. The society is composed of naval surgeons of all grades, including also retired officers. The residents in Washington City pay an assessment of four dollars, and non-residents one dollar annually. The worthy secretary, Surgeon J. M. Flint, forwards to each Fellow a printed programme of the title topics of papers and subjects for discussion for each occasion, and also every month a neat pamphlet, containing the "Proceedings of the Naval Medical Society." The selections contributed, and their arrangement in this publication, it may be remarked, are highly creditable to the authors, and to the excellent judgment of the secretary. As examples may be cited the following papers:

"A Case of Compression of the Brain," by Dr. J. D. Gatewood, U. S. N.

"Yellow Fever Epidemic at Pensacola, Fla.," by Dr. Wm. Martin, U. S. N.

"Hypertrophic Nasal Catarrh," Dr. P. M. Rixey, U. S. N.

"Rectal Palpation and Inspection as a Means of Diagnosis," Dr. Philip Wales, U. S. N.

"Case of Oxalic Acid Poisoning," Dr. J. C. Wise, U. S. N.

The writer was privileged to be present at the fifteenth regular meeting, October 4, at which

were in attendance seventeen Fellows, including Dr. Albert Gihon, the President, and already a distinguished sanitarian; J. M. Flint, who presents to the profession the terse, learned, and practical reports of the Society; Dr. Hudson, Assistant Bureau of Medicine; Dr. Hœhling, the genial and courteous naval officer; and Dr. Gunnell, the bachelor of the navy, to whom it should be whispered:

"While the lump holds out to burn,
The hopeless sinner (to woman) may return."

According to previous announcement, the special subject for discussion at the late session was yellow fever. Valuable contributions were received from Surgeons Wm. Martin Murray and Dr. Guiteras, who have been actively engaged in the treatment of the disease at the Naval Hospital, Pensacola. While the resumé of this discussion failed to decide questions concerning etiology and treatment, a great deal was elicited to show how the epidemic was originated, and facts were presented to prove its infectio-contagious character. The treatment by depletive measures—calomel and quinine—was condemned. It was also suggested that physicians who may have the opportunity should make careful autopsies and such experiments as have been instituted in France by M. Pasteur. Surgeon Guiteras will shortly present a detailed report of his experience and observations to the office of the Surgeon-General, and it may be that naval surgeons may yet unravel the solution of this "opprobium medicorum."

FRED. HORNER, M. D.

Marshall, Va.

Ergot, Hypodermically, in Puerperal Convulsions.

EDS. MED. AND SURG. REPORTER:—

I see that at a recent meeting, in your city, of the American Gynæcological Society, the treatment of puerperal eclampsia was discussed, and no mention made of the use of ergot hypodermically. Some used morphine hypodermically with reasonable success. It is true, I am only a country practitioner, and cannot explain how the ergot controls the spasmodic action, but one thing I do know, and that is, that for the last six or eight years it has, in every case that has fallen into my hands, controlled it at once. I did at first combine the morphine, say in half grain doses, but I have used the ergot without the morphine with the same success. In cases of convulsions of children, either from fever, or from any irritation of the stomach or bowels, ergot acts delightfully, and gives us time with other medicines to eliminate the cause. I do wish my learned brethren in Philadelphia would give the ergot and morphine a trial. *If there is no organic lesion, I would never expect the patient to have another convulsion.* I use a drachm of ergot and half a grain morphia hypodermically, and repeat if necessary.

Washington, Ark. A. H. CARRIGAN, M. D.

Spina Bifida.

EDS. MED. AND SURG. REPORTER:—

Seeing a case of spina bifida described in the REPORTER for Nov. 24, '83, reminds me of a case I was called to about two years ago: The lady—primipara—was confined and delivered after a long and painful labor, of a male child, well-formed and perfect in every part, EXCEPT there was a lack or *hiatus* between the last dorsal and first lumbar vertebræ: said space was about 1¼ inch in width, clean-cut, as it were, through skin, bone and all; there was no external nor internal tumor; in true hydrorachis there is a tumor formed from the membranes of the spinal marrow. In this case there was never any tumor. The child died six weeks after birth.

Lincoln, Me. CHAS. FULLER, M. D.

NEWS AND MISCELLANY.

A Pen Picture of Dr. Caspar Wistar.

Dr. John L. Atlee, in his address before the American Medical Association, thus describes this great teacher:

"Having had no opportunities for studying practical anatomy before matriculation at the University of Pennsylvania, I devoted myself more particularly to that branch in my first course of lectures, 1817–18. The chair was then filled by Dr. Caspar Wistar, one of the most able and accomplished teachers of anatomy which this country has produced. His amiable deportment and kind treatment of students made an impression upon me which I shall never forget, and after the lapse of more than sixty-five years the thought of him kindles in my breast emotions of genuine pleasnre. As I remember him, he was of medium stature, apparently about sixty years of age, and so impressive was his teaching of anatomy up to the time of his death, which occurred very suddenly in January, 1818, that his words remain with me yet. He was certainly a man of great personal magnetism, extremely courteous in his manners, and gentle in disposition; he was always ready to converse with the students and help them in their difficulties. It is no wonder that he was greatly beloved by the students. The announcement of his sudden death from disease of the heart, on the night after he delivered his last lecture, produced a shock among the students that I shall never forget.

"Just here, I may appropriately allude to the foundation of a social institution, long known in Philadelphia as 'the Wistar Parties.' Dr. Wistar had been in the habit of inviting to his house, on Saturday evening, men of learning and distinction, both citizens and strangers. The ability and social qualities of the professors of the Univsrsity of Pennsylvania, and of the eminent medical men of Philadelphia, caused always the presence of a large infusion of medical science in the composition of his parties. After his death, these gatherings were revived and continued by his friends, and they were still known as 'Wistar Parties,' in honor of their founder. In this way originated the celebrated social gatherings which occupied so important a share in the social annals of Philadelphia. I remember my gratification when young at meeting some distinguished gentlemen from abroad, and many no less distinguished from our own country."

How to Detect the Tubercle Bacillus.

The following description of Ehrlich's method, recorded in the *Pacific Med. and Surg. Jour.*, November, 1883, by Dr. Albert Abrams is so exceedingly intelligible as to be worthy of reproduction;

A thin layer of sputum is to be spread out on a cover-glass, then carefully drawn through a flame until dried. After this has been accomplished, the coloring process is next in order, and for this purpose any of the basic aniline colors may be utilized, preference being given to a concentrated solution of gentian violet or fuchsin or aniline water (a saturated filtered solution of aniline). Into any of these solutions the cover glass is now introduced, and allowed to remain for about twenty-four hours; but should the coloring take place at a temperature of about 122° F., an hour will amply suffice. The preparation is now ready for decoloration, and for this purpose a 20 per cent. solution of hydrochloric acid is to be ready, into which the cover-glass is introduced and allowed to remain until the specimen assumes a yellowish color. It is then removed, washed in water and exposed to the atmosphere until dry. Then a drop of Canada balsam is added, and the whole introduced on a slide, when it is ready for examination. By this method it will be found that the bacilli of tuberculosis alone present themselves in the field of vision as intensely stained rods; whereas all the other constituents of the sputum are decolorized. However simple these directions may appear, they are only achieved by a nicety of manipulation, a good microscope with accessories, and an immoderate quantity of patience.

Execution of Criminals in "Ye Olden Time."

The *Boston M. and S. Jour.* says:

The autopsies of some of the criminals executed in the early part of this century are published in an English contemporary, showing that instantaneous death by dislocation of the vertebræ was then rarely the case. That desirable result is claimed to have occurred in every one but one of "Marwood's" many executions. "Marwood's Drops" being now in jail slang the reliable sedative for all fleshly ills. But before this science had been so perfected, the careful autopsies showed some unpleasant facts. For instance, John Bellingham was executed in 1812. There was no dislocation of the vertebræ, according to the record, "nor did the Trachea show any sign of compression or hurt. The right Auricle of the Heart moved at irregular intervals, without the Application of any Stimulus, during the Period of nearly four Hours from the Time of Execution, and for about an Hour longer upon being Touched with a Scalpel. This Motion was not strictly a contractile Action, diminishing in any sensible Degree the Cavity of the Auricle, it was undulary and weak, sometimes beginning at the right extremity of the Auricle and moving to the left; at other times commencing and proceeding in the contrary Direction. Not the least Motion was observable in the left Auricle, or in either of the Ventricles." In the case of John Bruce, executed at Execution Dock at eight o'clock, and received so late as half past twelve, there were the same weak waving motions for a period of *five hours after execution.*

Malaria.

Col. G. H. Mendell, in the *Sanitary Engineer*, says:

"In the great valley of California, over the whole of it, malaria prevails, often in most violent forms. It exists in uplands, remote from marshy districts, and I have known limited districts of upland adjacent to each other, where malaria prevailed in one while absent in the other.

"Some years ago, while engaged in a study of irrigation, then beginning to be applied on the dry plains of California, I was led to notice the level of standing water in wells, in reference to which there is a great difference in our interior plains. I soon noticed that shallow wells and malaria were frequent companions. Where the wells were seventy feet (or thereabouts) deep, there was freedom from malaria. Having noticed these coincidences, I afterward investigated their occurrence in a great many cases by inquiries of farmers with whom I had conversation. In one or two cases of exceptional malarial districts in the foot-hills, which are generally free from this pest, I found the water in the wells near the surface. I do not recall a single instance of *shallow wells where the family were free from fevers*, always intermittent, I believe. I therefore connect the presence of water near the surface of the ground with the existence of malaria. Whether it is due to the mere presence or to the fact that it is drank, or to both, I am unable to say."

The Color of Water.

Herr Victor Meyer has instituted experiments which prove that the color of water is an intense bluish green. This he determined by testing two glass tubes forty millimetres in diameter, and about one and one-half metres in length, and connecting them by rubber tubing about seven and a half metres long. Both ends of these tubes are fixed in glass plates and fitted with metal sockets, which are provided with brass nozzles for filling the tube. All being arranged the tube is placed in a perfectly horizontal position and covered with a black cloth. Upon looking through the empty tube the field of vision appears colorless, as the cloth and metal sockets prevent the glass from exerting an influence; as soon, however, as the tube is filled with distilled water the intense bluish color is observed.

A Disinfecting Mishap.

A contemporary is responsible for the following story: A doctor attended a small-pox patient on board the South Dublin Port Hospital Ship, which appears to be under the authority of the South Dublin Guardians. His duty performed, the question of disinfecting the doctor as well as his clothes was considered. It happened that not far from the Port Hospital Ship there was a small island; thither the doctor was conveyed. The disinfecting his apparel was easily disposed of, for it was completely destroyed by fire. The doctor's personal disinfection remained; and, being left in the nude state, he plunged into the sea and soon succeeded in reaching the shore. Whether he met on landing with any sympathy, and how he reached his home, are left to conjecture.

A New Mode of Burial.

At a recent general assembly of the cement manufacturers at Berlin, says the *Lancet*, Dr. Frühling described a new application of cement. He explained that it would be easy to transform corpses into stone mummies by the use of Portland cement, that substance, when hardened, not in any way indicating the organic changes going on within it. He further illustrated the subject by describing various industrial uses of lime as a preventive of decomposition. The cement in hardening takes an accurate cast of the features which it encloses, thus allowing of their exact reproduction after the lapse of centuries. It is suggested to use coffins of rectangular shape, it being further considered by Dr. Frühling that underground sepulture is needless, as the coffins soon become practically masses of stone, and can therefore be built into pyramids.

The Duration of Medical Study in Germany.

An association of medical men in Munich have, according to the *Union Médicale*, petitioned the Federal Council to prolong the time of study required of candidates for the degree of doctor in medicine, stating that, whereas only four years are now demanded in Germany, the period of undergraduate study is five years in Austria, and six years in Holland and the Scandinavian countries.

A Valuable Case of Uterine Polypi.

The *Medical Age* tells of a woman out West who recovered three thousand dollars damages from a man who refused to marry her, because she had uterine polypi. She claimed that the growths were caused by a protracted engagement, causing her to brood upon the prospects of married life, and the sympathetic jury coincided in her view.

A New Medical Test for Rape.

At a recent trial for rape, in England, the medical man who examined both the plaintiff and the accused, stated in his written report, that: "On pushing back the foreskin of the penis of the accused, there was an odor perceptible peculiar to woman."

Music as a Therapeutic Agent.

At the request of the chief medical officer of the military hospitals of Paris, a regimental band has been detailed to play at each of the three hospitals one day in the week for an hour.

Personal.

—Dr. Lewis Brinton, of this city, has been elected as Visiting Physician to the Department of Nervous Diseases at the Howard Hospital.

Items.

—The Biological Laboratory of the Johns Hopkins University, Baltimore, has been completed.

—The brain of the novelist Tourgenief is said to have weighed 2,012 grammes, or about 63 ounces.

—Dr. D. W. Yandell, of Louisville, has been elected honorary member of the Medical Society of London.

—In the *Lancet*, November 3 1883, Dr. Porter reports a case of cancer of the breast in a girl only thirteen years old. It was removed.

—In the *Med. Times and Gaz.*, November 3, 1883, Dr. C. Bastian reports a case of apoplexy in a boy aged fifteen, with intra-ventricular hemorrhage, convulsions, and death in four hours.

—M. Hervieux has read a long communication to the Académie de Médecine on the influence of puerperal epidemics in the production of abortion and premature births.

—M. Legroux recently presented to the Société Médicale des Hôpitaux some globules of lactate of morphine made with gum; the globules are very soluble in water, and may then be used for subcutaneous injection.

—The Hygienic Exhibition in Berlin was closed on October 15. The number of visitors from the opening of the exhibition on May 10 to its closure was 877,000, and the financial results are stated to have been highly satisfactory.

—A great grape-vine at Santa Barbara, Cal., fifty years old, covers an arbor eighty feet square and bears three tons of grapes every season. Some of the bunches weigh six or seven pounds. They are of the "Mission" variety.

—A commemorative tablet has just been placed in the vestibule of honor of the Ecole Normale in memory of M. Thuillier. The large black marble *plaque* is inscribed in letters of gold, thus: "Louis Thuillier, mort pour la science, Alexandrie, 1883."

—It is stated that cremation has been rendered compulsory in Portugal, and that, in cases where bodies have been interred in compliance with the wishes of friends of the deceased, disinterment for the purpose of cremation must take place at the end of five days.

—The *Pacific Med. and Surg. Jour.* (November, 1883,) says that astrologers, soothsayers, mediums, and the like vermin, are required by an ordinance of the Board of Supervision of San Francisco to pay a license of $25 per quarter.

—Extirpation of the larynx was performed recently in Glasgow by Dr. Newman. The patient was a man, aged 55, who was suffering from a tumor of the larynx, involving chiefly the epiglottis. The operation lasted two hours. Death resulted about thirty-six hours subsequently.

—A remarkable case is published in *L'Union Médicale*, in which ovariotomy, performed for the removal of cystic disease of the right ovary, was followed by tetanus and death a week after the operation. The only assignable local cause was the removal of the last of the sutures a few hours prior to the onset of the trismus and opisthotonos.

DEATH.

BROBST.—At Lititz, Pa., on November 25, 1883, the daughter of Dr. J. C. Brobst, aged eleven years, ten months, sixteen days.

THE

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ORIGINAL DEPARTMENT.

LECTURE.

ANTI-PARASITIC TREATMENT OF TUBERCULOSIS. ANTISEPTIC PULMONARY SURGERY.

BY M. RICKLIN,

Physician to the Paris Hospitals.

Gentlemen: We have already mentioned the clinical experiments undertaken with the view of arresting the progress of pulmonary tuberculosis, by means of anti-parasitic medication, experiments inspired by the recent discoveries of M. Koch, and carefully studied in the principal hospital of Berlin.

We have already spoken of the adventurous nature of these experiments, which were, in many cases, reprehensible, inasmuch as the patients were compelled to inspire into the lungs irritating and toxic vapors, such as alcohol, solutions of corrosive sublimate, nitric acid, etc. With honorable frankness, those who have undertaken these experiments have confessed that the results have been deplorable. If we return to the consideration of this question, to relate in greater detail the experiments undertaken at Berlin in the services of MM. Leyden and Hiller, it is to demonstrate how great a mistake is committed by those observers who, in the treatment of diseases, supposed to be of a parasitic nature, think of the germ or microbe and the means proper to bring about its destruction, and who, to use the picturesque expression of M. Bouchardat, occupy themselves only "de donner la chasse au microbe."

The clinical experiments of M. Hiller were made on ninety-one patients, who yet presented serious chances of cure, that is to say, on patients in whom, according to the physical signs, the pulmonary lesion had not as yet progressed very far, the loss in weight being little marked, the appetite good, little or no fever, and the general health sufficiently good to enable the patients to take exercise in the open air in favorable weather.

Here is an enumeration of the anti-parasitic substances employed for the purpose of arresting the progress of the pulmonary lesion: Corrosive sublimate, iodoform, bromine, ethylic alcohol, methylic alcohol, sulphydric alcohol, arsenious acid, boric acid, salicylic acid.

As regards the mode of administration, inhalations of the medicaments in gaseous form and in vapor, the use of solutions with the atomizer, direct injections into the pulmonary parenchyma, subcutaneous injections, and also administration per os, were all employed. In several cases the same subject was placed under more than one of these forms of medication.

As regards the results obtained, here is what M. Hiller says on the subject: No matter what remedy was used, or what its mode of administration, it has been impossible to arrest the progress of the tuberculous process in the lungs, or to induce the disappearance of the bacilli in suspension in the expectorated matters. It is true, that during the course of anti-parasitic treatment, temporary remissions have been observed; but they have not occurred with sufficient frequency, and have not coincided sufficiently with the nature or duration of the course of treatment pursued, to enable us to assert a relation of cause to effect between the treatment and the improvement obtained.

The treatment by corrosive sublimate seems to

have given the most satisfactory results, and is the only one on which extensive details are furnished.

It is true, also, that this form of medication has been the object of the most numerous experiments; that it has been applied of preference to patients who presented the best chances of ultimate recovery; and that, in connection with the special treatment, the patients received a very substantial nourishment, and were given cod-liver oil, cognac, and acid phosphate of lime, as adjuncts of treatment.

Usually the corrosive sublimate was administered hypodermically, in the daily dose of one or one and one-half cubic centimetres of a solution of one part of the salt to one thousand of water. Forty-four patients were treated in this way. In more than one-half the cases, the treatment was suspended after the first few injections, either because the patients refused to endure the pain produced by the introduction of the needle, or on account of the development of accidents we will mention later on. With nineteen patients, it was possible to continue the treatment to the limits prescribed at the début—that is, to make forty injections in the course of a month and a half.

Of these nineteen patients, five died in the course of the first few weeks. The twelve others manifested an amelioration which M. Hiller qualified as apparent only, but which enabled the patients to quit the hospital.

They were patients who presented slight lesions at the apex; their general health was satisfactory at the début of treatment, and remained so during its course; in some cases amelioration in this respect was noted, the stethoscopic signs were less evident, and expectoration diminished.

On several occasions during the course of treatment, a diminution in the number of bacilli found in the expectoration was remarked, a result to which M. Hiller does not attach great importance, because the same thing was observed in phthisical patients under no matter what form of treatment. In no case, however, did the bacilli of Koch entirely disappear from the matters expectorated.

In general, the injections of corrosive sublimate were very badly supported; they induced, in many of the patients, stomatitis, sialorrhea, digestive troubles, anorexia, a bad taste in the mouth, diarrhœa, trembling, insomnia, prostration, etc.

In advanced cases of phthisis, says M. Hiller, with patients confined to the bed, having more or less fever, corrosive sublimate has an absolutely deleterious action; it determines prostration of the little remaining strength, and may accelerate the fatal termination, as he observed in one of his cases.

In two cases of laryngeal tuberculization, with but very slight participation of the lungs, M. Hiller had recourse to inhalations of a solution of sublimate by means of the atomizer.

These inhalations were of no benefit, but provoked stomatitis, with a metallic taste in the mouth, and digestive troubles.

Both patients have since died in the phthisical division of the hospital.

With three other patients experiments were made by direct injections of sublimate into the pulmonary parenchyma. With the ordinary hypodermic syringe two cubic centimeters of a 1 in 1,000 solution of sublimate was introduced daily into the lung through an intercostal space.

"The sublimate produced an extraordinary irritation of the pulmonary parenchyma, and the inevitable contact of the solution with bronchial mucous membrane, induced fits of coughing of so violent a nature, that in one case a grave attack of hemoptysis ensued. With these three patients it was found necessary to arrest the experiment after the first days."

We would mention also the experiments of M. Albrecht, undertaken with the same views, but relatively inoffensive; he submitted his tuberculous patients to inhalations of oxygen chemically pure, without changing the usual alimentary regime of the patients, or administering any other medicament; he affirms that he has been thus successful in arresting the progress of consumption; the bodily weight of the patients was maintained, and in some cases augmented, and, at the same time, the bacilli of Koch, contained in the expectoration, gradually diminished.

On the other hand, M. Albrecht has inoculated guinea pigs with tuberculosis, in order to submit them to inhalations of oxygen, when signs of the consumptive disease appeared. The animals thus treated usually lived more than six months, while those who were not submitted to oxygen inhalations generally succumbed within the first four. It must be admitted that these results are too vague to sufficiently edify us on the results of oxygen inhalations in the treatment of pulmonary phthisis in the human subject.

We have already mentioned, in another place, certain rather hazardous attempts at surgery of the lung, undertaken with the view of extending the benefits of antiseptic medication, to the treatment of suppurative pulmonary affections.

Already in 1873 Mosler made an incision into a superficial pulmonary excavation in order to make antiseptic injections, but without success.

More recently, Fenger and Hollister (*American Journal*, 1881,) have collected in a memoir on the subject, six cases of pulmonary excavations, supervening after acute affections, treated by incision and consecutive drainage, with one case of recovery. These same authors have related recently (*London Med. Record*, 1882,) a case of pulmonary cavern, of gangrenous origin, situated in the middle lobe, treated by incision and drainage with favorable results. A Swedish physician, M. E. Bull, (*Nordisk Med. Archiv.*, t. 13) had recourse with success to incision and drainage in a gangrenous cavern of the left apex in a young woman twenty-three years of age; the patient recovered. The same author has published a second very interesting memoir, on the same subject, in the fourteenth volume of the same journal, in which he mentions a case of encysted pneumothorax, which was taken for a pulmonary cavern, and incised as such; the patient survived the operation but a few days.

We have already mentioned an unfortunate attempt in this direction by M. Sokolowski, of Berlin, who injected carbolic and iodine solutions into a pulmonary cavern with the idea of preventing absorption into the general system of the putrid secretions.

M. Koch, of Berlin, (*Deut. Med. Wochenschrift*) has repeated this attempt on two subjects, affected with putrid bronchitis and bronchiectasis, but instead of injecting the solutions with a hypodermic syringe through the intact thoracic parietes, he resected a rib with the galvano-cautery. One of the patients succumbed, and the other was not cured at the time the facts were published. Nevertheless, the experimenter considered it necessary to give the precise indications for this method of treatment.

In the service of Prof. Gerhardt of Wurzburg, M. Seiffert (*Berl. Klin. Woch.*, 1883), in two cases of bronchiectasis, has injected into the pulmonary parenchyma, at the presumed site of the bronchial dilatations, a three per cent. solution of carbolic acid, two cubic centimetres at each injection. These injections were made with a hypodermic syringe, provided with a very long needle. With the first patient they seemed to diminish the abundance of the purulent expectoration. The subject of the second observation succumbed during the course of treatment.

An Italian physician, M. Bacchinć (*Imparziale*, 1883) operated by incision on a woman, 27 years of age, who presented the signs of pulmonary abscess after an attack of pneumonia. An exploratory puncture confirmed the diagnosis. A little later the purulent collection opened into the bronchial tubes, and the patient expectorated a great quantity of pus. It was at this period that a large incision was made in the second intercostal space, and the purulent expectoration ceased. Towards the eighth day, however, the patient expectorated on several occasions fragments of pulmonary tissue in a gangrenous condition. The cure was not complete at the time the observation was published.

Where then will these audacious experiments be arrested?

We shudder when we consider that the possibility of extirpating a portion or even the entire lung has been affirmed by Gluck, Block, and Schmidt, after numerous experiments.

COMMUNICATIONS.

NOTES ON HAY FEVER.

BY CHARLES E. SAJOUS, M. D.,

Instructor in Laryngology in the Post-graduate Course of Jefferson Medical College, Clinical Chief in the Throat Department, Jefferson College Hospital, etc.

[Paper read before the Philadelphia Laryngological Society on November 23, 1883.]

In the spring of 1881, while investigating the merits of glacial acetic acid in the treatment of intra-nasal hypertrophies, I came across two cases who stated in the course of their general history, that they were subject to hay fever. Both had middle turbinate hypertrophies, complicated in one case with a posterior growth causing complete stenosis of the left narium. Glacial acetic acid was used to destroy the anterior growths, while the posterior was extirpated with Jarvis' snare. Bearing the hay fever history in mind, I applied the acid over much greater surface than was necessary for the destruction of the hypertrophies, hoping by this means to diminish the sensitiveness of the mucous membrane primarily affected in the course of the hay fever, and if not prevent, at least diminish the intensity of the accesses. After three months' treatment the cases were discharged with directions to call occasionally. When the time came for the hay fever to manifest itself, I watched the cases closely. The symptoms did not recur. Since then, like results have been obtained by other laryngologists, with galvano-cautery.

Two theories are at our disposal to explain the *modus operandi* of the treatment in bringing about such a result: the one, that the growths had been the cause of the trouble by reflex action and that their removal had eradicated that cause; the other, that the destructive agent employed had so altered those parts primarily affected in the course of an attack, that they were no longer sensitive to the foreign elements acting as exciting cause.

That intra-nasal pressure sometimes causes reflex asthma there is no doubt; but the fact that many cases of hay fever are free of intra-nasal growths sufficient to cause any degree of pressure when the cavernous tissue becomes dilated through the action of the irritant, renders the theory very questionable.

The second proposition appears to me to be more tenable, and subsequent results have shown that it is worthy of serious consideration.

Hay fever is due to an idiosyncrasy on the part of certain individuals to become affected by certain emanations. The experiments of Blackley show conclusively that the pollen of the majority of plants is the agent that produces the impression through which the symptoms are manifested, and that this pollen, being disseminated throughout the atmosphere at certain fixed seasons, these symptoms present themselves only at fixed seasons. According to Blackley, Phœbus, and others, it first attacks the nasal mucous membrane; this then is the seat of the morbid irritability. In our cases, the applications of the acid caused an organic transformation on the surface of the membrane, which naturally altered its sensibility and destroyed what morbid irritability might have attended the nervous filaments distributed over them. In other words, its condition was so changed that it could no longer become influenced by the presence of the pollen. This theory is corroborated by the assertions of the authors cited above as to the area of primary irritability, and is strengthened by the fact that an intimate relationship between this area of irritability and the seat of its most remote and distressing, although not always appearing symptom, asthma, can easily be traced.

Asthma is defined by Salter† as being due to a morbid proclivity of the musculo-nervous system of the bronchial tubes, to be thrown into a state of activity. "It consists of a perverted sensibility of the nervous system in its receiving and transmitting on to the muscle, as a stimulus to contraction, that of which it should take no cognizance. * * * The vice consists not in the production of any special irritant, but in the irritability of the part irritated."

In hay asthma, this theory can well be adapted. The affection first manifesting itself in the nasal mucous membrane, this then is the seat of that morbid irritability; from it is transmitted, through the nervous system, that which causes spastic contraction of the fibre cells of the organic muscles, which have been demonstrated to exist in the bronchial tubes.

The applications were made principally over the surface of the middle turbinated bone, slightly, if at all, to the superior turbinated, and also over the upper surface of the inferior.

The mucous membrane covering these parts, and the upper and back part of the septum, is supplied by four or five of the nasal branches of the spheno-palatine ganglion, which enter the back part of the nasal fossa by the spheno-palatine foramen. This ganglion possesses besides its motor and sensory roots, a sympathetic root which is derived from the carotid plexus through the vidian, and forms the connecting link between the nasal membrane and the sympathetic system. Continuing down from the carotid plexus, we come to the posterior pulmonary plexus, formed not only by the branches of the sympathetic, but also by some from the pneumogastric. Thus combined, they follow the ramifications of the air-tubes, and small ganglia dotting their course, their ultimate filaments become lost in the minute unstriped muscles of the bronchial tubes.

We thus have intimate and direct inter-communication between the nasal mucous membrane and the sympathetic system through the largest of its ganglia, and between the latter and the bronchial muscles through the pulmonary plexus, in which the pneumogastric takes an important part.

The nervous system, however, is not always the link that connects the area of irritability and the seat of bronchial manifestations. I am alluding to those cases in which the asthma is due to catarrhal inflammation gradually extending from the nasal membrane, down along the pharynx, trachea and bronchi. Here the peculiar irritability of the bronchial muscles manifests itself only after the pulmonary tract has become invaded by the inflammatory process, showing distinctly that it is only secondary to this process. There is always a certain amount of bronchial catarrh accompanying the asthmatic symptom, whether the stimulus be transmitted directly through the nervous system, or by the continuation of the inflammation from the nose downward; but in the latter, the

†Asthma; its Pathology and Treatment, Wood's Library. 1882.

asthma comes on some time after the first manifestations of the disease, while in the former, the dyspnœa is an evident symptom at the outset.

In a case which I have had under observation these last two years, and who prefers to resort to palliative measures when the attack comes on than to submit to surgical interference, the first symptom is palpebral itching and acute coryza with swelling of the nasal mucous membrane, and consequent difficulty in breathing through the nose. After a few days, pharyngitis sets in, followed shortly after with hoarseness. Last of all comes the asthma, with slight cough and scanty expectoration and a feeling of constriction about the chest, auscultation eliciting sibilant, moist sounds. When not treated, this continues a couple of weeks, the cough and expectoration gradually increasing, and when the latter becomes abundant, relief is felt, and the patient recovers entirely. When, however, treatment directed to both the spasmodic element (lobelia and belladonna) and the inflammatory condition (chloride of ammonium, bromide and iodide of potassium) is administered, the patient recovers in a few hours, whereas either class of remedies administered alone produces no effect whatever. Atropia was even pushed far enough to cause decided toxæmic manifestations; the dry throat, photophobia and superficial heat only served to render the patient more miserable. The case is distinctly one of hay asthma; the symptoms occur yearly at stated periods, are increased by exposure to the emanations that originally caused them, and are all so characteristic of the disease that the diagnosis cannot be doubted.

I believe the branches of the spheno-palatine ganglion to be but slightly if at all involved in the pathology of this variety of hay asthma. It is through the gradual extension of the inflammation downward, that the peculiar liability of the minute bronchial muscles to become spastically contracted is excited. It is only in this that it differs from the other. In both, the exciting cause and the ultimate results are the same, but in the one the link between them is the nervous system; in the other, the mere continuity of tissue.

Again, two idiosyncrasies exist in each variety, one consisting in the proclivity of becoming affected by the pollen, the other in that of the bronchial muscles to be excited. The latter does not differ from ordinary asthma, but it requires the peculiar action of the pollen to become induced.

The *modus operandi* of the treatment in the catarrhal form is somewhat different. Its object is not only to prevent the liability of the intranasal membrane from becoming influenced by the pollen, but to place it in such a condition that an inflammatory process of any importance become impossible. Both objects are attained by perverting by a destructive agent the sensibility of the nervous elements: the liability of infection is destroyed by it, while the blood supply to the membrane proper is limited to its smallest possible degree, through the mechanical constriction it gives rise to.

When the nasal membrane becomes inflamed, the erectile tissue underlying it becomes overloaded with blood. If a few applications of glacial acetic acid for instance, are made over it, a destructive metamorphosis will take place on the surface, which will induce, through cicatricial contraction, pressure on the underlying erectile tissue, and limit its power of expansion, but if these are continued for some time, the epithelial layer will become so thinned, that the fluid will penetrate *into* the erectile tissue, and render expansion impossible by destroying its internal cavernous frame-work. This I have observed in all the cases of hypertrophic catarrh I have treated by destructive agents, and in persons who are frequently affected with "erectile" coryza, the most disagreeable symptom, difficulty in breathing through the nose, can be permanently relieved by a couple of incisions with the galvano-cautery knife.

I principally alluded to glacial acetic acid, because this agent had been used in all the cases on which this paper is based. But I must state that of late I have abandoned its use, because, in order to obtain a satisfactory result, it has to be applied over an extensive surface, and gives rise to severe pain. Galvano-cautery has served me better, requiring but few applications, and being painless if properly used.

An important point which must not be overlooked in the treatment of this affection in whatever form it may present itself, is the influence hypertrophies of the nasal membrane have in increasing its irritability and the intensity of the symptoms. These should first be attended to, and if the treatment employed be one of a destructive nature, the organic changes induced by it in the mucous membrane proper will often be sufficient (as it was in the two illustrative cases, and in several cases treated afterwards) to annul its abnormal nervous irritability.*

*This in my opinion was the modus operandi of the treatment in the cases cured by two distinguished authors, who consider hay fever as entirely due to nasal hypertrophies.

This is especially the case when galvano-cautery is used; but it should not be relied upon however. To reduce these hypertrophies I pass the cutting edge of the cautery knife longitudinally through them. Then, after a couple of weeks, I again apply the cautery knife lightly with its flat side on the membrane, and repeat that procedure in as many sittings until the whole surface, extending over the middle and inferior turbinated bones is well singed. Where there are no hypertrophies, the second part of the treatment is alone resorted to.

As an illustrative case, I will cite that of a young lady who applied to me last summer, and whose accesses had appeared regularly for several years. Six applications of glacial acetic acid were made, which not only prevented the symptoms but made her nasal membrane absolutely invulnerable to the effects of the pollen. As a test she exposed herself as much as possible to the emanations of the plants which she knew to be the most liable to occasion a manifestation of her idiosyncrasy, and went even so far as to place bouquets in her bed-room, and to approach a field of clover, her most dangerous enemy. It might be suggested that perhaps without treatment, the same would have been the case, the idiosyncrasy having ceased to exist in the patient; this is not only improbable, but a fact, which I have held in reserve and which caused me to choose this case as an illustrative one, renders the suggestion untenable: one of the symptoms, palpebral pruritus, occurred, showing that the idiosyncrasy still existed in the patient, but that the organic alteration in the nasal membrane had annulled its liability to pollen infection, thus preventing all symptoms secondary to its abnormal irritability, but not that manifested in the palpebral conjunctiva which is irritable *per se*, and the nervous connections of which were not of a nature to involve other symptoms.

It would seem that such a radical alteration of the nasal membrane would occasion either a loss of, or at least impair, the sense of smell. This is not the case if the applications of the galvano-cautery are properly made. The "olfactory membrane," which in man is yellow, covers the upper part of the septum, the superior turbinated bone and the upper part of the middle turbinated; it is consequently but slightly involved in the treatment. On the contrary, olfaction is often improved by it, the reduction of the tumefaction facilitating the passage of air, and consequently that of the odoriferous particles.

1630 *Chestnut St.*

A CASE OF POSSIBLE POISONING BY "CHLORIC ETHER" AND A BROMIDE.

BY DR. S. M. WARD,

Ellenville, N. Y.

I am indebted to Dr. J. J. Ward, the attending physician, for the notes of the following interesting case.

It is impossible to state with any certainty just what the "chloric ether" taken by Dr. A. was, or how much was swallowed. His wife stated that for several years he had been in the habit of taking it in order, as he expressed it, "to get a morning nap." She also stated that he usually put two (2) teaspoonfuls in a two (2) ounce vial of water, and drank it as occasion required. An empty bottle, of the capacity above stated, smelling strongly of chloroform, was found by his bedside, and the odor was strongly perceptible in the breath—not in the urine though—during the whole time he was under observation. "Chloric ether," according to the formula of a druggist who formerly prepared it for the deceased physician, contains one ounce of chloroform to the half pound of alcohol. I find, however, that it is a variable compound, and is used sometimes as strong as fifty per cent. of the anæsthetic. How strong Dr. A. made it is entirely conjecture. There is evidence that he took in addition some bromide, but what the salt was, or how much of it was swallowed, is unknown.

In order to ascertain what effect a combination such as the above might have, I gave a large, healthy cat twenty grains of bromide of ammonium, together with twenty drops of chloroform and one hundred and sixty drops of alcohol. Almost immediately the animal became flaccid and limp, pupils largely dilated, respiration greatly accelerated; soon a condition of excitement came on, followed by cries, as if in pain; finally a disposition to sleep became manifest, which was resisted and overcome, and ultimately the animal scampered away at a lively gait.

The death certificate in Dr. A.'s case was made out apoplexy, but it seems questionable whether this was correct. The attending physician himself is of the opinion that it was not. The following are his notes:

A man, aged sixty-eight years, previous health generally good, having led an active life as a practitioner of medicine for forty-three consecutive years, nearly six feet high, weight about one hundred and sixty pounds, thin and spare, with large bones, was found insensible in his bed by

his wife, whom he had awakened by his stertorous breathing at half-past two o'clock, Wednesday morning, September 26, 1883. I was summoned and arrived at his bedside in about ten minutes from the time his wife was awakened. Found him lying nearly on his back, with his head turned a little towards the right, breathing slowly and with some stertor, pulse irregular, about forty per minute. In about fifteen minutes the pulse at the wrist and respirations became imperceptible; artificial respiration was begun, and in a few minutes the pulse was once more recognizable, and he breathed with a slight stertor. Temperature normal, countenance pale, and a slight drawing of the face towards the left. Limbs very flaccid, entire failure of pupils to respond either to touch or light. Suddenly, his stertorous breathing again ceased, the pulse again was hardly perceptible, and about the same condition of affairs obtained as before. Artificial respiration again brought a change, and a slight stertor was again noticeable, with a fuller radial pulse. Shortly his stertor ceased, and his respirations were noiseless and shallow. While in this condition Dr. Eastgate saw him. We both thought the case one of "apoplexy." Dr. A. had no more sinking spells, and nearly an hour having elapsed, we noted his condition as follows: Pulse 50 per minute; respiration 38, slight stertor; temperature normal; eyes half-opened, with a film over both, more marked over the right; face drawn towards the left; no response of pupil to light or touch; somewhat cyanosed, especially at the finger-tips; body surface naturally warm to the hand. He remained in this condition, or nearly so, until 10 a. m., Thursday, being seen at 9 a. m. by Dr. B. R. Bevier, who agreed in the diagnosis. About ten o'clock there was a regurgitation of the stomach, and about a pint of material containing food, followed by some dark, grumous matter, passed his lips. This smelled strongly of chloroform. The drawing of the face was now changed, being more towards the right, but not so strongly as it had formerly been towards the left; eyes completely closed, right pupil largely dilated, left normal, no response to either light or touch. There seemed to be no paralysis of any other muscles except that noted above.

1 p. m. There was a slight movement of the muscles of the forehead, as in scowling, also a slight effort at vomiting. He ejected about a half pint of a darkish fluid, ropy in its consistency. This also gave a strong odor of chloroform. His extremities now began growing cold, his nose being especially so. There was less drawing of the face. Pulse 90, and feeble; respiration 40. He now began groaning, as if in pain, and seemed to recognize his name if called in a loud voice.

4 p. m. Thirteen hours from the time he was first seen, he would reply to questions and could swallow with some difficulty; was catheterized, and about a teacupful of urine was drawn, which unfortunately was not examined. Stimulants were now pushed by the stomach, rectum, and hypodermically, and the treatment by sinapisms and hot applications kept up. He could protrude his tongue in a straight line, talk some, enough to tell us that he was very thirsty, and had great pain in his stomach.

5 p. m. His face is natural, right pupil is still somewhat dilated, though not nearly as much as before, left normal, temperature 97, pulse 100, respiration 40. Complains of being very cold. Sits up in bed, and can move himself from side to side. Was asked if he had taken opiates; replied quickly, "No." Said he had suffered pain the night before, and had taken "a little bromide." "Anything else?" "Yes, some chloric ether." Seemed to have excruciating pain in stomach, and could answer no more questions. He remained in this condition about an hour, when his pulse and respiration began growing less and less perceptible, and at 7 p. m., sixteen hours from the time he was first seen, he expired quietly, without a struggle. No post-mortem.

Remarks by the Attending Physician and the Author of the Paper.

A satisfactory diagnosis of Dr. A.'s case was not made. Any difficulty that might be caused by the use of alcoholics or syphilis may be thrown out. His habits were of the best. There was no atheromatous condition of the arteries. He never had rheumatism, and there were no symptoms of heart difficulty other than irregularity and slowness of the pulse when first seen. His previous health was good; an occasional attack of diarrhœa in the spring for several years past was the only sickness that ever troubled him. His lungs were examined early in the attack, and although there was absence of the respiratory murmur on the right side, and a metallic tinkling—which soon disappeared—on the left, nothing serious enough to cause sudden death was found. We are forced to confess that the complexness of symptoms here present puzzled us, and though it may have been cerebellar hemorrhage, in which, as is well known, frequent vomiting occurs, still, in the light of the following from *Da Costa's Diagnosis*, we are inclined toward the diagnosis of

death from heart failure caused by chloric ether. The only fact against this view is that Dr. A.'s heart acted slowly and feebly at first, though afterwards it became accelerated. "Poisoning by drinking chloroform gives rise to many of the symptoms of apoplexy; it is discerned by the odor of the breath, by the quick and tumultuous action of the heart, which accompanies the stertorous breathing; by the relaxation of the limbs, by the death-like aspect of the face, by the widely-dilated pupils, and by the complete general anæsthesia"—a point not observed in the case under consideration.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM GOODELL, M. D.,

Professor of Gynæcology in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M. D.

Large Interstitial Fibroid of the Uterus; Removal by Enucleation.

GENTLEMEN: The operation which I intend to perform before you this morning is a serious one, and one which I may not be able to complete at one sitting. It is the removal of a large fibroid tumor from the wall of the womb by enucleation.

Before speaking of the history of this patient, let me refer to the patient whom I showed you last week. You will remember that in passing the sound in a case of uterine fibroid, the instrument went through the thinned-out wall of the womb and entered the peritoneal cavity. The extremity of the sound could be readily felt through the abdominal wall. I told you that this accident had frequently occurred, and that, of all the cases that had been reported, I knew of none in which a fatal result had followed. This woman did not have a bad symptom, and being anxious to return to her home, she, against my wishes, left the hospital yesterday.

At the last clinic, you saw two cases of uterine fibroid, but in both of them the tumor protruded from the cervix. This is an interstitial fibroid, and is much more serious and more difficult to remove.

The history of this patient is, in brief, as follows: She is thirty-six years of age. She has had five children, the youngest being five years old. Since the last confinement, there has been severe hemorrhage at the monthlies. This continued growing worse and worse, until two years ago, when I saw her for the first time. She was then bleeding profusely, and was pale and blanched from the loss of blood. I found it impossible by the use of ergot hypodermically, the employment of chloride of ammonium, and other remedies, to stop the hemorrhage. I therefore had the woman brought to my private hospital. I then made an incision through the cervix, and was able to remove a large portion of the tumor, but could not get it all away. In the course of a couple of weeks the womb had forced the remainder of the mass down so that it was dilating the os. I again etherized her, and removed another portion of the tumor; and if my memory serves me correctly, I operated a third time. At this time I recognized a small fibroid in the posterior wall, but so high up that I could not get at it to remove it. I was, however, in hopes that the subsequent treatment would prevent its development. After the operation, she did exceedingly well, but the small tumor continued to increase in size, and lately hemorrhage has returned. As she is only thirty-six years old, and as the change of life will not be reached until she is at least fifty years of age—for in women who have a uterine tumor, the menopause is postponed for several years—the probability is that if nothing is done, her life will be curtailed by this growth. But this is not the principal reason why I intend to remove this tumor. The woman is in humble circumstances. Her husband is a hard-working man, and she ought to be able to attend to her household duties. As it is, she is practically bed-ridden. She can do no work on account of the severe hemorrhage which occurs each month.

This tumor is in the posterior wall of the womb and has thrown the os high up behind the pubic bone. The cervix is quite large, as a result of the incision made at the previous operation. I propose cutting through the cervix posteriorly into the tumor, passing my finger through the opening and enucleating the tumor as I would remove an orange from its rind; in other words, I shall try to dislodge the tumor from its nest.

There are two or three dangers incident to this operation. One of these is severe hemorrhage. It may be sufficient to prevent the completion of the operation. A second danger is the liability to septicæmia which results from the suppurative inflammation and offensive discharge which must take place in the large wound left by the removal of this tumor. A third danger is that we may accidentally make an opening into the rectum or abdominal cavity. If I fail in removing the tumor, I shall separate as much as I can, make a large incision through its capsule, and give ergot in order that the womb may force the growth through the opening. It is astonishing how large a tumor may be forced through a small opening. It will insinuate itself as does the bag of waters during labor, and gradually dilate the opening until it is large enough to permit the escape of the mass.

The os can hardly be felt, but as I know its position, I pass the sound into it without directing it with my finger. The womb measures five and one-half inches. That shows that we have to deal with a tumor of some size. To cut into the capsule composed of such erectile tissue as the womb is no light matter, and may be followed by considerable hemorrhage. In order to avoid the bleeding as much as possible, I use Adam's subcutaneous saw, which, as you know, is employed to make subcutaneous sections of bone. A saw makes a jagged, bruised wound, and does not cause as much bleeding as a knife.

The history of this and similar cases has led

me to believe that the future operation for many of these tumors will be that of oöphorectomy, *i. e.*, removal of the ovaries instead of enucleation. This woman has been subjected to three or four operations. These fibroid tumors are liable to be multiple; and while I may remove one, a second, which is left, may continue to increase in size, and subsequently require operation. Last Sunday I operated in this building, removing the ovaries in a case of uterine tumor, in which the tumor was so fixed in the walls of the womb that it was impossible to remove it. In order to reach the ovaries, it was necessary to lift the tumor through the abdominal incision.

I now make an opening through the posterior part of the capsule, and try to separate the tumor with my fingers. Remember that I am not in the uterine cavity. I am entirely outside of it. The capsule does not peel off as readily as I had expected. It is possible that the previous operations may have caused inflammation and adhesions of the tumor to its capsule. This adheres so tightly that I shall not be able to remove the mass entire, as I should like to do. It is going to come away in pieces. If possible, the whole tumor should be removed at one sitting. As you see, I have here a number of instruments with which to make traction: volsella forceps, large polypus forceps, and obstetric crotchets. While with the volsella I make traction, I try to separate the adhesions with this lever, looking something like a vectis, and which was devised many years ago to facilitate the removal of the ball pessary. It is a useful instrument for separating the tumor from its capsule. Here is another old instrument devised to keep the vagina down when using Sims' speculum. This I also employ to break the adhesions. The tumor is now beginning to appear. Occasionally I use Thomas's serrated spoon, which is a useful instrument in the removal of these tumors. In separating the tumor, I work towards the womb, but it is always with the fear that I may make an opening into some important cavity.

Here is the first piece that has broken off. The tumor is so tightly attached to the fundus of the womb, where the adhesions cannot be reached that, when traction is made, the tissue gives way. I now apply the crotchet, and although I am employing more force than I ordinarily do in labor, it has but little effect on this mass. Here are a number of little fibroid tumors varying from one fourth of an inch to one inch in diameter, which have been removed during the operation. These have nothing to do with the large tumor, but they constitute one of the objections to this operation; for the small tumors which are left behind may develop into large tumors. Here are more pieces, as large as hen's eggs, which have broken off.

While working, let me say a few words in regard to these tumors. There are three kinds of fibroid tumors of the womb, but it is rare that you find one typical of either class. They follow in the general law of growing in the direction of least resistance. If one forms in the connective tissue, beneath the mucous membrane, it grows towards the uterine cavity, and becomes a submucous fibroid. I believe that in the great majority of cases, fibroid polypi start as sub-mucous fibroid tumors, developing under the endometrium, and are gradually pushed forwards by the peristaltic action of the uterus. A second variety begins in the centre of the wall of the womb; it then develops in both directions towards the uterine and towards the peritoneal cavity, and constitutes a mural or interstitial fibroid. It is to this variety that the present tumor belongs. We have still another variety, which occurs directly under the peritoneum, and grows towards the abdominal cavity. This is the sub-peritoneal fibroid, and is often pedunculated. The principal symptom complained of by those who have fibroid tumors is bleeding. Sometimes pain will be the great symptom, but bleeding is *the* symptom.

The drug which is the remedy *par excellence* for fibroid tumors, is ergot in large doses. This, combined with the chloride of ammonium (the best treatment), is an effecient remedy for these cases. I have seen under its use, fibroid tumors not wholly disappear, but grow so small that, in order to be found, they had to be searched for. Subcutaneous injection of ergotine is a good method for the administration of this drug. This was tried in the present patient, but without benefit. If this treatment does no good, it is sometimes difficult to decide what is the best plan to pursue: whether to allow the woman to go until the change of life, or whether to operate. In this case the woman lost so much blood, that she would have died before the menopause would have been reached. The question then arises, can the tumor be removed by enucleation? Sometimes it can. If the os is sufficiently dilated, an incision may be made into the tumor, and if possible the tumor removed. If the entire mass cannot be taken away, separate as much as possible, and the remainder will gradually be forced through the incision. There is, however, in such cases, increased danger of septicæmia.

I have now removed the entire tumor, which, if it were in one mass, would probably measure four inches in diameter, and weigh about two pounds. The opening, which at first was very large, has now contracted and barely admits of the introduction of two fingers. You see how difficult an operation is enucleation; how difficult it is to reach the points of attachment high up; and you can understand that it is not a favorite operation. There are few who like to undertake it.

I shall now wash out the vagina with carbolized water, and then inject vinegar into the cavity to control the bleeding. Gentlemen, do not use Monsel's solution unless you are driven to it. It is a dirty, offensive remedy, and makes plaster-like clots which do not readily break down, and when they do, cause an offensive discharge, increasing the danger of septicæmia. As the patient will remain in the hospital under constant supervision, I shall not pack this cavity. I shall give ergot to contract the womb, and quinine to lessen the liability to septic poisoning.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Hypertrophied Liver.

The patient, M. M., is a young woman, twenty-one years of age, single, and a native of the

United States. She has been on the town for the last five years, and has lived a very dissipated life, sometimes drinking as much as a pint of whisky a day. She has never had a miscarriage, and has had no children. Menstruation has been absent for the last four or five months. She says that at one time she had a chancre, attended by a swelling of the inguinal glands, which did not suppurate. She has had no syphilitic sore throat. Last summer rose-colored spots appeared upon her back and shoulders, and similar eruptions have continued to come and go in successive crops since then. There have been no ulcers or loss of tissue anywhere. There are a few scattered spots visible at present. Four months ago she began to be troubled with dyspeptic symptoms, loss of appetite, nausea, and vomiting, and then with a feeling of faintness, and a loss of muscular strength. Three months ago she began to have violent fits of coughing, and would sometimes discharge small quantities of blood with the expectoration. Then she became troubled with dyspnœa, and a pain in the epigastric region, and her feet were sometimes slightly swollen. The gastric symptoms and loss of strength steadily increased. She was not troubled with piles. Two months ago she noticed that the upper portion of her abdomen was becoming enlarged. Recently epistaxis and constipation have been added to her symptoms. On her admission to the hospital, December 3d, her temperature was 101.2°. She said that she had taken no food but whisky for several days previous.

Gentlemen: this young woman, whose history you have heard, now comes to us in a very feeble condition, but she does not complain especially of this weakness or of pain; but she does complain of having ocular delusions, though there is no delirium present, or at least but a very little. The objects which she sees are very real to her, and a source of great suffering, She sees all those curious shapes and distressing forms which are said to haunt those people who are suffering from mania-a-potu; but in her there is no mania present, but only ocular delusions. And these may depend upon her extreme anæmia, as much as upon the large amounts of alcohol to which she has been accustomed.

I show you her case because she presents the interesting feature of a very much enlarged liver. And on inspecting her abdomen, you can see the enlarged veins near the surface, which are apt to be present in all cases of obstruction to the portal circulation. When she first came in, her whole belly was excessively tender to the touch, but this was especially marked over the surface of the liver. Yesterday it was less sensitive, and to-day it is still less tender. Upon gentle percussion I find that the area of liver dullness begins in the fifth intercostal space, and extends downwards to about four inches below the free border of the ribs, and to the left of the umbilicus about two and a half inches. These limits are a little less than those made out by the doctor at the time of her admission, and which you see marked off on her abdomen. She is so tender that I dare not use force enough in percussing her to elicit an audible tone. But in percussing lightly over a solid organ, even though no sound is elicited, there is a sensation of a want of resonance transmitted to the hand, which is just as valuable as though the sound were heard by the ear. So here I can feel that I am percussing over a solid organ, though I cannot hear anything. I find, also, that the spleen is enlarged, its lower border extending below the free border of the ribs, and its upper border rising to about the usual height, in the eighth intercostal space. I find no evidence of fluid in the belly either by percussion or palpation.

We conclude, therefore, that she has an enlarged liver and an enlarged spleen. And now the question arises as to what is the cause of this. One of the possible causes is congestion of the liver. For this organ will sometimes increase in size a third or a half as a result of a congestion brought on by the excessive use of alcohol for a short period. However, this is but a transient condition, while the enlargement which we have here seems not to be transient, judging from the history which she gives. So we cannot account for it by congestion alone. But may she not possibly have some kind of degeneration of the organ? Considering her dissipated course of life, and the specific history which she gives, there are two kinds of degeneration, either of which we ought to expect to occur. For fatty degeneration of the liver is often a result of excessive indulgence in alcohol, while waxy degeneration frequently results from constitutional syphilis, and indeed syphilis is one of the most important causes of this variety of degeneration. It is not an easy matter to determine which of these two varieties we have here. But it may be of service to remember that fatty degeneration is usually a special degeneration of this organ alone, while waxy degeneration is a more generalized and universal disease, and it may effect any of the parenchymatous organs, but notably the liver, kidneys, and spleen, and the walls of the vessels anywhere in the body, and thus be as general as sclerosis usually is. We can exclude a tumor of the liver here, because of the regular outline and the uniform enlargement of the organ in all directions. Therefore, because we find that the liver is not the only organ involved here, it is more probable that the enlargement of this organ is due to waxy degeneration. But I would consider that there is also congestion here as a complication, which is an additional cause of the hepatic enlargement. But that it is due simply to congestion is not probable, because it has existed so long a time; while it is not at all improbable that there is an element of congestion in addition to the other causes of enlargement. For there is great tenderness over the liver, and this is one of the prominent signs of congestion. And this supposition is further confirmed by the effect which medicine has produced upon her. For I think that since she came in the liver has considerably diminished in size, as a result of the administration of a purgative and other medicines which tend to reduce congestion. But this is I believe only one of the elements of the enlargement of the liver, which is mainly due to a degeneration, either fatty or waxy, of the organ. And in favor of its being a waxy degeneration is the fact that we have already found, that the spleen is also enlarged. And now we can arrive at some evidence in regard to the condition of the kidneys by examining the urine. The doctor has made this examination,

and he finds that the urine contains albumen and casts, and it is of low specific gravity, and it varies in quantity from day to day. The three important indications here are the presence of albumen, the low specific gravity, and the variation in quantity. In waxy degeneration of the kidneys the urine is regularly below the standard, and it varies in quantity, and it is sometimes considerably, or at least moderately, albuminous. So here we have a waxy degeneration of the kidneys, in all probability, in addition to degenerated spleen. And I therefore think it probable that in this case we have a waxy liver to deal with. Still we cannot be absolutely certain about it; and in any case the diagnosis is not of very great importance here, for it will make little difference as to the final result.

When this patient first came in, a calomel purge was administered in order to reduce the congestive element, and to prepare the digestive organs for assimilating food. To-day she has not taken any food but water, and has had epistaxis twice. You observe here what you will see in all advanced cases of degeneration of the liver, namely, a readiness to bleed from the mucous surfaces, and an extreme anæmia, and a pallor which is unmistakable. If I were to examine the retina of the eye, I would probably find the anæmia well marked there. Her pupils are very large, and so far as her ocular hallucinations are concerned, she is in very much the same condition as is a person who is suffering from poisoning by belladonna. For sometimes in belladonna poisoning there are hallucinations of sight, without any true delirium. Up to this time she has been perfectly conscious and intelligent, and there has been no mania, though she is now perhaps beginning to be a little delirious at times.

There is not much to be said about treatment in such a case.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Enteric Paraplegia.

BY ROBERTS BARTHOLOW, M. D., LL. D.,

Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Philadelphia.

[Read November 7, 1883.]

By the term enteric paraplegia, I intend to express the conception of a spinal paralysis, produced by an intestinal disorder. It is a truly reflex paralysis. The fact of the existence of such a malady is denied by many, and indeed most of the reported examples will not bear careful inspection; for it will be found, as I shall show, that they are really cases of ascending neuritis. Eliminating such from the examples of true reflex paraplegia to be found recorded, I intend to place the latter in a special group composed of cases presenting the symptoms of an enteric disease, during the course of which a motor and sensory paraplegia manifests itself, and pursues a course obviously dependent on the original lesions. The cases I have lately seen occurred in men over sixty years of age, and each one presented a morbid complexus so distinctive and uniform as to entitle it to be regarded a substantive affection—a pathological entity. Although such cases have been described as examples of reflex paralysis, they have not been adequately differentiated from others similarly classified, but of different nature.

Before attempting the task of analysis and differentiation, I must give a brief outline of three cases, the most recent which have come under my observation.

Case 1. Mr. R., æt. 64, merchant and banker, of very vigorous and robust frame, rather spare and bony in outline, but capable of great endurance, called on me a year ago, amongst other physicians of this city, for relief of an obstinate bowel affection. His story was this: For a year or more previously he had suffered with intestinal indigestion, colic pains, flatulence, and considerable depression of spirits. Soon after these symptoms were experienced, he began to have pain in the back, with more or less band-like constriction of the abdomen, a feeling of numbness in the feet and legs, a strong sense of fatigue in the inferior extremities, followed by weakness and awkwardness of movements in walking, obstinate constipation, and slowness in the emission of urine. For the relief of these alarming symptoms he consulted an eminent practitioner of this city, who diagnosticated myelitis and advised cups, the moxa, and a pill which probably contained ergot. Without using any of the local applications, Mr. R. took the pills, which had a favorable effect in relieving the flatulence and constipation; but presently dysenteric attacks supervened, and then a remarkable change ensued in the spinal symptoms. Up to this period, the paraplegia had steadily increased, and walking had become exceedingly difficult, but the change in the condition of the intestine effected a revolution in the state of the spinal functions, and in the course of a few weeks, all the paralytic symptoms had disappeared. Still troubled with intestinal indigestion, Mr. R. finally consulted me amongst others, when I learned the details of the case just given. Very recently I have heard that Mr. R. continues free from the spinal symptoms, and has in the main got rid of his intestinal disorder.

Case 2. Mr. P., a tall, thin, but hardy Quaker farmer, æt. 72. I saw the patient at his home near Delta, York county, this State, in consultation with Dr. Hickman, a very intelligent practitioner living there. I learned that the patient some ten years before had experienced a similar attack, but had recovered rather suddenly under the influence of some remedies which were then prescribed. For some years, he remained comparatively free from disorders of digestion. The present attack came on during the past winter; at first there appeared a very considerable disturbance of digestion—acidity, pyrosis, flatulence, and colic pains. The distress was increased by taking food, and apparently attained its maximum when the alimentary materials entered the intestines. In fact the symptoms of intestinal indigestion were the most pronounced throughout, and to these were added obstinate constipation, the stool consisting of balls united by masses of mucus or coated with the same. Very soon after the gastro-intestinal catarrh was established, Mr. P. began

to experience numbness of the feet and legs, and an increasing difficulty of locomotion.

At the time of my visit with Dr. Hickman, the patient was nearly entirely disabled. The history of very severe and continuous digestive troubles was repeated. I will, therefore, to occupy as little time as possible, pass on to the objective examination of the paraplegia.

He could not stand without assistance; there was an extreme degree of ataxia; the muscles were so weak that his utmost efforts could not at all hinder slight movement of extension when the legs were flexed on the thigh; the tactile sense was so lowered that the points of the æsthesiometer could not be felt at all; the muscles responded feebly to an induction current; the emission of urine was very slow, and there was much dribbling afterward, and the bowels were extremely sluggish. There was a feeble knee jerk.

With attention directed entirely to the digestive trouble, beginning with an exclusive milk diet, in two weeks a marked improvement was manifest in all the symptoms, the paraplegia disappearing. In a letter recently received from Dr. Hickman, I learn, that after a period of very great improvement, Mr. P. began to decline in strength, owing to failure of the functions concerned in nutrition.

Case 3. Mr. McK., of Clearfield county, about sixty years of age, has had for many years frequent attacks of sick-headache. Within the past year, pronounced symptoms of intestinal indigestion, pain of a colicky character, flatulence, and irregular action of the bowels, etc., have come on; but the symptom which has caused the greatest apprehension, and on account of which, more especially, he has called on me, is an increasing numbness with some diminution of power of the inferior extremities. The tactile, pain and temperature senses, are not abolished, only slightly impaired, and the tendon reflex is unaffected. A feeling of fatigue, of weight and heaviness is felt in the legs, but locomotion is not as yet much affected. I wait further developments in the symptoms referable to the nervous system, but meanwhile treatment is directed to the gastro-intestinal disorder.

Cases similar to those which I have thus briefly outlined, have been recorded by various observers. An admirable example, and one of the first of its kind, was narrated by that eminent clinician, Graves, of Dublin, (*Clinical Medicine*, edition by Neligan, vol. i. p. 558). In this case extreme gastric disturbance, with less important intestinal, came on in distinct paroxysms, varying in duration from several days to two or three weeks, and accompanied by complete motor paraplegia. For a time, entire recovery took place, the paralysis disappearing with the cessation of the other symptoms. Finally, the attacks grew so frequent as to be almost continuous, and death ensued from exhaustion. The minutest examination failed to disclose a lesion in any organ of the body. With the advance in our means of investigating morbid states, such cases of presumed functional disease of the nervous system are becoming more and more rare. That there is a condition of reflex paraplegia, due to anæmia of the cord, is a postulate I expect to maintain. That there is, however, a so-called reflex paraplegia connected with diseases of the gastro-intestinal and genito-urinary tracts, which is not truly reflex, is another postulate that I believe to be susceptible of demonstration.

There was a period, in England more especially, when the notion of reflex paraplegia secondary to intestinal, renal, and genital disease, was widely entertained. The cases first reported by Stanley (*Medico-Chirurgical Transactions*, vol. xviii. p. 260), Brodie (*Lectures on Urinary Organs*, p. 115), Stokes (*Practice of Medicine, Treatment of Nervous Diseases*), Graves, and others, were supplemented by the striking narratives of Gull (*Guy's Hospital Reports*, various papers). Then Brown-Séquard (*Lectures on Paralysis, etc.*, 1861) gave a scientific explanation of the mechanism, referring the paralysis to vaso-motor action. It must be admitted, nevertheless, that the doctrine of a reflex paralysis has not maintained the position it once had. In no modern work is the subject treated with the extent and gravity befitting an important disease.

The two postulates I purpose to sustain, are:

1. That there is a reflex paraplegia due to a functional disturbance of the intestine—enteric paraplegia.

2. That there is a paraplegia having its initial seat in the end-organs of the nerves distributed to the mucous membrane, thence ascending to the cord by a progressive neuritis.

As respects the first postulate, the cases I have narrated, and many others on record, demonstrate a causal connection between the enteric disorder, and the spinal. That the paraplegia is functional is proved by its prompt cessation when the cause is removed. One of the means of determining whether a given paraplegia is due to a myelitis, or to mere anæmia—that is, functional—is the subcutaneous injection of strychnine. At a late meeting of the American Neurological Association, Dr. Jewell, of Chicago, recounted his experiences with considerable doses of strychnine, in cases of paraplegia, which improved so remarkably, that they must have belonged to the merely functional group. It is in a high degree probable, that cases of merely reflex paraplegia—of enteric paraplegia—especially as they occur in aged subjects, are relatively frequent, and happen from a degree of intestinal disturbance, that seems a mere accident of the morbid complexus.

What is the mechanism? We are helped in our consideration of this question by physiological data. Kussmaul and Tenner (quoted by Erb), have shown that sufficient loss of blood will cause paraplegia. Tying the abdominal aorta, and its obstruction by disease—of which Gull (*Guy's Hospital Reports*, 1858, p. 311) has given a striking example—embolic blocking of the spinal vessels, as Panum (*Virchow's Archiv.*, Band xxv.) has experimentally demonstrated, and large uterine hemorrhage as Moutard-Martin (*L'Union Médicale*, 1852,) has shown, have alike stopped the spinal cord functioning. In other words, an insufficient blood supply—an anæmia—is a cause of paraplegia. Brown-Séquard in his Lectures, published in 1861, maintained the thesis that a strong contraction of the vessels of the cord induced by reflex stimulation is the essential condition in reflex paraplegia. We should not lose sight, in this connection, of the degree of stimulation necessary. A moderate degree of intestinal irritation suffices —for the law of reflex contraction of the vaso-

motor fibres may be formulated thus: irritation of the end organs of the sensory nerves, not too violent and long-continued, stimulates the vaso-motor centre in the medulla, and causes a general contraction of the arterioles; but excessive and protracted irritation depresses the vaso motor centre and relaxes the vessels. It seems probable that an ordinary intestinal indigestion and the stretching of the nerve fibres produced by retained gas, is a degree of irritation sufficient to produce the supposed effect. To the further elucidation of the mechanism of enteric paraplegia, it is necessary to recall the fact that the blood pressure in the vessels of the intra-abdominal organs rises and falls within considerable limits in quite an independent manner, controlled, doubtless by the same ganglia that regulate the calibre of the intra-spinal blood-vessels.

The circulation within the spinal canal is peculiar, in that the veins bear such a disproportionate volume to the arteries, and that the whole vascular supply is in a certain sense a diverticulum. Atheroma of the vessels will contribute to the result of reflex irritation, and hence it is that paraplegia has resulted from endarteritis of the spinal vessels.

The second postulate is that the paraplegia which succeeds to certain cases of enteric, renal, or genital disease, is due to an ascending neuritis. Chronic dysentery, pyelitis, and vesical catarrh, are affections during the course of which the spinal cord has become diseased. Lesions of continuity involving the terminal nerves in structural changes, are necessary to the production of this effect. The part which ascending neuritis may play in causing anatomical alterations of the spinal cord, is exhaustively shown by Friedreich in his monumental work on progressive muscular atrophy (*Ueber progressive Muskelatrophie, über wahre und falsche Muskelhypertrophie*, Berlin, 1873, Hirschwald). Whether we accept his conclusions or deny them, we cannot withhold the full measure of admiration for his labors. Starting with the theory of an intra-muscular neuritis, Friedreich holds that by an extension of this affection upwards, the cord is ultimately reached, and the changes belonging to progressive muscular atrophy are wrought. The intra-muscular neuritis admitted, the rest may easily follow. Under the term "Chronic Ascending Neuritis," Dumenil has described the changes in injured nerves which, caused by trauma, proceed from the point of injury up to and involve the cord. Vulpian has especially demonstrated the modifications produced in the spinal cord, by the section of a principal nerve in a member, usually the sciatic (*Archives de Physiologie Normale et Pathologique*, No. 3, 1868, p. 443). The nerves of a limb amputated as Dickinson has especially shown, undergo degenerative atrophy, and that part of the spinal cord in anatomical connection therewith, also atrophies. Many other observations might be quoted, but these will suffice to show how changes in the cord follow injuries to peripheral nerves.

In paraplegia secondary to ulceration of the mucous membrane, we can readily, I think, conceive of a lesion of the peripheral nerves, and an ascending neuritis to which the succeeding changes are due. It follows that such cases require a very different prognosis from those of simple reflex paralysis. The course and termination of the latter are effected by the causal lesions, whilst the former pursue a steadily unfavorable direction from the beginning of the spinal symptoms. The differentiation of reflex from secondary paraplegia is made by attention to the following points:

Reflex paraplegia is sudden in its onset, or, at least, develops quickly; secondary paraplegia is gradual in its evolution; the former is soon complete in all its points of symptomatology; the latter attacks one spinal function at a time. Reflex paraplegia follows the fortunes of the producing malady; secondary paraplegia pursues an independent course, and when the alterations begin in the spinal elements, they proceed in their own way, just as after amputation of a limb, the changes in the cord go on in the associated nerve fibres, or as in Landry's ascending paralysis, the lesions proceed by contiguity of tissue. Reflex paraplegia, of and by itself, never proves fatal, nor does it inflict permanent damage; secondary paraplegia may be the cause of death, and if not fatal, effects lasting mischief.

To this view of reflex paraplegia it may be objected, that extreme variations in the vascular supply must ultimately lead to structural changes. This is certainly possible, but the spinal, like the cerebral circulation, is arranged to permit considerable variations in the amount of blood.

It remains to explain, if an explanation be possible, why intestinal or renal lesions may in one case produce a merely reflex disturbance, and in another, set up an ascending neuritis. There are, probably, two reasons: 1. The depth and extent of the peripheric lesions; 2. An inherent susceptibility to degenerative changes in the nervous elements. The first to me has profound significance, and I have already alluded to it. A degree of peripheric irritation not too great, will merely stimulate the vaso-motor centres, and cause anæmia of the cord by tonic contraction of its vessels, but when the lesions of the mucous membrane are of a destructive kind, depression of the trophic centres, as well as of the vaso-motor, ensues. That there is a neuropathic type of constitution, in which the nerve tissues are peculiarly prone to take on morbid changes, is an indisputable fact. When the two influences coincide, the result is not doubtful.

I must, then, conclude that there is a malady, which may properly be entitled *Enteric Paraplegia.*

An Old Definition of the Meaning of "Doctor."

Dr. A. Creswell Rich thus writes in the *Brit. Med. Jour.*, December 1, 1883:

The following epigram appears at the end of the preface to *The Practice of Physick*, "by Lazarus Riverius. From my study at Montpelier, July 1st, 1653. Printed by Peter Cole, Leadenhall, June 2nd, 1655." It is signed, "W. R." I am unable to find out for whom these initials stand.

"*Doctors*, or *Teachers*, they of *Physick* are
(Whether by Pen they do it, or in Chair,
With lively Voyce), that teach the way to know
Man's Nature, Health, and *Sickness*, and do show
Diseases, Cause, and *Cure*. But they who spend
Their Life in *Visits*, and whose Labors end
In taking *Fees*, and giving *Paper-scrowls*,
FACTORS of *Physick* are; and none but *Owls*
Do count such *Doctors*, that *no Latin* know,
From whence that *Name* did to our Language flow.
W. R., Doctor, and Factor of Physick."

EDITORIAL DEPARTMENT.

PERISCOPE.

Good Remedies out of Fashion.

In an address on this subject, delivered at the annual meeting of the Metropolitan Counties Branch of the British Medical Association, by the President, Dr. C. J. Hare, late Physician to University College Hospital, the lecturer made some interesting observations on emetics and bleeding.

"It is not long ago that, in a very urgent case of bronchitis, I advised the administration of an emetic; when the gentleman whom I had been called to meet in consultation said, 'Why, I never gave an emetic to an adult in my life.' In former times, it was not unusual, on the contrary, to commence the treatment of many diseases with the administration of a dose to procure vomiting; and although the remedy might then be given sometimes indiscriminately and according to routine, only those who have seen the effects of emetics, properly and judiciously given, can conceive the beneficial effects they sometimes produce. In the early stage of an attack of croup, it was by no means unusual to give an emetic of tartarized antimony or of ipecacuanha; and it is in accordance with the recorded experience of some of the best authorities and most practical men, and quite consonant with my own experience too, that symptoms which presented the most certain augury of a severe attack were by these means cut short, the hoarse voice resumed its natural character, and the feverish symptoms were in a few hours relieved. I know quite well that a great fear is entertained by some as to the depressing effects of emetics; but the fear is theoretical, and not practical, and those who have had most experience in the administration of them best know how groundless the fear is. In diphtheria, too, I have seen the false membranes which are out of the reach of local remedies, and which the patients cough and cough in vain, and utterly exhaust themselves to get quit of, readily brought up by the action of vomiting, to the immense relief of the sufferer.

"In suffocative bronchitis, the effect of emetics is sometimes magical, and by their administration in such cases not only is immense relief given, but I verily believe—I am certain—that lives are saved. You are called to a patient who has been ill a few days, with increasing dyspnœa; she is sitting up in bed (I draw from nature), for to lie down is impossible; she is restless, and tossing about; the lips, and indeed the whole face, blue; the eyes watery and staring; the pulse quick and small; the cough constant; the expectoration semi-transparent and tenacious; over every square inch of the chest, front and back, from apex to base, you find abundance of rhonchi; moist, sonorous and sibilant ones in the upper part of the lungs, and muco-crepitant or mucous *râles* towards the bases. Ammonia and stimulants, right and good in their way, perhaps, in such a case are too slow in their action; the patient is, in fact, more or less slowly, more or less rapidly suffocating. An emetic of twenty-two grains of ipecacuanha in an ounce of water is given; in ten or fifteen minutes the patient vomits and brings up a huge quantity of that tenacious mucus, and the whole aspect of the case is altered; the distressed countenance is relieved; the breathing is at once quieter; and the patient is able for the first time for the past twenty-four hours to lie moderately low in bed, and to get some sweet refreshing sleep. The patient is, in fact, rescued from the extremest peril, and in this case, and in many similar ones too, I believe, from otherwise most certain death. Of course, in such cases the emetic is not given for its effect on the stomach, but for its collateral effect in mechanically clearing out the enormous amount of secretion which accumulates in the bronchial tubes, and which the patient is otherwise quite incapable of getting quit of; and thus the half-choking, almost asphyxiated, condition is changed for one of comparative comfort, and time is gained for the action of other appropriate remedies. No doubt the secretion may, and often will, accumulate again; and I have not hesitated again in bad cases to repeat the same good remedy; but it is a fact, and a very positive one, too, that, quite contrary to what those who have had no experience in the plan suppose, the system rallies instead of being more depressed under the action of the remedy.

"There is a class of cases in which the right heart is engorged with blood, and in which the only hope of rescuing the patient from death is by bleeding. A man of middle age (I again draw from nature) has considerable chronic bronchitis, with some congestion of the lungs, and, like many other unwise persons, he goes to a southern watering place instead of remaining in his room and in an uniform temperature. Becoming worse, he determines to return home, and travels on a cold spring day; his dyspnœa is so much worse on the journey, that his friend and the fellow-passengers doubt whether he will arrive home alive; and when his carriage meets him, it is with the greatest difficulty he is conveyed to his house, and got into his drawing-room. You are at once sent for, the message being that the patient is dying, and when you arrive you find that that is the fact. He is sitting in a chair (to lie down is impossible for him), his face is blue and swollen, his lips purple, the eyes suffused and staring, his heavy gasping breathing you have only too distinctly heard and recognized as you ascended the stairs, and when you see him you find his chest heaving, and each short gasping inspiration followed by a long wheezing and moaning expiration; his lungs are full of moist sonorous, and mucous and submucous rhonchi, and scarcely a trace of vesicular respiration is to be heard, and he is pulseless. He looks to you beseechingly, and gasps out, in scarcely articulate words, that he is dying. This is but too true. Now, the treatment for such a condition at the present day is 'to pour stimulants' (though the patient can scarcely swallow). Bran-

dy and water are given, and ammonia, and perhaps ether; then, if the patient lives long enough to have them made, mustard poultices are applied to the chest, and to the calves, and to the feet, and the patient is fanned, and the patient dies. Something has been done, but that which true pathology —and, indeed, common sense, unshackled by prejudice, custom, and fashion—would dictate, has been left undone. Appearances have been saved but not the patient's life.

"The fact is, that here the danger lay in the right side of the heart being gorged with blood, so that it was impossible for its stretched and distended walls to contract and to propel forwards the thick and blackened blood. Oh, as you value your patient's life, as you value the blessed consciousness of being a minister who has done everything possible for his welfare, let me beg of you not to be contented with the futile treatment of to-day; relieve that poor, oppressed, distended heart, and all may be well! Open one of those veins which are, with every systole of the heart, tending to carry more and more blood to this already distended right ventricle, and all may yet be well with your patient. Sometimes this bloodletting, in extreme case, is no easy matter; it may be necessary, before you can effectually open the vein, to place the patient's arm in warm water, so as sufficiently to distend the vein; and even when the ligature has been efficiently applied, and the vein well opened, you may have to press and squeeze and rub upwards the arm before a drop of the thick and tarry blood will flow. But when it *does* flow at length freely, oh, what a marvellous change may you see take place!—the breathing becomes quieter, deeper, and less noisy, the haggard face resumes the appearance of tranquility, the blueness of the skin is replaced by a more natural tint, the pulse becomes more and more distinct, and, in a word, the choked up heart is set free. This is no fancy picture. Every word is simple truth, and I appeal for confirmation to the memory of every senior member present who recollects the experience of his earlier days, and who can also probably tell you that the after-progress of such cases was sometimes almost miraculously rapid, so that in a few days even the patients might become convalescent."

The Chief Theories of the Nature of Diabetes Mellitus.

The *New York Medical Journal*, July 28, 1883, contains an article on this subject by Dr. F. Eklund, of Stockholm, Sweden, which concludes with the following appendix:

1. The essential cause of diabetes is, according to Tunke,[a] the exceeding accumulation of grape-sugar in the blood; this accumulation, itself, again may arise in different manners. 1. It may be produced directly by injection of solutions of sugar into the blood; 2. It arises spontaneously in men during, for the present, unknown pathological conditions; 3. It appears as a consequence of some lesions of the nervous system; and 4. As the effect of the influence of some poisons on the nervous system. Lesion of the medulla oblongata at a definite spot in the floor of the fourth ventricle (at the apex of the calamus scriptorius), section of the spinal marrow at different heights, poisoning with curare, at the same time sustaining the blood circulation by means of artificial respiration, yet only with incomplete inflation of the lungs, effect diabetes (justly and properly[b] called a transitory mellituria). It is proved that in all these cases the sugar which is accumulated in the blood is liver-sugar. But from this it follows that the forms of diabetes mentioned depend either (1) on an increased metamorphosis of the already present liver-glycogen into sugar, or (2) on a lowering of the processes which normally annihilate sugar, either in the blood or in the textures, so that their extinction must, of course, produce an accumulation of the said matter in the fluids of the body.

2. According to Claude Bernard,[c] the cause of diabetes is an increase sometimes of the whole function of the liver, sometimes only of the change of the glycogen present into sugar in consequence of an active congestion of the liver, depending on a paralysis of its vaso-motor nerves.

3. Schiff[d] argues that a hyperæmia produced by paralysis of the vaso-motor nerves in any considerable vascular area causes the formation of a ferment which is not to be found in the normal blood, but which within the liver changes the glycogen into sugar.

4. Pettenkofer and Veit[e] declare the cause of diabetes to be, that with a normal synthesis of glycogen in the liver the decomposition of the sugar produced is retarded or suppressed by impeded oxidation in the blood, but neither is the fundamental fact, the decomposition of the sugar, to be admitted, nor is the truth of the different hypotheses which are suggested to explain the causes of the pretended checking of the oxidation demonstrated.

5. Tscherinow,[f] who regards the liver as a sugar-destroying organ whose physiological object is the metamorphosis of sugar into glycogen, maintains the view that in diabetes the energy of the liver in the processes of oxidation (more properly, dehydratation[g]) is impaired.

6. According to Pavy,[h] the cause of diabetes in men is a paralytic dilatation of the vessels of the liver.

7. Trumet de Fontarce[i] thinks that the genuine diabetes is of paralytic origin, depending on dilatation and hyperæmia of the vessels of the liver in consequence of their privation of the contractile stimulation of the vaso-motor nerves. It is only a transitory glycosuria, certainly a pregnant symptom of diabetes mellitus, but never the real constitutional diabetes, that has been produced in an experimental way.

8. Senator[j] suggests that diabetes, may arise: 1. From an abnormally augmented quantity of

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[a] Otto Tunke's "Lehrbuch der Physiologie," Leipzig, 1876, I Theil, S. 153.
[b] Eklund.
[c] Otto Tunke, *op. cit.*, S. 154.
[d] Ibid.
[e] Ibid.
[f] Ibid.
[g] Eklund.
[h] Senator, "Diabetes Mellitus," in "Handbuch der speciellen Pathologie und Therapie," von Dr. H. v. Ziemssen, xiii. 1, Leipzig, 1879, S. 484.
[i] Trumet de Fontarce, "Pathologie clinique du grand sympathique," Paris, 1880, p. 212.
[j] W. T. Loebisch, "Anleitung zur Harnanalyse," Wien und Leipzig, 1881, S. 273.

sugar in the chyle or in the blood of the vena porta, or in these two together. This excess of sugar depends on an impeded metamorphosis into lactic acid of the sugar in the intestines, or on an accelerated resorption of the sugar. 2. The cause of diabetes is an abnormal acceleration of the circulation in the vena porta, whence generally more of the sugar ingested or derived from starch enters the liver. From this organ it is transported into the circulation, without having been metamorphosed into glycogen, but, moreover, the glycogen formed from sugar or other matters is transformed again more speedily and in more considerable quantities into sugar than it is carried away. 3. The cause is a diminution of the power to decompose the sugar which is introduced into the general circulation.

9. Zimmen[k] directs attention to the fact that hitherto, in interpreting the origin of diabetes, the muscles, where glycogen and sugar are formed, have not been taken into account, and, nevertheless, a muscle in repose, as we know, like the liver, stores hydrates of carbon in the form of glycogen in its tissue; during labor this glycogen is converted into sugar—that is, further decomposed into sarco-lactic acid, and finally into carbonic acid and water. That the muscle during its activity destroys even the sugar circulating in the blood, is most evident from the cures that are effected of many diabetics by means of bodily exercise methodically used.

10. Cantani[l] says that diabetes mellitus is a disease of the nutrition, in which, without an abnormal production of sugar, this is not consumed as fuel in the organism. This resistance that the sugar in diabetes shows against the process of oxidation may proceed from the fact that the ferment which disintegrates the sugar either is totally absent or operates in an abnormal manner on the sugar and metamorphoses it into a combination on which the oxidizing forces of the organism are wholly inoperative. According to Cantani, the blood-sugar, the paraglycose, of diabetics is different from the normal blood-sugar. As the material seat of diabetes, Cantani admits in the first stage the pancreas, even the digestive glandules of the stomach and intestines; it is only indirectly that affections of the central nervous system, by influencing the chylopoiëtic organs, effect diabetes.

The Therapeutic Results of Hypnotism.

The *Boston M. and S. Jour.*, Nov. 29, 1883, tells us that De Giovanni has recently published, in a reprint from the *Gazetta Medica Italiana*, some observations on the above subject which are thus summarized in the *Centralblatt für klinische Medicin*, No. 42, 1883:

Giovanni reported five cases in which he had employed hypnotism for therapeutic purposes. Four of the patients were females, with markedly nervous constitutions, the fifth a young man of eighteen years. In the first case there was a circumscribed painful spot in the lower portion of the dorsal spine persisting after a contracture of the lower extremities that had been cured by massage; in the second an obstinate nervous vomiting; in the third a nervous affection of a very diverse and changeable character, consisting of contractures, neuralgias, anæsthesias, etc., which, according to the opinion of the reporter, did not depend upon hysteria.

In the two first cases Giovanni succeeded in hypnotizing the patients at the first attempt while he caused them to look at the point of his finger held fourteen to fifteen centimetres distant from their eyes, and a little above their level. With the third patient in the first sitting, although it lasted an hour, no sleep occurred, and but little in the second, but in the latter some tremulous movements of the legs took place, without, however, the patient's being conscious of them. In the third sitting she came into an evident hypnotic state. In all three cases complete cure followed after two or four weeks of treatment, whereas they had resisted every other treatment. The sittings took place from one to three times daily. The fourth patient suffered from alopecia areata and a peculiar affection of the skin. Giovanni wished to excise a bit of the skin for microscopical examination, and hypnotized the patient with that object. He was able to perform the little operation without the patient's experiencing the least pain. For a similar purpose he hypnotized the fifth patient, who was suffering from an acute, exceedingly painful coxitis, and on whom a bandage was placed during his sleep.

The phenomena observed were in all cases the following: At first, accelerated movements of respiration and movements of swallowing occurred. The pulse, too, became quicker. Then the lids closed, and the eyeballs turned upward; then quiet sleep during which the tendon reflexes were exalted, but the neuro-muscular excitability not enhanced. Complete muscular relaxation and cutaneous anæsthesia followed, yet needle-pricks called forth lively reflex movements. It was noteworthy that after the awakening sharp pain was experienced in the place of the puncture, and circumscribed reddening of the skin appeared as after a flea-bite. The lids were convulsively shut during the sleep. The sense of hearing was the least altered. The four patients conversed during their sleep as if they had been among their own families. After fourteen to fifteen minutes' duration of the sleep awakening occurred spontaneously or after blowing upon the face. Except for a transient feeling of heaviness in the head, the condition of the patients was good after awaking. In the fifth case, at first sleep came on, but no anæsthesia; this became complete after Giovanni had employed a moderate short pressure on the eyelids and the roots of the nose, and had rubbed the skin of the forehead. In like manner could the hypnosis be hastened by a slight rubbing of the eyeball.

Giovanni is of the opinion that in the hypnotic sleep the conduction to the brain is completely severed, while that to the spinal cord is not disturbed, as is indicated by the persistence of the reflex movements. The appearances observed after the needle punctures are explained by extraordinary excitability of the peripheral nerves and of the spinal reflex action, as well as by vaso-motor paralysis at the punctured spot during hypnosis. He calls for further therapeutic researches on the safety and efficacy of hypnotism.

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[k] Loebisch, *op. cit.*, p. 273.
[l] Ibid.

Reviews and Book Notices.

BOOK NOTICES.

Annual Report of the Supervising Surgeon-General of the Marine Hospital for 1883. 1 vol., 8vo., pp. 406. Washington, 1883.

An examination of this volume will serve to convince the most skeptical of the great value of the marine hospital corps, not merely to the classes interested in international commerce, but to the general public as well. Especially is this the case since matters relating to national health have been placed under the supervision of this bureau. It is well equipped with a highly educated professional staff to encounter the threatenings of pestilence, and the theory on which it sets to work is one which does not antagonize other willing allies in the same contest.

The Report is made up of the official statement of the Surgeon-in-chief of the service, numerous statistical tables, a number of selected cases from practice, and an appendix of something over a hundred pages devoted to the outbreaks of yellow fever in Mexico, Texas, and Florida. The last-mentioned contains a history of these epidemics, maps showing districts infected, details of cases, explanations of the sanitary cordons established, and other such facts.

The "selected cases from hospital practice" are typical examples of diseases and injuries, and they are all well worth perusal. The first is a statistical inquiry into the manifestations of syphilis among negroes by Dr. Henry R. Carter. It reaches the interesting conclusion that this disease is decidedly milder in the black than in the white race. In his observations, Dr. Carter found an absolute absence of bone-lesions among negroes, though he cautions the reader on generalizing from this result. The surgical material in the Report is fairly full, and some of the more striking cases are accompanied by illustrations.

Transactions of the American Gynecological Society, volume vii., for the year 1882. Cloth, 8vo., pp. 485. H. C. Lea's Son & Co., 1883.

The meeting, of which this is the record, was held at Boston in September, 1882. To wait until the beginning of 1884 to print the papers and discussions is following something too literally the famous maxim of Gœthe which the Society uses as its motto and frontispiece. Certainly it is *ohne Hast*, without haste!

However, the contents are satisfactory when we reach them. The address by the President, Dr. Thomas Addis Emmet, on the exploration and diseases of the female urethra is worthy his wide reputation. It is the result, as he justly says, of years of actual experience and close observation. Obstetrics is embraced in an article on the use of ergot by Dr. J. T. Johnson, on the care of the perineum by Dr. T. Parvin, on electricity in extra-uterine pregnancy by Dr. H. J. Garrigues, on the same disorder by Dr. T. G. Thomas, on measurements of the uterine cavity in child-bed by W. L. Richardson, and on a new method in ruptured perineum by Dr. J. C. Warren. In gynecology, properly speaking, the topic of ovariotomy is treated by Drs. T. M. Drysdale and R. S. Sutton, leucorrhœa by Dr. Fordyce Barker, the cure of uterine fibroids by J. K. Thornton, etc.

The manufacture and mechanical preparation of the volume indicates the customary recherché taste of the publication committee.

A Digest of Materia Medica and Pharmacy. By Albert Merrell, M. D. 1 vol. 8vo., pp. 512. P. Blakiston, Son & Co., Philadelphia.

The term "eclectic" has been misappropriated by a class of physicians, and brought into disrepute. The writer of the work whose title is above claims to be eclectic in its true sense. Refusing his assent to any theory which is not verifiable, he announces himself as a believer in the specific power of drugs, that is, their potency to influence directly the tissues or organs affected by a disease in such a manner as to bring about a cure. This is the "eclectic" property of a medicament, its "specific" virtue. He goes a step further, and neither describes nor recommends any compounds or mixtures. His doctrine is "the single remedy, and its minimum dose." We have never read any argument to show how a single remedy can be any more efficacious than a compound, while we have read many showing the reverse. Everybody knows that any single organic remedy is itself a compound; hence, what logic is there in that position? None.

Leaving these peculiarities aside, the book is carefully compiled and contains a good deal of information about little-used remedies, which may now and then find a valuable field of action. The portion on indigenous articles of the materia medica contains many suggestive remarks.

The Medical Record, Visiting List, and Physician's Diary for 1884. New York, Wm. Wood & Co.

Those who prefer the Messrs. Wood's List will find this edition in all respects equal to those which have preceded it, and manufactured with care.

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PSYCHOLOGY.

We have had occasion in two recent issues to refer to the establishment of a society for psychological research in England, and to express our belief that its labors will result in placing upon a scientific basis those phenomena that have hitherto been relegated to the domain of quackish spiritualism.

That these peculiar occurrences do really happen, and are not merely the fabrications of unreliable persons, we have every now and then indubitable proof, and such cases as the following are by no means of uncommon occurrence:

The daily papers tell us that at three o'clock one morning Dr. Mackey (a prominent physician of Washington) rose suddenly from his bed and began pacing the floor, which disturbing his wife, she asked what ailed him. He answered that he had such a horrible and vivid dream that he could not rest after it. He had dreamed that his friend, Dr. J. Marion Sims, of New York, appeared to him, with a face like that of a corpse, and said to him: "James the Fourth is dead." Dr. Mackey said to his wife that the dream so depressed him that he would not go back to bed again, so he went down to his office and sat there at work until after daylight.

Before breakfast a telegram was brought him announcing Dr. Sims' death at 3 a. m., exactly the hour when Dr. Mackey, rousing from his dream, had looked at his clock. Looking at it again, he found that it had stopped at three o'clock.

Dr. Sims was in the habit of calling himself James the Fourth, as he was the fourth of the same name in his family.

In our own experience we know of the case of an officer of the United States Navy, who, after an absence of three years, arrived in New York. On the night of his arrival, he awakened from sleep in a state of agitation, having dreamed that his most intimate friend in Philadelphia, whom he had last heard from in good health, had just died. He was unable to compose himself, and taking the first train to Philadelphia, found that

his friend had died at the hour of his dream. We can vouch for this story.

Such phenomena force themselves upon us as being more than mere accidents; what the nature of the intimate relationship that thus seems to exist psychically between persons widely separated, is an extremely abstruse problem, and one that may never be solved, but it is exceedingly interesting and is, beyond question, well worthy of careful scientific investigation.

THE TREATMENT OF THE SEQUELÆ OF SUNSTROKE.

As is well known, Professor H. C. Wood is an authority on this subject, and what he says is well worthy of careful attention. Dr. Wood is not a therapeutic trifler; when necessary, he is very heroic in his line of treatment, and he considers the sequelæ of sunstroke one of the instances where trifling will do no good, and the most energetic measures must be instituted.

The usual symptoms, such as headache, dizziness, mental hebitude, and the like, which are intensified in summer, and by excessive artificial heat, are all due to chronic meningitis, either about the base or over the vault of the cerebrum.

Without either syphilis, tubercle, sunstroke, or some other injury, as a cause, he considers meningitis as almost an impossibility.

It may be that sunstroke will act as the exciting cause, and set up the disease, when a latent syphilis has been in reality the predisposing cause.

There is no tendency to spontaneous cure in these after effects, though treatment can do much, but it must be energetic. Counter-irritation with mercury and iodide of potassium are his sheet-anchors. If a city were on fire, you would not attempt to extinguish the flames with a whole lot of little squirts; neither would Dr. Wood expect a blister to produce sufficient counter-irritation to cure a case of chronic meningitis. He uses the actual cautery (Paquelin's), and he uses it repeatedly; as fast as one sore heals, he uses it again and again until he has cured the disease.

On the raw surface he applies antimonial ointment for a few hours; in a few days the nape of the neck presents a sight to behold, but it cures, and that is what we are after. It leaves a scar for life, but it cures the patient. If possible, he sends the patient to a cool climate in summer time. The Rhigolene spray directed on the part will so obtund its sensibility that the cauterization will be painless.

REMARKS ON PHYSICAL CULTURE.

It was a timely action on the part of the trustees of the University of Pennsylvania to institute a Department of Physical Culture. There is, indeed, a great deal of attention paid to various forms of athletic and gymnastic sports throughout our land, but how little of it is guided by that which should be the moving principle of all, to wit: the improvement of health? Too often the consequences are detrimental rather than beneficial. Over-training, excessive exertion, ill-directed efforts are as hurtful as judicious exercise is invigorating.

There is ample scope for such a deparment. We need the lines to be drawn clearly, and the information to be scattered widely as to the limit where muscular strain overrides intellectual activity, and where it defeats itself by excess. It is not the utmost physical strength which is the goal, but the symmetrical development of mind and body. That amount of exercise is most judicious which qualifies the man to do his best mental work. In many cases this is a moderate amount; in some very little indeed.

Sex, age, predisposition, and present condition are elements which must be taken into consideration in advising exercise. Few among physicians have closely examined this subject, and there is need of much more light on it. This is sadly evident by the fact that while the University of Pennsylvania is about founding this department, Girard College, with eleven hundred boys, has just torn down its gymasium, erected but a few years ago at a cost of $3,000!!

A sanitary convention has been recently held at London, Ontario.

OINTMENTS FOR FRACTURES.

It will amuse our readers to learn that a juror in an important case was recently excused from duty by one of our most intelligent and respected judges in this city on the following flimsy excuse. The *Evening Telegraph*, December 10, 1883, says:

"Shortly after one o'clock one of the jurors informed the judge that he was suffering severely from a fracture of the shoulder which he received several days ago. He had been using an ointment, the application of which he omitted this morning, because of its unpleasant odor; owing to this omission, the pain had increased. The judge at once adjourned the case until to-morrow morning at 10, expressing the hope that the shoulder might improve in the meantime."

Now, we are not jurists, but the only particularly bad-smelling ointment that we know of is an ointment made of iodoform, and our readers are familiar with the usual applications of this odorous drug. From a professional standpoint, we would advise our distinguished judges to consult some medical authorities before they again accept such extremely flimsy excuses.

Notes and Comments.

Classification of the "Porro (?) Operations." What is a True Porro-Cæsarian Operation, and What Other Forms of Uterine Ablation in Pregnant Women Have Been Erroneously Called "Porro," and Should be Separately Classified.

Dr. Robert P. Harris, of Philadelphia, states, in *The American Journal of Medical Sciences* for October, 1883, that, from a careful examination of the literature of this subject, he finds that we have no less than nine forms of operation, some of them differing very materially from the original, all called by the name of "Porro," and classified together, although having very different rates of mortality. It is hardly necessary to claim that this is very unjust to the originator, and unfair to his operation. If the Porro method is to stand upon its merits, rated by its proportion of cures, we must in justice exclude from the record all the cases not strictly deserving of the title. As it would only complicate matters to make nine orders of cases, Dr. Harris proposes to combine them where this can be fairly done, and thus reduce the list to four classes.

1. { True Porro operations.
   { Porro-Müller operations.

2. Puerperal utero-ovarian amputations, with the pedicle dropped in.

3. Premature ablations of the gravid uterus, the fœtus not being viable.

4. Prévôt's operation, miscalled "Porro." (Utero-ovarian amputation after laparotomy for rupture of the uterus.

Dr. Harris appends a tabular record of 140 cases, from which it appears that the Porro operation, carried out as originally designed, has saved $46\frac{1}{11}$ per cent. of the cases; the Porro-Müller method, unmodified, has saved $52\frac{1}{17}$ per cent.; and the combined, $48\frac{8}{29}$ per cent. of the women, and 90 out of 118 children.

Passage of Liquids Through a Tracheal Wound.

M. Lalesque, in a memoir in the *Jour. de Med. de Bordeaux*, reports an interesting case where all the liquids swallowed passed by the tracheal wound after the operation of tracheotomy. The conditions which render this accident possible are:

1. The production of a tracheo-œsophageal ulceration.

2. A wound of the œsophagus.

3. Diphtheritic paralysis.

4. Functional incoördination of the laryngeal and pharyngeal muscles.

In M. Lalesque's case, everything pointed to the existence of one of those tracheo-œsophageal ulcerations, which are frequently produced by the pressure of the canula on the tissues with which it comes in contact. But the liquids passed directly downwards vertically into the tracheal wound and the recovery of the child within ten days proved that no ulcerations existed.

As the rejection of liquids commenced on the eighth day, it could not be caused by diphtheritic paralysis, as it ceased ten days later. M. Lalesque considers that it was due to the form of incoördination between the respiratory movements and the second period of deglutition, described by Trousseau, and later on by Archambault. Liquids introduced into the pharynx, if not swallowed before inspiration takes place, are drawn by this act into the trachea at the period of the malady when the larynx is no longer filled up with false membranes. Against this form of dysphagia we have few resources; the use of the œsophageal tube is difficult in children, and still more so on account

of the presence of the canula. M. Lalesque had recourse to the means recommended by Archambault of nutritive enemata, and with success.

Sudden Luxations in Acute Articular Rheumatism.

At a recent séance (Oct. 31) of the Society of Chirurgie, Prof. Verneuil read a paper on this subject. During the course of acute articular rheumatism, sudden luxation may occur, without concomitant suppuration, and with complete integrity of the bones composing the joint. The dislocation is easily reduced and the functions of the joint are generally completely reestablished. These cases are not extremely rare, for M. Verneuil has observed seven.

Medical literature is not, however, rich in analogous observations; a case was reported by M. Marjolin in the thesis of Gibert in 1859. Those reported by Lesauvage, of Caen, and by Parise, cannot be considered in the same category for suppuration of the joint occurred and bone lesions ensued. M. Verneuil observed his first case in 1845; in this, and the first two subsequent observations, luxation occurred at the hip-joint. In two other cases it was observed at the knee; in the second of these an attempt at working the joint was made, when luxation recurred, and became irreducible. The joint became very painful; anaplastic resection was made, but finally amputation was rendered necessary by the abundance of suppuration. The patient succumbed.

In some of these cases, luxation is brought about by hydarthrosis, but in others, where no liquid is effused in the joint, M. Verneuil is of opinion that the dislocation is produced by contracture of the posterior and paralysis of the anterior muscles.

A Clinical Study of Abscesses.

Mr. Nairne concludes an exhaustive article in the *Glasgow Med. Jour.*, October, 1883, with the following deductions:

1. The early years of life are those in which abscesses are most common.

2. Both sexes are equally subject to abscesses.

3. The upper part of the body is the commonest site of abscesses in the female sex.

4. The lower part of the body is the commonest site in the male sex.

5. The parents of such as have suffered from severe abscesses are themselves (either one or both) phthisical or strumous.

6. The average duration of treatment of curable abscesses is two weeks.

7. Abscesses fall naturally into two divisions—*a*. Simple. *b*. Indicative.

8. Simple abscesses require little treatment: have a tendency to spontaneous cure.

9. Indicative abscesses require great attention; have no tendency to cure, but rather to become chronic.

10. Indicative abscesses indicate constitutional affection—*a*. Of the osseous system. *b*. Of the glandular system, or of the cellular or any tissue other than osseous.

11. The constitutional affection of the bones is the least fatal.

Antiseptic Frigidity of Wounds.

The *Lancet*, September 29, 1883, says:

The healing of open wounds is said to take place more slowly under the influence of antiseptic dressings. It would seem, according to M. Gosselin, that the antiseptic substances exert an antiphlogistic action on open wounds. In preference to speaking of such an effect as antiphlogistic, M. Gosselin would use a new term—frigidity. By frigidity, then, we are to understand the slowness of reparation and cicatrization of an open wound. In 1879 and 1880 MM. Gosselin and Bergeron showed that antiseptic agents impede the alteration of the blood about wounds, not only by putrefying the atmosphere of the germs of putrefaction, but by rendering the extravasated blood less liable to undergo putrefaction. It has been since determined that this change in the blood also takes place within the capillaries, and consists, in fact, in a coagulation of the albuminoid materials. Weak solutions of carbolic acid, alcohol pure and diluted, and camphorated brandy, all give rise to coagulation of the blood in the capillaries, as well as outside the vessels. The circulation is thereby arrested, and this occurs without any vascular contraction. The stronger the antiseptic solution, the more rapidly was the circulation arrested. Moreover, Gosselin believes that this limited amount of arrest in the circulation is not accompanied by any gangrene of the tissues.

Sub-peritoneal Fibroids, complicating Labor.

Before the Academy of Medicine in Ireland (*Dublin Jour. Med. Sci.*, August, 1883,) Dr. Kidd reported the case of a lady whom he had attended in several confinements, each of which was complicated by the presence of a large mass of sub-peritoneal fibroids. In none of her labors had hemorrhage followed delivery, but there was always great collapse. The danger of such tumors

depended almost entirely on their site; if low down, they were liable to pressure, and might gravely obstruct labor. They might then be lifted out of the pelvis by the use of water-bags distended within the rectum. He had employed this device in many cases with complete success. Dr. Beatty had recorded a singular case, in which the tumor had been spontaneously lifted out of the pelvis during labor. Such an occurrence, however, was very exceptional. If the obstructing tumor could not be lifted up, the case became an extremely anxious one, and might even necessitate the resort to a Cæsarian section. Subperitoneal tumors did not often interfere with postpartum contraction of the uterus. Hemorrhage he had rarely seen in such cases, though he had always taken the precaution of administering ergot during the labor.

Polypus of the Vocal Cord.

Before the Academy of Medicine in Ireland (*Dublin Jour. of Med. Sci.*, July, 1883), Dr. Walter Smith related a case in which he had successfully removed a small polypus from the right vocal cord of a lady, aged thirty years, by Voltolini's sponge abrasion method. About Christmas, 1881, loss of singing voice came on. This was followed by hoarseness, which persisted for a year. In December, 1882, the patient consulted Dr. Smith, who recognized the existence of a pale, red pyramidal tumor attached to the edge and lower surface of the anterior third of the right vocal cord. After a short preliminary training he succeeded in passing a moistened sponge, about the size of a hazel-nut, beyond the growth, and then forcibly withdrawing the sponge through the rima and bearing towards the right, was fortunate enough to detach the little tumor, which came up adherent to the sponge, and was preserved. Immediately after the operation, voice was restored, the hoarseness had disappeared, and she was able to sing. Six weeks subsequently she reported herself as perfectly clear in voice. The operation is a safe and painless one, and suited to a limited number of cases.

Probable Epithelioma Cured without the Knife.

While we very much doubt the correctness of diagnosis, whenever we see the report of a case of epithelioma cured without the intervention of a knife, yet we note the following case, since a reasonably fair trial of the method recommended will not prejudice the case for future operation, unless this be too long delayed.

Mrs. B. had a circumscribed induration as large as an almond in the cheek, having its mucous surface much eroded by contact with the sharp edges of a tooth cavity. The offending tooth was at once extracted, but the removal of the local irritant was followed by no improvement in the bad appearance of the inner cheek. The swelling and induration became greatly increased, and extended forward so as to produce very marked external deformity. It was treated as follows:

℞. Tinct. opii,	℥ ss.
Tinct. myrrhæ, } Glycerinæ, }	āā ℥ j.
Squibb's liq. ferri subsulph.,	℥ ss.
Aquæ rosæ,	q. s. ad. ℥ iv.

M. S.—Apply one teaspoonful of mixture to inside of affected cheek four times a day.

In addition to this local treatment the patient was ordered milk diet, with strong broth, and twenty drops of the syrup of iodide of iron, three times a day. In three weeks seven-eighths of the enlargement and induration were gone, the cheek and lip became thin and flexible, and all the angry appearance had vanished.

We are pleased to see that Dr. S. W Francis, who reports this case in the *Boston M. and S. Jour.*, Sept. 27, 1883, calls it *probable* epithelioma. Such prudence in so doubtful a case is commendable.

Relief of Internal Strangulation by Alternate Hot and Cold Applications.

We read the following in the *Medical Record*, October 13, 1883:

A man, forty-two years of age, who had some years previously suffered from a severe attack of peritonitis, was suddenly seized with violent colic. There was meteorism, the abdomen was generally tender on palpation, but more especially at a point a little to the right of the umbilicus. There was no passage either of fecal matter or of gas from the bowel, and purgatives, whether administered by the mouth or the rectum, brought no relief. The obstruction of the bowels continued several days, despite an active and varied treatment, stercoraceous vomiting set in and the patient was rapidly sinking. At this time, all other measures having been tried in vain, Dr. Roux (*Lyon Médical*, September 9, 1883,) determined to try the effect of the alternate application of heat and cold to the abdomen. An ice-bladder was first applied and retained for an hour, then it was removed and compresses as hot as could be borne were placed over the abdomen. These applications were continued every hour through the day and night. In the evening some gas escaped from the bowel, and the following morning there was a slight stool. A mild purgative was now

given, and was soon followed by a copious evacuation, and the patient speedily recovered.

Spontaneous Pyohemia.

M. Guyot, at a recent séance of the Soc. Med. des Hopitaux, reported a very interesting case. It occurred in a gentleman, thirty years of age, wealthy and living under excellent hygienic conditions in the country.

The patient at first complained of slight pains in the muscles, which were prescribed for as resulting from a slight cold. Forty-eight hours later, the pains were felt in the synovial sheaths of one of the wrists, and from thence they spread to those of the forearm, and later to those of the lower limbs.

On the fourth day the patient died. There was nothing abnormal about the urine, and no cause to suspect infectious rheumatism; the patient succumbed to true spontaneous pyohemia.

Iodoform Plasters.

In cases where iodoform is employed topically as a resolvent on the intact skin, MM. Pape and Fischer recommend the employment of plasters, composed as follows:

℞.	Iodoformi pulv.,	100 parts.
	Emplastr. adhesiv.,	200 "
	Empl. plumbi. oxid.,	200 "
M.		

Or one containing a smaller proportion of iodoform:

℞.	Iodoformi pulv.,	50 parts.
	Emplastr. adhesiv.,	500 "
	Empl. plumbi. oxid.,	300 "
M.		

The absorption of the iodoform is favored by softening of the epidermis through prolonged contact with an impermeable covering.

Opacities of the Cornea.

The following collyrium is recommended by M. Michel for the treatment of spots on the cornea:

℞.	Sulphate of cadmium,	5 centigrams.
	Mucilag. acaciæ,	10 grams.
M.		

The opaque spot is touched twice or thrice daily with a camel-hair brush wet in this solution. The application is painful at first, but as soon as it ceases to become so the proportion of sulphate may be increased. When the opacity is of recent origin a favorable effect is rapidly obtained; when it is of old date, the treatment must be persisted in for a longer period.

German Anti-spasmodic Mixture.

The following prescription is taken from the German pharmacopœia, and is much used as an anti-spasmodic in hysteria.

From fifteen minims to a half drachm or more may be administered in potion or by enema two or three times daily.

The dose may be increased when the convulsive accidents are of great intensity:

℞.	Tinct. assafœtidæ,	℥ss.
	Tinct. castorei,	℥ss.
	Tr. opii,	℥j.
M.		

Purgative Liniment.

The following preparation is recommended in *Zeitschrift der West. Allg. Apoth.-Verien*, in cases where it is impossible to administer purgatives by the stomach:

℞.	Tinct. colocynth.,	℥ix.
	Ol. ricini.	℥xx.
M.		

Every morning and evening about one teaspoonful of this mixture may be rubbed in over the abdomen.

The tincture is prepared by the maceration of one part by weight of fresh colocynth seeds in ten parts of concentrated alcohol.

Glycerine in Febrile Conditions.

M. Semmola has found glycerine of great utility in fevers of long duration, like typhoid fever, in arresting denutrition, and limiting febrile consumption. It is particularly indicated when it is feared that the administration of alcohol, so common to-day, may have too exciting an action on the nerve centres.

M. Semmola recommends the following mixture:

℞.	Glycerin. pur.,	℥j.
	Ac. citric,	gr. xxx.
	Aq. distill.,	℥xvj.
M.	One or two tablespoonfuls every hour.	

The Use of Iodoform after Cataract Operations.

To the Clinical Society of Maryland (*Maryland Med. Jour.*, November 24, 1883), Dr. Bermann spoke of the advantages of iodoform as a dressing after cataract operations. He dusts it on the wound and draws the lid over it. He believes that the layer of iodoform which rubs off on the dressing prevents access of germs.

Dr. Frank had examined a case thus treated by Dr. Bermann, and was struck with the rapid healing. On examination forty-eight hours after the operation, he found the wound closed and complete absence of all irritation.

CORRESPONDENCE.

Is Iodide of Potassium a Specific for "Facial Erysipelas?"

EDS. MED. AND SURG. REPORTER:—

While perusing the pages of your valuable journal my attention was called to an article entitled "Treatment of Facial Erysipelas with Iodide of Potassium," in which the writer, J. B. Johnson, M. D., of Washington, D. C., asserts, as his opinion, that iodide of potassium is a specific for the above-named disease.

I hope the doctor will be kind enough to pardon me for expressing myself upon this subject, for I feel that I must say something concerning this "specific medication."

The article conveys a very different idea from the one the doctor has expressed. He says, by way of introducing his treatment, he begins with "a dose of pills," composed of two "mercurial preparations," follows this, "in three or four hours," with a dose of "salts." He does not wait for the action of this medicine, but prescribes at once:

℞.	Iodide of potassium,	℥ i.
	Tinct. hyoscyamus,	℥ ii.
	Tinct. aconite leaves,	gtts. xij.
	Aquæ distil.,	℥ vj.

M.

Of this he gives a tablespoonful every hour, while at the same time he applies locally the following:

℞.	Hyposulphite of soda,	℥ j.
	Carbolic acid, No. 1,	℥ iss.
	Aquæ distil.,	℥ viij.

M.

This, briefly stated, is the gentleman's treatment for erysipelas of the face; and upon this is based, what he considers, conclusive evidence of the specific action of iodide of potassium in the above-named malady.

Permit me to state, first, that I am not an advocate of "specific medication." An experience of several years' practice will not warrant such an assertion. I understand a specific remedy to be one capable of producing all the changes necessary to bring about a normal condition. If potassii iodidi is a specific for "facial erysipelas," it must be able to perform its work alone and *unaided* by other remedies, which is surely *not* the case in the course of treatment mapped out by the gentleman.

The first step taken by the doctor is the most important one in the entire treatment, and exerts a greater influence than does the iodide. He removes the cause, no doubt, by promoting free secretion, thereby removing the poisonous matter contained in the bowels, thus relieving congestion and reducing inflammatory action: a very important feature in the treatment of this disease.

The gentleman must not forget that to aconite and hyoscyamus there is considerable therapeutic value attached in the treatment of the above-named disease, as also is the case with the remedies mentioned in his local application.

Now, if iodide of potassium is a specific for "facial erysipelas," why burden the system with six or a dozen other remedies.

I have treated a great many cases of the above disease, have used the iodide alone and in combination with other remedies. When used alone the iodide did not seem to have any specific effect. It always operated better when combined with other remedies. I have not been so successful with the iodide as has Dr. Johnson, and would be pleased to hear the report of a few cases where he had used the remedy alone and not in combination with other remedies.

Cantril, Iowa. J. E. HAINLINE, M. D.

Merit Vindicated.

EDS. MED. AND SURG. REPORTER:—

I am the fortunate possessor of all the volumes of the REPORTER, and in perusing lately Volume IV., bearing date 1860, my attention was attracted in that perusal to the notice of a treatise on fever by Rezin Thompson, M. D., of Nashville, Tenn. One of the first items of information given us by the reviewer is that "Dr. Thompson has a *mission* to perform. This mission consists in laying before the world a *discovery*, a *grand* discovery, made by himself." (Dr. T.) And what that discovery is we have communicated to us in the words of the author, in a quotation from his book. Says Dr. Thompson, "The cause of all malarious, epidemic, and contagious fevers is organized existences—infinitesimal animalcules or sporules—which float in the atmosphere, and are inhaled with it into the lungs, and permeating the lining of the air vesicles, enter the blood, and by it are carried to the nervous centres, where they act as narcotic poisons."

Such were the declarations of a medical author in respect to the etiology of the most extensively prevalent and fatal character of diseases which afflict mankind, uttered only a little more than two decades ago; and the following is the commentary on the part of the editor of one of the most popular and widely-circulated medical publications in this country, within the same period of time: "Cruel things! Wicked animalcules! Evidently Dr. Thompson has seen them, not only flying about, but actually perforating their way through the air-vesicles into the capillaries; and perhaps at a day not far off he will give us descriptions and drawings of each species of animalcule causing a peculiar type of fever. They will all be named after Thom(p)son. Whether they are infinitesimal excentrically or concentrically, Dr. T. does not inform us, for which we are sorry."

Without personal interest in author or reviewer, in relation to the foregoing, it may not be presumptuous to claim, I assert, that, in the light of recent disclosures, the promulgations of Dr. Thompson on the causation of the forms of disease, as enunciated in his treatise, and constituting the subject of this article, entitle him to be ranked in the category of medical philosophers and discoverers. All honor to him for the acumen and sagacity shown in view of the fact of his announcement of the germ-theory of disease, when to publish his conviction of its truth, drew upon him the barbed shafts of ridicule. If living, what must be his satisfaction to find his declared views as to the causation of the diseases which most call into requisition the exercise of the phy-

sician's skill, confirmed by the highest medical authority in the world, and becoming the accepted doctrine of the whole medical profession! How appreciative must he be, if alive, of the eloquent words of Tyndall, when read in the consciousness and recollection of having years before announced the same ideas: "We have been scourged by invisible throngs, attacked from impenetrable ambuscades, and it is only of late that the light of science has been let in upon the murderous swarm of our foes!"

Concerning the skepticism of the world, and especially physicians, Dr. Thompson's critic quotes him in language of singular pertinence and rebuke, and which must be acknowledged as having a remarkable exemplification in his own experience. The doctor, in the quotation alluded to, states, that he is "aware that we are all slow to acknowledge anything to be great which is the work of a contemporary, and especially a fellow-citizen and an equal: it requires the charm of distance, of time, or space, to throw around any great discovery that prestige which commends it to our acceptance." It was ever thus. It is another illustration and proof of history ever repeating itself.

Philosophers and men of science are generally in advance of their epoch. Most men of ordinary capacity soon become able to detect and diagnose disease in its usual phases; but it is the part of the true philosopher to unravel obscure cases, penetrate into the arena of pathology, drag disease from its secret lurking-places, and discern light where to others all is darkness and obscurity. Was not Dr. Rezin Thompson such a type of man?

J. H. Thompson, M. D.

Goshen, N. Y., Nov. 10, 1883.

Comparative Value of Various Methods of Investigation.

Eds. Med. and Surg. Reporter:—

An editorial in the Medical and Surgical Reporter, December 8, 1883, p. 635, refers to a suggestion made by myself in a lecture recently delivered before the Alumni Association of the Philadelphia College of Pharmacy on "The Relation of Pharmacy to Therapeutics," with regard to the advisability of establishing a pharmacological laboratory at Washington under the control of the Government, for the study of drugs. The editorial compares this plan with other methods of investigation, and says that although there is much to be said in favor of it, it would have to be carried out with great caution to prevent it from falling into the grasp of the politicians on the one hand, or, on the other, from being manipulated for the merely commercial interests of one or two firms. I agree with the editor that either would be utterly destructive of its value, but I confess myself surprised that the dangers are so great as the learned gentleman is disposed to believe, although the opinion of one who has occupied such a high position in the service of the Government must carry with it a great deal of weight.

The editorial admits that "it is a very natural and proper desire on the part of those who introduce new therapeutic agents, or invent novel surgical instruments, to have them fully and fairly tried by the profession as early as possible, and to obtain an accurate opinion as to their value." It becomes a question of great importance, then, how best to accomplish this object. My suggestion is a "collective investigation" of drugs, and their preparations, both new and old, by a laboratory working under the auspices of the Government, and in connection with the hospital service of the country, and the medical and pharmaceutical professions at large. Something more than a study of the physiological and therapeutic effects of drugs is necessary to make the study of drugs a scientific one. Botany, chemistry, microscopy, toxicology, and especially pharmacy, should be recognized, and receive due share of attention in such investigation to have any true progress in pharmacology, and, therefore, the aid of students in these several branches of the science should be evoked as well as that of the physiologist and therapeutist.

What then is the best method of investigation to promote progress in the science of drugs including all its branches? In a monograph entitled "An Old System, and a New Science," published in 1882, I suggested the "collective investigation" plan by means of the "working bulletin system." This consists of sending specimens, or samples, to a large number of practitioners scattered over the land, with a sketch of the drug containing the state of existing knowledge concerning it under all the various heads of the pharmacology and known as a "working bulletin," together with a printed list of inquiries which they are expected to answer from their observations after having used the article; the replies obtained to be counted, dissected, and the result to be declared by the numerical majority. The objection urged against the "collective investigation" plan by the editorial under discussion is that it presupposes an equality of investigating faculty among all respondents, and argues in proof of this assertion that the whole history of natural science shows how erroneous is any such assumption; and we have but to turn to the history of homœopathy, or spiritualism, to note how vastly more important is the observation of one logical mind than the collective unanimity of hundreds of nearly equal general education, but of defective mental training. I admit the force of this argument, but, on the other hand, would appeal in favor of the collective investigation method, as a valuable means of obtaining evidence, which, though not conclusive, is often of great value in directing the minds of future and more scientific investigators, in their consideration of the channels that their experiments shall pursue.

Again, the most valuable drugs in the materia medica have come to us from exceedingly unscientific sources. It is to the ignorant native, Indian medicine man, quack, and old woman, that thanks are due for our first knowledge of nearly every medicinal plant official in the pharmacopœia. Information from unscientific sources, therefore, is of value; information from the profession at large, as represented by a collective investigation, though it cannot be regarded as conclusive evidence, is of still greater value; but the observation of one logical mind although, possibly, more important than the collective unanimity of the

medical profession at large, has too often been set aside by the results of more recent investigations, to be regarded as infallible.

But what we desire as physicians is, of course, conclusive evidence as to the value of drugs as therapeutic agents. The question is, How can such evidence be obtained? The editorial under consideration makes what seems a valuable suggestion. It is the endowment of special laboratories in connection with leading medical colleges, for the express purpose of studying the physiological and therapeutic effects of new remedies, and for reporting upon them from time to time. It is urged in support of this suggestion, that, being connected with extensive clinics and hospitals, the best opportunities are offered for both forms of observation; free from political pressure, wholly in professional hands, controlled by thoroughly trained and honest-minded men, checked in their verdicts by the studies of similar institutions, they present all the elements required for a thorough study of drugs, and an unbiased expression of the results. If the editor will permit me to add to his suggestion that these laboratories be provided with the facilities for studying the pharmacy, chemistry, etc., of drugs, as well as their physiology and therapeutics, I think the suggestion would be more acceptable to those who are devoting their life-work to the study of correlated branches of the science of drugs of nearly if not equal importance.

What we need is some method of investigation more conclusive than any at present in vogue in this country, for the market is flooded with new remedies of which we know comparatively little, and some of which are undoubtedly of value, and we have no way of knowing the good from the bad except by experiments on patients, that do not always redound to our credit. More information is needed with regard to many of them before they are used in practice at all, and more information is needed after they are used as well, so that we may know of their comparative value. While I would still urge the claims of the collective method, I would at the same time seek to found a higher tribunal. Whether it be a government laboratory, or the endowment of special laboratories in connection with our leading medical colleges, probably matters little so long as either are managed with discretion. It would seem to me, however, that a government institution would be more national in character, and might be placed on a basis free from the objections urged by this editorial. Such objections do not obtain against the Smithsonian Institution, though it is run under the auspices of the goverment. The medical service of the army, navy, and marine hospital departments appear to be unbiased as well. Cannot some combination with this object in view be established between them, and such a laboratory organized under the auspices of the Smithsonian Institution?

F. E. Stewart, M. D., Ph. G.

—An active effort is being made in Ohio to form a State Sanitary Association, composed of all citizens interested in the subject of sanitary science and the prevention of disease.

News and Miscellany.

Concerted Action by State Boards of Health.

Reported for the Medical and Surgical Reporter.

There has been a growing conviction among leadlng sanitarians intrusted with the official execution of practical health measures, that while the work of the American Public Health Association is of inestimable value in promoting the interests of sanitary science and sanitary reform, there is a constantly increasing need for an annual conference of State and other health officials in regard to practical affairs of their every-day work, some part of which work cannot profitably be discussed in a public meeting consisting largely of persons not familiar with its details.

After due consideration, a meeting of representatives of State boards was held at Detroit, during the recent meeting of the American Public Health Association, at which, after discussion, it was decided to call a meeting of the secretaries or other representatives of all State Boards of Health, in Washington, during May, 1884, for the purposes mentioned, and with the view of organizing a section devoted to State Board work in the present Association, or the formation of permanent separate organization especially adapted to the needs of State Boards of Health. Drs. Henry B. Baker, of Michigan, and J. K. McCormack, of Kentucky, were appointed a committee to confer with and secure the coöperation of all the State Boards in fulfilling the object of the meeting, and Drs. C. W. Chamberlain, of Connecticut, J. E. Reeves, of West Virginia, and Stephen Smith, of New York, were appointed a committee on organzation, to report at the meeting in May. The American Medical Association meets in Washington in May; and another reason for holding the meeting in Washington is that the representatives of the State Boards may also have an opportunity for conferring with the senators and representatives in Congress from their respective States, in regard to national sanitary legislation. It would seem that whenever the health authorities of all the States shall meet, discuss, and agree upon the course they will pursue with respect to yellow fever, cholera, small-pox, or any disease which endangers public health without regard to State lines or borders, and whenever all State Boards shall act in concert, considerable progress will have been made in solving the problem of what are the best methods for national action in regard to inter-State and maritime quarantine or inspection and disinfection, as well as in the practical control of epidemic diseases within the several States of this country.

Poisoning by Pickled Lobster.

Dr. T. J. Hudson thus writes to the *Lancet*, November 24, 1883:

"Cases of the above have several times come under my notice at this period of the year, when the new season tins of preserved fish are arriving, and the shopkeepers are anxious to dispose of their old stock, usually the cheaper qualities. The other night I was hastily summoned to see a gentleman, who informed me that two hours pre-

viously he and three others had partaken of some pickled lobster, and, going into the town shortly after, was attacked with abdominal cramp, vomiting, and some purging. I found him collapsed, with very feeble pulse, cold, cramped extremities, and retching violently. Three other members of the household were similarly affected, one severely so. An emetic of sulphate of zinc brought up a quantity of the fish, mostly unacted on. Opium and cognac were then taken, and warmth applied, which in thirty-six hours restored them to health. The symptoms appear due to the acetic acid in the vinegar acting on the soldering of the tin, whose contents thus become impregnated with lead. The inferior and old tins, when opened, are often found devoid of liquid, and containing small pieces of the soldering detached among the contents. In the above case, the offending articles had been thrown away, or would have been tested for lead and other impurities.

How the Poor in London Live.

Gaillard's Med. Jour., November, 1883, says:

Under this heading the *Echo*, of September 28, 1883, published the statement that, out of 2,290 persons living in consecutive houses at Bow Common, only 88 adults and 47 children attend any place of worship; while in one street, near Leicester Square, containing 246 families, only twelve are said to be represented in church or chapel. The condition of some of their homes is said to be "pestilential." To get into them you have to visit courts which the sun never penetrates, which are never visited by a breath of fresh air, and which never know the virtues of a drop of cleansing water. "In one cellar was found a father, mother, three children, and four pigs. In another room was a man ill with small-pox, his wife just recovering from her eighth confinement, and the children running about half naked and covered with dirt. In an underground kitchen seven persons were found living, and a little child lying dead in the same room; while another apartment contained father, mother, and six children, two of them being ill with scarlet fever. Immorality is but the natural outcome of conditions like the above. The poverty of many, who strive to live honestly, is described as appalling. In St. George's-in-the-East large numbers of women and children, some of the latter being only seven years of age, were employed in sack-making, for which they got a farthing each, while in one house a widow and her half-idiot daughter were found making palliasses at 1¾d. each. Another woman, who has a sick husband and child, was found employed at shirt-finishing at 3d. a dozen, and by the utmost effort can only make 6d. a day, out of which she has to find her own thread!"

A Large Family.

The Madrid *Estafette* states that a Spanish gentleman, Señor Lucas Nequeiras Saez, who emigrated from his native land to America seventy years ago, recently returned to Spain in a steamer of his own, and brought with him the whole of his family, which consists of no fewer than 197 souls, sons-in-law and daughters-in-law not included. Señor Saez has been three times married. His first wife had 11 children at 7 births, his second had 19 children at 13 births, and his third had 7 children at 6 births. The youngest of this family of 37 is aged 19; the eldest, who is 70, has 17 children, of whom the first-born is 47. Of Señor Saez's 23 sons, all of whom are living, thirteen are married, six are unmarried, and four are widowers; and of his surviving daughters, nine are married. The grand-daughters number 34, and of these twenty-two are married, nine are unmarried, and three are widows; and of the 45 grandsons, twenty-three are married, seventeen are unmarried, and four are widowers. There are also 45 great-granddaughters, and 39 great-grandsons, of whom three are married. Señor Saez has never tasted wine or any alcoholic liquor, and lives chiefly upon a vegetable diet, with but little salt. In spite of his 93 years, he is still hale and hearty, and makes a point of walking briskly for at least three hours every day.

New Jersey Sanitary Association.

The ninth annual meeting was held in Trenton, December 6 and 7. The President, J. C. Bayles, C. E., of Orange, delivered an address in which he advocated sanitary lectures and tracts as a means of popularizing sanitary information. "Marsh Miasm," was the title of a paper by Dr. T. W. Harvey, of Orange. "Germs, and the Value of our Present Knowledge Concerning Them," by Dr. H. P. Godfrey, of Camden. "The Agencies, Natural and Artificial, Affecting the Purity of the Passaic River, below Paterson," by Prof. A. R. Leeds. "Domestic Wells and Cisterns, and their Best Method of Construction," by Dr. I. N. Pinkham, of Montclair. "Appliances for Raising and Distributing Water," by Prof. C. L. Brackett, of Princeton. "Methods of Sewage, Disposal without Discharge into Streams," by Engineer J. J. R. Lewes. "Filtration," by Prof. George H. Cook, of New Brunswick. "School Hygiene," by Prof. H. B. Pierce, of New Brunswick.

Hereditary Polydipsia.

The *Lancet*, November 17, 1883, tells us that a most remarkable genealogical tree has been sketched by M. Weil, of Heidelberg. This tree deals with the branches of a family of ninety-one members, of which seventy are still living. Twenty-three of the individuals of this family have been subjects of diabetes insipidus. Seventeen of these have come under the personal observation of M. Weil. There is no evidence of any other hereditary disease in the family, the units of which enjoy robust health and attain an advanced age. Except for the polyuria and excessive thirst, their health is natural. The quantity of urine passed in twenty-four hours varies in different individuals from six or seven to sixteen or seventeen litres.

Chloroform Administration—A Caution.

In the same journal Dr. R. Hanson Wolstenholme writes:

"While administering chloroform recently for a friend, the patient began to retch, and, in doing

so, detached a small set of teeth, which, through carelessness, I was not aware she was wearing. Fortunately, I was able to remove them before any mishap occurred, but the 'shock' I got will be of service in the future. I have looked into two or three books under the above heading, but do not find any caution about this very obvious danger."

Items.

A new edition of the New England Medical Register will be published shortly.

—An act of incorporation is about to be sought from the Canadian Legislature for a new medical school at Winnipeg.

In the *Boston M. and S. Jour.*, December 13, 1883, Dr. Francis Minot reports a death from heart-clot, following etherization.

It is proposed to hold an extensive International Exhibition of Food, Dress, Habitations, and Educational Appliances, in London in 1884.

The first two fasciculi of the Biographical Lexicon of Physicians of All Times and Peoples, edited by Prof. A. Hirsch and others, have just appeared in Germany.

An association entitled La Societé d' Hygiene du Province de Quebec, has been organized by the French Canadian physicians, with Dr. Tafard, of Montreal, as president.

—The prohibition of the importation of American hams and bacon into France, which had been prohibited from fear of trichiposis, has been rescinded.

—In the *Gazette Médicale de Paris* for November 24, a case of aphasia with integrity of the third left frontal convolution, but with damage of the subjacent white matter, is recorded.

The *Medico-Legal Journal* is one of the new ventures in journalism. It is published under the auspices of the Medico-Legal Society of New York City, an organization composed of members of the legal and medical professions.

—Before leaving Ottawa the Princess Louise presented Dr. Grant with a despatch-box, as a recognition of his services to her during her stay in that city, and it is also rumored that a knighthood is to be conferred upon that gentleman.

—The death is announced at an advanced age of Mr. Robert Tayler, of Brighton (England). The deceased was the Senior Fellow of the Royal College of Surgeons of England. He was admitted a member of the College on April 2, 1813, now over seventy years back.

—A National Hygienic Congress was held in the city of Mexico on October 10, at which a petition was prepared for presentation to Congress, asking that the constitution be amended by the addition of an article placing all sanitary regulations under the jurisdiction of the general government.

—In the *Lancet*, December 1, Dr. H. A. Lawton says the easiest way to decolorize iodine is to add forty minims of a saturated solution of hyposulphite of soda to each fluid ounce of tincture of iodine. Forty minims of the saturated solution contains about thirty-two grains of sodic hyposulphite.

—A new adulterant of ground pepper is a finely-ground preparation of the kernels of olive berries. If a sample of the suspected mixture is scattered upon a mixture of equal volumes of glycerine and water, the pepper floats upon the surface, while the ground olive kernels sink.

—Madame Broca offers a prize of 1,500 francs ($300), to be given by the Anthropological Society of Paris for the best memoir on a question concerning human anatomy, comparative anatomy, or physiology, bearing on anthropology. The first prize will be awarded in April, 1884.

—In a report to the Paris Academy of Sciences, the French physiologists, MM. Chambrelen and Malassez, announce that they have at length succeeded in discovering, in the milk of cows affected with inflammation of the spleen, the bacillus of that disease. They have been successful in their experiments in the reproduction of this micro-organism, and in inoculating animals with it.

OBITUARY NOTICES.

DR. JOSEPH GIBBONS.

Dr. Joseph Gibbons, a prominent member of the Society of Friends, and the publisher of *The Friends' Journal*, of Philadelphia, died suddenly, Dec. 9, at his home at Bird-in-Hand, Pa., aged 65. He was a strong Abolitionist, and took a prominent part in the underground railroad scheme.

MARRIAGES.

COLLINS—TYSON.—At the Church of the Epiphany, in Philadelphia, Thursday, December 6, 1883, by the Rev. G. H. Kinsolving, Dr. Stacy B. Collins, of New York, and Mary, daughter of the late Sarah Pennington and George Maule Tyson, of Cecil county, Md.

CARPENTER—SEALY.—At East Providence, R. I., Wednesday, December 12, 1883, by the Rev. D. I. Odell, Dr. Fred. B. Carpenter, of East Providence, and Dora Sealy, of Brooklyn, N. Y.

FRY—HUMPHREYS.—At the residence of Mr. and Mrs. J. F. Bailey, No. 750 North Twentieth street, Philadelphia, November 27, 1883, by the Rev. Benj. St. James Fry, D. D., (father of the groom), assisted by the Rev. S. W. Thomas, Frank R. Fry, M. D., of St. Louis, Mo., and Miss Nellie Humphreys, of Philadelphia.

KLINE—BOAL.—In Centre Hall, Pa., November 29, 1883, by Rev. W. K. Foster, assisted by Rev. W. E. Fischer, G. W. Kline, M. D., of Potter's Mills, Pa., and Sallie E., daughter of James Boal.

DEATHS.

BARDIN.—At his residence, No. 1823 South Broad street, Philadelphia, December 2, 1883, Almon Z. Bardin, M. D., in the sixty-fourth year of his age.

COLLINS.—At Blackwood, N. J., Wednesday, December 12, 1883, Thomas S. Collins, M. D., aged twenty-seven years.

FASSITT.—At Englewood, N. J., Sunday, December 9, 1883, Dr. Louis Fassitt, in the fifty-eighth year of his age.

JONES.—In this city, on the 12th of December, 1883, Dr. William H. Jones, aged forty-nine years.

MINOR.—Suddenly, at North Salem, Westchester county, N. Y., December 8, 1883, George A. Minor, M. D., aged fifty-seven years.

MORRISON.—In this city, on the 6th of December, 1883, Hiel Morrison, M. D., aged seventy-nine years.

PIERCE.—In this city, James L. Pierce, M. D., in the seventy-eighth year of his age.

SAYLOR.—In this city, Dr. George W. Saylor, in the forty-second year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TWO CASES OF IMPERFORATE ANUS.

BY J. D. STRAWBRIDGE, M. D.,

Of Danville, Pa.

The following cases of operation for imperforate anus, selected from a very considerable number which have fallen under my observation, are reported, not with the impression that they present any features either novel or extraordinary, but with a hope that they will interest the general practitioners who form the great body of your readers.

The late Dr. Joseph Priestley, of Northumberland, Pa., a worthy descendant of the great chemist and philosopher, wrote me December 2, 1882, a short time before his death, as follows: "I send you the following facts in relation to the case of imperforate anus on which you operated for me in June, 1878. William D., born December 16, 1876, healthy and well developed, but somewhat thin in flesh, was not observed to have any malformation until twenty-four hours after birth; there were no external indications whatever of an anus, but on straining, which was done frequently, the skin was bulged forward prominently, showing that the fæces were not far from the integuments, which I incised, and the contents of the bowel were very freely discharged. When I ceased attendance on the mother, I gave her a large-sized bougie, with directions to use it or the little finger to dilate the opening as long as necessary. The child remained thin and delicate-looking up to the time you operated. The mother neglected dilatation, the opening gradually closed, and fecal fistula formed at the scrotum. I did not learn of this until called to see the child for a supposed attack of dysentery, a few days before the operation which I requested you to perform. It was a most complete success. After healing, the child grew, fattened, and improved in every respect, is now vigorously healthy, with no difficulty whatever with its evacuations, over which it has perfect control."

At the time of operation, I found the patient with a largely distended abdomen, making frequent violent straining efforts at defecation, and ejecting with considerable force, thin tape-like bands of feces about one-fourth of an inch wide, and from one to two inches in length, through a small opening behind, and in the root of the scrotum. Chloroform was administered by Dr. Priestley, and, assisted by Dr. Wm. B. Stoner, I passed a probe backward through the fistula about two inches, where I found the bowel filled with a mass of semi-solid fæces. Bending the end of a grooved director into the form of a catheter, with the groove in the inside of the curve, I passed it into the bowel, and pressing down firmly until the point could be felt through the perineum, I cut down into the groove and brought the point of the director out through the incision; then with a bistoury in the groove of the director, I laid open the fistula forward to the scrotum. On the instant the incision was made the child began to evacuate the bowels with violent straining, until it passed nearly a quart of fæces, and never ceasing until the whole of the bowels seemed to be emptied.

After carefully cleansing the incision, I found the rectum formed a pouch, about one inch from the outer surface of the perineum, and terminated

by a hard-pointed appendix. I dissected out this terminal portion with some of the surrounding tissues, forming a rounded opening for the anus, after which I detached the rectum for nearly three-quarters of an inch upward from the surrounding tissues until I could easily bring its edge down to the skin, where I attached it with six silk sutures; the long fistulous opening was filled with lint and allowed to heal by granulation, and in three days the child was running about as though there had never been anything wrong, and without any other treatment than removal of the sutures.

On the 6th of November, 1879, I was requested by Dr. James Ogleby, of Danville, to visit with him, and, if necessary, operate on M. A——n, female, aged six months, for "imperforate anus." The deformity was not noticed at birth, and although the mother soon learned that there was some defect, she did not discover its true character until the day before I was called. On examination, I found the perineum smooth, and without any indication of an anus; the left labia enlarged, slightly darker colored, and more solid than the right. Suspecting an opening through the vagina, I was about to search for it there, when Dr. Ogleby pointed it out to me just behind the clitoris, in front and slightly to the left of the urethral orifice.

Passing a probe into this opening backward, it traversed a sinus, the whole length of the labia, deep in its substance, and curved toward the rectum, in consequence of which the probe was arrested before entering the bowel. With a bistoury, guided by a director, I carefully laid open the sinus backward to the rectum, which I found high up and much contracted. From the extent of tissues cut through, of the labia, I anticipated trouble from bleeding, but fortunately this was very slight. As in the preceding case, I found a pointed solid end of the bowel extending downward toward the skin, which served as a guide to the position of the new anus. This I dissected out with some of the surrounding tissues, making a round opening. I dissected the bowel freely from its connections, except in front, where I was unable to separate it from the vaginal wall; the bowel was brought down and attached to the skin by five silk sutures. On the second day I found two of the sutures, one on each side of the sinus, had given away and allowed some retraction of the bowel in front; but as the others retained more than two-thirds of the circumference of the bowel in contact with the skin, I was satisfied to await results. On the fourth day I found the union firm, and removed the remaining sutures. The fæces were passed naturally. The sinus and incision through the labia, though very deep and long, healed firmly within three weeks, and the cure seemed complete.

On May 19, 1880, I was again called by Dr. Ogleby to see this child, then suffering from cerebral meningitis, from which it died a few days later, whilst I was present.

I had an opportunity after death to examine the anus, which I found perfect, and learned from the mother that the evacuations were always natural.

Hospital Reports.

CLINICAL GYNÆCOLOGICAL OBSERVATIONS, NO. 2.

BY C. C. VANDERBECK, M. D., PH. D.,
Of Philadelphia.

In article No. 1, I closed with hygienic suggestions, as regards the cleanliness of the privates—in males as well as in females—urging daily ablutions, and particularly after menstruation. There seems, however, to be a possible danger in the usually harmless and hygienic female syringe, particularly at an early period after confinement, before involution is completed. Dr. Thos. More Madden said before the Dublin Obstetrical Society, sometime in 1875: The vaginal syringe is the most frequently used instrument in gynæcological practice, being employed in nine-tenths of the cases of real or suspected uterine disease, freely ordered by medical men, and habitually used by patients, without any special caution or apprehension of possible danger. He then related a case in which the lady had used an astringent injection with the ordinary syringe. The injected fluid evidently had passed through the patulous os into the cavity of the womb, which was in a state of subinvolution at the time, and a part of the fluid escaping through the dilated fallopian tubes into the peritoneal cavity. The symptoms were intense uterine colic, followed by severe metro-peritonitis, attended with almost complete collapse, and uncontrollable retching, placing the patient's life in extreme jeopardy for several days.

The numerous inquiries for a diagnosis, whether pregnant or not, surprised me. Dr. Price assures me that the cases of menstruation during early pregnancy are numerous. Many feel that they are pregnant—I mean by feeling, not the "quickening" and movements of the child, but the patient's own sensations—with the usual signs of nausea and enlargement of the breast, and yet are puzzled at the continuation of the "show." Whether this is a true function of menstruation is doubted. One would hesitate in believing that a function depending upon ovarian influence, performed by the lining membrane of the body of the uterus, would take place when the cavity of the uterus is lined by decidua—occupied by a "growth"—and the os closed by mucus. In examining authorities upon the subject, they all look at the matter with suspicion; all doubt it being true menstruation. The discharge at any rate resembles the menses in color, quantity, and

time. Such a state of affairs has been noticed and mentioned by Hippocrates, and other ancient as well as more modern doctors. It is sure that the fact is well settled at the Philadelphia Dispensary that very many pregnant women do have a periodical show of blood, varying from a few months up to nearly the full term.

An early symptom of pregnancy, not to my knowledge noticed in any work upon the subject, is the swelling of the feet—not in all cases, but in a sufficiently large number of cases to make it a matter of value and interest.

In quite a fair percentage of cases the pulsation in the anterior lip of the uterus is an early symptom of pregnancy. More or less livid hue of the mucous membrane of the uterus and vagina is depended upon in making up a diagnosis of the pregnant condition.

Cases just the opposite—no menstruation—coming for a diagnosis are more than numerous. In a great number of cases pregnancy is detected—in some it is really very difficult to come to a definite conclusion. Amenorrhœa has been diagnosed in cases where, upon first opinion, pregnancy might be suspected. Amenorrhœa not always presents the pallid countenance. Trousseau insists upon a florid variety of this disease. A young girl, age eighteen, came to the clinic on account of absent menstruation. She was florid—quite the picture of health. Cross-examination and the closest physical examination failed to reveal *in the family way*. Future treatment substantiated the diagnosis of amenorrhœa. Iron is not always indicated in these cases. All good medicines are abused—iron with the others. I do not believe in specifics. The sooner we learn to treat individuals and not disease names the better. A useful chapter in therapeutics might be headed: *The Beware Side of Therapeutics*. Do we not fail too often in studying closely the contra-indications of medicines? We are taught what to give. Where is the chair to tell us what not to give! We doubt not that the title of "skillful" applied to many physicians has been earned by their bestowing upon this subject due attention—by being fully competent to wield their weapons to the utmost advantage, and with the greatest precision. We should try to avoid routine practice. Have a reason for the faith and for the practice that is within us. Trousseau, as far as I know, is the best teacher of *beware therapeutics*. Now, in regard to this very subject of iron, he says:

1. When chlorotic women are disposed to diarrhœa, iron ought not to be given at first, and the soluble form should never be prescribed.

2. Iron is not entirely a harmless agent—death has been caused by the untimely use of it. Acute phthisis has quickly followed the cure of chlorosis.

3. Never give iron to chlorotic patients who have had suspicious symptoms of the chest, or have tuberculous parents. Never give it in the early stage of consumption; often in the latter.

4. In hysterical spasms, in a vigorous, high-colored woman, who exhibits none of the signs of chlorosis, iron increases the convulsions.

5. Chlorotic neuralgias are usually cured by iron, though less easily than simple chlorosis. In non-chlorotic neuralgias it generally fails.

6. Chlorotic gastralgia is cured by iron; but other varieties are made worse by the same remedy.

7. When pyrosis co-exists with gastralgia, iron is usually ill-borne.

8. Iron finds much wider application in the diseases of women than of men, probably because chlorosis, the chief triumph of iron, is usually an element, if not the sole constituent, in woman's anæmia.

It has been found that in the newly-married the breasts often enlarge and swell without the patient being pregnant—due to the fondling and toying incident to the approaches of the newly-made husband—frequent coitus having a tendency in the same direction.

A fact of interest and of importance is the number of young women applying for relief from pain in back, whites, etc., and who are found to be hot-beds of syphilitic affections—chancres, chancroids, warts, and mucous patches. Such a one declaring to her *pro tem.* lover her cleanliness, may not know that she is the centre of a terrible pest of society, and that her quarantine is as important to society as that of the cholera ship is to a city. What shall we do with the social evil? It is a great question for sanitarians and social scientists.

The usually received opinion of the colored race being particularly prone to fibroid tumors is here substantiated, one woman being seriously affected at the age of twenty-three. It may be proper to state here that the girls affected with mucous patches are taught the danger of contamination. Many of them think the only danger is from the primary sore, but it has been proven that they can furnish a catching pus, and syphilis can be communicated even in a kiss, when the patches are on the lips, gums or tongue. As a matter of hygiene all doctors in charge of clinical work should do their utmost to instruct the ignorant, caution the giddy, reprimand the vicious, and urge the utmost cleanliness on those who persist in this nefarious business.

Editorial Department.

Periscope.

Jequirity (Abrus Pecatorius).

Dr C. W. Tangeman thus writes in the *Cinn. Lan. and Clinic*, December 1, 1883:

The question of treating granulations (trachoma) by means of an infusion of jequirity seeds has created no little stir in the medical world; especially ophthalmologists seem to take considerable interest in the clinical and physiological action of this new drug. Nearly every medical journal published contains one or more articles on this subject; but most of them are only clinical reports of cases; in reality, Sattler, of Erlangen, is the only one who has furnished results

that are of real scientific interest. So far as the results clinically are concerned, we will at this time judge from the reported cases, which are very good in many cases, while in the majority of instances the results are recorded about as follows: "Somewhat improved, no benefit," and occasionally, "absolute irreparable damage." This is exactly the history of the introduction of new remedies, no matter in what special department of medicine they are employed. To illustrate this we need only call attention to the introduction of the active principle of pilocarpine (eserine): individuals in many instances have not the remotest idea of the physiological action of the new drug, did not know whether it is indicated in the case that they were using it in, yet they report failures, and the remedy falls into disuse.

It seems as though it required years of teaching and writing to introduce a new drug and lay down rules that can be grasped by the ordinary mind, indicating when and for what purpose it should be employed. Where can we find an explanation for this condition of things? Literature proves that as soon as a new remedy has been introduced, an effort is made by the profession to cry it down, and show what it *will not do*, rather than determine what it will do. Often the most lucid writings are misinterpreted, or improperly understood. An example of this we have in the resume of Sattler's publications on jequirity by C. S. Bull,[a] where S. is made to say that the bacillus found in an infusion of jequirity, "when separated from the original mother liquor *does not* possess the same pathogenic properties." In Sattler's[b] original article we read as follows: "The cultivations were successful when the proper inoculation substance was used, and in one instance was carried through forty generations. The cultivated bacillus was only used when the gelatine had liquefied; then the bacilli were very numerous, and the largest number of them were already giving off sporules; some of this material was carefully applied to the conjunctival cul-de-sac by means of a disinfected brush or a glass tube that had previously been subjected to a high degree of heat. In the course of two or three hours slight œdema of the mucous folds, injection of all the vessels of the conjunctiva occurs; during the next hour these symptoms increased, the margins of the lids became quite red; while the mucous membrane was covered with a layer of grayish flakes, and gave off a muco-purulent secretion. If only one application has been made, these symptoms soon subside; but if the application is repeated[c] (we mean here applications of culture bacilli) at intervals of one to two hours for a few days, we can produce that peculiar ophthalmia to such a degree that the conjunctival cul-de-sac is covered with diphtheritic exudation material. The intensity of this inflammation may not be so great as when using an infusion, but the efficiency is quite marked." The above is a literal translation, and does not sound like a very negative answer; on the contrary, S. states, "the pathogenic nature of the cultivated jequirity bacillus is settled beyond all doubt." The only question is, What is the origin of this micro-organism?

[a] New York Medical Journal, No. 19, p. 531, Nov. 10, 1883.
[b] Wiener Medizinische Wochenschrift, No. 21.
[c] Translator.

Another point we must briefly call attention to. The same writer states,[d] in the article referred to above, that when a solution of bichloride of mercury, one part in 10,000, is added to the jequirity infusion it is sterilized; while S. used this same infusion and cultivated the bacillus through a number of generations, and then produced the characteristic inflammation by carefully inoculating the conjunctiva of animals, demonstrating absolutely their power of germination. This experiment I have verified myself and come to the same conclusions, but in a solution of one part in 8,000 all life is arrested. Thus misunderstanding and wrong interpretation of such highly scientific writings as Sattler's is where the error very frequently lies. Later on I will publish my results with bacillus, both clinically and physiologically.

It will suffice to say here that jequirity has been used at Prof. Seely's clinic since its introduction with satisfactory results.

The Excision of the Hard Chancre.

Dr. A. Ravogli read a paper on this subject before the Cincinnati Academy of Medicine, which we find thus summarized in the *Cinn. Lan. and Clinic*, Dec. 8, 1883:

1. The excision of the hard chancre is a very easy and innocent operation.

2. Performed at the first appearance of the chancre, when the lymphatic ganglia are not affected, it can destroy the depot of the syphilitic virus.

3. It would be necessary to try this operation when the chancre is easily removed, not implicating the tissue of the glands, and when it does not leave ugly scars.

4. The excision of a chancre, if unsuccessful, has no influence on the consequent development of syphilis.

In three cases I had complete success, in one case failure. The first case was operated on five days after the first appearance of the chancre, the second after six days, the third after nine days. The fourth case was operated twelve days after the appearance of the chancre. In the first three cases the chancre was seated on the internal membrane of the preputium, in the fourth case the chancre extended to the tissue of the glans. I consider as a cause of non-success in the fourth case, the longer time during which the chancre remained, and the site of the chancre on the tissue of the glans, where its excision is more difficult.

I think, gentlemen, that you will not be afraid to try this easy operation, which at an early time in the appearance of chancre can save a man from a disgusting disease, which infects not only himself, but also his family.

A New Test for Organisms in Water.

Dr. Angus Smith's test consists in rendering the water thick by dissolving gelatine in it. If pure, the gelatine cylinder remained long unaltered, but if the water is impure from the presence of organisms, the gelatine round the organisms becomes liquefied and globular, the organisms remaining solid at the bottom of the spheres.

[d] New York Medical Journal.

THE
Medical and Surgical Reporter,
A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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TWENTY-FIVE YEARS.

With the close of the present volume the MEDICAL AND SURGICAL REPORTER completes a quarter of a century of its existence as a weekly journal. Begun as a quarterly a number of years earlier, it was transformed into a weekly towards the close of 1858, since which date it has appeared regularly every Saturday, except for a short time during the height of the civil war.

There are very few journals of any kind born with it, or before it, which survive; and of medical journals, they are fewer than the fingers of one hand.

What has been its source of vitality? Why has it steadily progressed, when so many others, backed by far larger capital and heralded with a far louder blowing of trumpets, have fallen by the wayside?

We may answer this without any spirit of boastfulness. There is no secret in its success. The principles on which the REPORTER has been conducted have been repeatedly stated, and they have been conscientiously adhered to. Let us state them again.

In the first place, the REPORTER has been from the outset strictly *independent*. It has never been a tool in the hands of any society, any college, any firm, any publishing house, any man or set of men, to be used to further private, commercial or corporate interests. The scientific spirit and professional honor have always directed its course, and these alone.

Next, its aim has been to *serve the needs of the practitioner*, to be practical in tone, to seek out and make public what is most useful to the every-day business of the working doctor. It has not aimed to print recondite researches or novel theories, but to glean and give what is of greatest utility.

Again, it has always maintained the highest ethical standard of the regular profession. It has not sanctioned any overtures to practitioners of "exclusive dogmas," still less to schools of free lancers. These, it has maintained, should be rigidly excluded until they are willing to accept scientific medicine.

Furthermore, the REPORTER has always aimed to treat men *fairly*. No man who has been criticised in its columns can say that he has been refused space for a reply. The editors assume no claims of omniscience. They express their views clearly, and are perfectly willing to confess an error, when it is shown. The affectation of "I am Sir Oracle," has been sedulously excluded from its pages.

Finally, it has aimed to be representative of the *whole country*, not only in its news, but in its contributions. An article of merit is just as welcome, and receives just as prompt insertion, coming from Oregon or Texas, as from New York or Philadelphia. The REPORTER has always made a special effort to induce country physicians to write for its columns. From that class the greatest discoveries in medicine have proceeded, and among them are to-day the most original thinkers in our profession.

Such, in brief, are the principles which for a quarter of a century have governed the REPORTER. Such are those which will continue to inspire and direct its management.

NOTES AND COMMENTS.

Cardiac Tonics.

Before the Liverpool Medical Association, (*Lancet*, November 17, 1883), Dr. Logan brought forward the results obtained at the Northern Hospital by the administration of digitalis, strophanthus, squills, and convallaria, in bad cases of mitral regurgitation. Pulse tracings, together with charts of the pulse and urine, were shown as indicating the action of the different drugs. Digitalis in ten-grain doses hourly for eighteen to forty-eight hours was found to be the most efficacious, but occasionally accompanied by nausea or vomiting. Convallaria was free from the objections accompanying the administration of digitalis, but was not so powerful and reliable in its effects. Strophanthus was a valuable cardiac tonic. Squill was useful, but less active than any of the others.

Drs. Davidson and Dickerson both considered convallaria inferior to digitalis, and believed that any want of uniformity in the action of the latter was due to inferiority of the preparation used.

Dr. Caton had been pleased with his experience of the action of convallaria, especially since it was not accompanied by nausea or vomiting.

Dr. Barr criticised the heroic doses of digitalis, and considered that the tension shown by some of the tracings was of a dangerous degree. In estimating the action of such drugs as these he thought the effect of rest in bed should be first ascertained, especially in hospital patients, who usually experienced great relief from that alone.

Nitrite of Amyl.

From the *Therapeutic Gaz.* we learn that D. Anhona (*Gaz. Med. Ital.*) has employed this remedy for five years, and is well satisfied with his results. According to his experience it is indicated, and has good effects in acute febrile diseases of the respiratory organs, where weakness from old age and a high degree of dyspnœa endangers the life of the patient. The action of this drug passes off rapidly, in fact, it ceases when inhalation is suspended. In this manner it may be given for days, if necessary, without bringing on any bad effects. The author thinks the fear of properly employing nitrite of amyl is the reason of its failure in many instances. He applied it by putting five to twenty drops on a hankerchief, from which it may be inhaled, and repeated as often as may be necessary.

Action of Strychnine on Cardiac Dilatation.

The *Med. Press.* November 21, 1883, says:

M. Maragliano states that he has used strychnine in cases of cardiac dilatation with very good results. At the first examination he carefully found out the dimensions of the heart, and after the internal use of this medicine for a day or two, he discovered the dilatation was greatly reduced in size, and when he had continued the treatment for a week, the diminution was very marked indeed. If the strychnine is not continued for some time the beneficial results disappear, but when given in the form of sulphate in doses of two or three milligrammes three times daily, it gives great relief.

Jaborandi in Diphtheria and Croup.

The *Therapeutic Gazette*, November, 1883, tells us that Massi and Somma thus conclude: That in diphtheria and croup jaborandi shows its unpleasant toxic symptoms, but no special or specific action on the disease. It sometimes appears as though the membranes separate a little more easily, but nothing is gained over other remedies, since the poison still remains in the system.

This remedy is a very valuable addition to our materia medica in dropsies, where the object is to remove transudation liquid.—*Arch. di Patol. enfant.*

A Cheering Letter.

It is one of the compensations for much that is not pleasant in the editorial career, to learn that one's efforts have satisfied and benefited others. As readers know, it is not our custom to publish such friendly expressions; but we may be permitted to make an exception in favor of the following few lines from a highly respected physician in Iowa. He writes:

"From many years' experience I can truthfully say that if the busy practitioner will peruse the columns of the MEDICAL AND SURGICAL REPORTER, he will have no need for any other journal. I am glad to give this unsolicited testimony in acknowledgment of the great benefit I have derived from it through many years of arduous practice."

Our endeavor has always been, and will be, to make the REPORTER a complete synopsis of the progress of medicine, especially in its useful, practical aspects, as applied to the daily labor of the working physician.

The Function of the Spleen.

The physiology of the spleen, like the source of the Nile, is an ignis fatuus that has thus far succeeded in eluding the grasp of the physiologist. Dr. C. S. Ray claims that this organ is the seat of perfectly rhythmical contractions and dilatations, independently of cardiac and respiratory movements, and that it may be regarded as a "portal heart." This suggestion may aid in determining its physiology.

Enlargement of Thyroid Gland.

It has been suggested that in enlargement of the thyroid gland, if the isthmus be excised, the lateral lobes will atrophy, thus avoiding the more serious operation of total extirpation. Mr. Sydney Jones reports a case so treated in the *Lancet*, November 24, 1883. Pressure on the trachea produced serious attacks of dyspnœa. The result was very satisfactory.

Rectal Watering.

There does not seem to be any good reason against the suggestion offered by Dr. Gofford, in the *Miss. Valley Med. Mo.* for October, that when the stomach of a fevered patient rejects the water for which his system is craving, it should be administered per enema, and he reports two cases in which this procedure was satisfactorily resorted to.

How to Take Tincture of Iron.

To disguise the taste of tincture of iron, Dr. Haner recommends that tincture of the sesquichloride of iron be mixed with simple syrup, and then with milk. This mixture will not affect the teeth, nor will the styptic taste be apparent.

The Treatment of Cholera.

According to one of the Egyptian Cholera Commission, of all the drugs employed in treatment, lead and opium in divided doses at the outset of the disease was alone found worthy of being called successful.

A Word About Prompt Payments.

Subscribers will greatly oblige us, and aid us, by remitting *promptly* for 1884. Why not send right away, as soon as you see this, and have it off your mind?

NEWS AND MISCELLANY.

Units for Measurements.

The metrical unit for *length* is the meter; the ten-millionth part of the distance from the earth's equator to the pole.

The unit of *bulk* is the liter; it is the cube of a decimeter side.

The unit of *weight* is the gramme; the weight of a cubic centimeter of distilled water at 40° Fahrenheit.

The unit of *force* is the kilogram-meter, being the force required to raise one kilogram weight one meter high.

The unit of *electric resistance* is the *ohm;* it is the resistance which a current undergoes when passing through a column of mercury one meter long and one square millimeter in section at the freezing point of water.

The unit of *electro-motive force* is the *volt:* it is the amount of electro-motive force produced by one Daniel cell.

The unit of *electrical intensity* is the *ampere;* it is the current produced by one volt through a resistance of one ohm.

The unit of *quantity of current* is the *calamb;* it is the quantity of electricity given by one ampere in one second.—*Review of Telegraph and Telephone.*

Dr. Oliver Wendell Holmes on Physical Diagnosis and Specialism.

We read the following in the *Canada Medical Record*: "I have often felt, when seeing hospital patients worried by hammering and long listening to their breathing, in order that the physician might map out nicely the diseased territory, the boundaries of which he could not alter, as if it was too much like the indulgence of an idle and worse than idle curiosity. A confessor may ask too many questions; it may be feared that he has sometimes suggested to innocent young creatures what they would never have thought of otherwise. I even doubt whether it is always

worth while to auscult and percuss a suspected patient. Nature is not unkind in concealing the fact of organic disease for a certain time. What is the great secret of the success of every form of quackery? *Hope kept alive.* What is the too fatal gift of science? *A prognosis of despair.* "Do not probe the wound too curiously," says Samuel Sharp, the famous surgeon of the last century. I believe a wise man sometimes carefully worries out the precise organic condition of a patient's chest, when a *very* wise man would let it alone, and treat the constitutional symptoms. The well-being of a patient may be endangered by the pedantic fooleries of a specialist."

In Memory of Dr. Wm. H. Hooper.

For the MEDICAL AND SURGICAL REPORTER.

At a meeting of the Executive Committee of the "Wood Medical Journal Club," held December 21, 1883, it was

Resolved, That in the death of Dr. William H. Hooper this Club, as well as the medical profession of the city of Philadelphia, has lost a member, conspicuous alike for breadth of culture, soundness of judgment, and urbanity of manner.

Resolved, That we recognize in his acknowledged success as a practitioner the merited reward of long years of patient study preliminary to, as well as during his special preparation for professional life.

Resolved, That a copy of these resolutions be sent to the family of the deceased, and to the *Medical Times*, the *Medical Bulletin*, and the MEDICAL AND SURGICAL REPORTER. Signed,

W. R. D. BLACKWOOD, *Secretary.*

BENJAMIN LEE, *Chairman, for the Committee.*

Philadelphia, December 22, 1883.

A Just Sentence.

A chemist named Armand, residing at Vassy, in the department of Haute Marne, France, has been condemned to pay a fine of $2,000, and $400 damages, to a M. Junot, under somewhat singular circumstances. Mdme. Junot, the wife of the prosecutor, was, it seems, in the habit of making frequent purchases of morphia from the defendant for her own use, with the result that, not long since, her mind became so seriously affected that it was found necessary to confine her in a lunatic asylum. On this ground, M. Junot brought an action against the chemist, with the result above mentioned.

Druggists have no business to sell such dangerous drugs, save on prescription.

The Influence of Doctors in Health Resorts.

In "Stray Studies," Dr. John R. Green says: "Each winter resort brings home to us the power of the British doctor. It is he who rears pleasant towns at the foot of the Pyrenees, and lines the sunny coasts of the Riviera with villas that gleam white among the olive groves. It is his finger that stirs the camels of Algeria, the donkeys of Palestine, the Nile-boats of Egypt. At the first frosts of November, the doctor marshals his wild geese for their winter flitting, and the long train streams off, grumbling but obedient, to the little Britains of the south."

Patent Medicines in Italy.

By a law which has recently come into operation in Italy, the sale of patent medicines throughout the kingdom is prohibited unless the precise composition of the medicine is stated. The promulgation of this important decree has been made by the Minister of the Interior, the Customs, and the sanitary authorities.

The New York Polyclinic.

This institution has proved very successful—so much so that the faculty have been compelled by the increased attendance to greatly enlarge their accommodations, and for the next year will have ready a building second to none in this country for purposes of clinical demonstrations of cases and laboratory work.

Items.

—A national veterinary association was formed in Chicago, December 13.

—Dr. Sarah Stockton has been appointed physician to the female department of the Indiana State Insane Asylum.

—M. Charcot has been elected a member of the Academy of Sciences, Section of Medicine and Surgery, in place of the late Baron Cloquet.

—Dr. Landouzy (*Progres Med.*, 1883, Nos. 35 and 36) very sensibly reminds us that we must not regard angina pectoris as an entity, but only as a symptom of some other trouble.

—An operation for the removal of a cancer of the breast in a patient at Glenville, New York, recently resulted in erysipelas and tetanus, and the case terminated fatally on the 23d.

—In his annual report to Mayor Low, Dr. Raymond, the Health Commissioner of Brooklyn, states that the health of the city has been better during the past year than in any other since 1879.

—Dr. Robert Amory writes to the *Boston M. and S. Jour.*, Dec. 20, 1883, from St. Petersburgh, that Dr. Qvist, a Finnish physician, has succeeded in artificially preparing vaccine lymph, which by inoculation will produce pure vaccine vesicles.

QUERIES AND REPLIES.

Dr. T. J. H., of Tennessee.—1. We consider it perfectly proper for a physician to charge a city for professional advice connected with quarantine service.

2. The announcement that a physician has vaccine matter may be made by a placard in his office without impropriety.

Dr. F. C., of Missouri.—Your inquiries about epilepsy will be fully answered in a series of clinical lectures on that disease by Prof. William Pepper, which we shall shortly publish in the REPORTER.

Student, N. Y.—We supply all medical books, postage free, at regular retail rates.

DEATHS.

KIRKBRIDE.—December 16, 1883, Thomas S. Kirkbride, M. D., in the seventy-fifth year of his age.

HOOPER.—December 18, 1883, Dr. William H. Hooper.

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Medical and surgical reporter
(Philadelphia)

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